

FLORIDA | Board of Osteopathic Medicine

**AGENDA OUTLINE
AUGUST 21, 2020
9:00 A.M.**

Conference Number: 1 866 899 4679

Access Code: 793-180-125

Join the meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/793180125>



Joel B. Rose DO
Chair

Sandra Schwemmer DO
Vice-Chair

Kama Monroe
Executive Director

Friday, August 21, 2020

**PLEASE TURN OFF OR PLACE YOUR CELL PHONE ON VIBRATE DURING THE MEETING
THANK YOU.**

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the Board's website.

CALL TO ORDER: Joel D. Rose, DO, Chair
ROLL CALL: Kama Monroe, Executive Director

PLEDGE OF ALLEGIANCE:

PLEDGE OF OSTEOPATHIC COMMITMENT:

I pledge to: Provide compassionate, quality care to my patients; Partner with them to promote health; Display integrity and professionalism throughout my career; Advance the philosophy, practice and science of osteopathic medicine; Continue life-long learning; Support my profession with loyalty in action, word and deed; and Live each day as an example of what an osteopathic physician should be.

AGENDA

DISCIPLINARY CASES:

DETERMINATION OF WAIVERS

TAB 1: DOW-01 Ariel Fernandez, D.O., 2019-01439 (GMC)
PCP: Moran & Hayden

TAB 2: DOW-02 Ronald Shelley, D.O., 2019-39402 (KLM)
PCP: Moran & Hayden

RECOMMENDED ORDERS

TAB 3: RO-01 John J. Im, D.O., 2018-07389 (WEW)
PCP: Moran & Jackson

SETTLEMENT AGREEMENTS

TAB 4: SA-01 Craig Steven Shapiro, D.O., 2019-24923 (CDB)
PCP: Moran & Rose

TAB 5: SA-02 Thomas Edward Hawkey, D.O., 2017-18967 (SC)
PCP: Moran & Janson

TAB 6: SA-03 Ronald Gerard Grubb, D.O., 2018-00013 (GMC)
PCP: Moran & Rose

TAB 7: SA-04 Nancy Lee Kopitnik, D.O., 2015-28205 (GMC)
PCP: Moran & Hayden

INFORMAL HEARINGS

TAB 8: IH-02 Bruce Stuart Rubinowicz, D.O., 2017-22792 (CA)
PCP: Andriole & Jackson

VOLUNTARY RELINQUISHMENTS

TAB 9: VR-01 Alexandru Burducea, D.O., 2018-14830 (JB)
PCP: NONE

TAB 11: PROSECUTION SERVICES REPORT- Sarah Corrigan, Esq.

REVIEW AND APPROVAL OF MINUTES

TAB 12: June 22, 2020 Meeting Minutes

TAB 13: June 9, 2020 Meeting Minutes

TAB 14: May 15, 2020 Meeting Minutes

PETITION FOR DECARATORY STATEMENT

TAB 12: Ronald Joseph Renuart Sr., D.O., File 4960 and Multiple Associations

PETITION FOR TERMINATION OF LICENSURE CONDITION

TAB 13: Ty Reso Anderson, D.O., File #14603

PROBATION AND COMPLIANCE REVIEW

REQUEST FOR REDUCTION OR TERMINATION OF PROBATION-LAST APPEARANCE OF PROBATION

TAB 14: Louis A. Kovacs, D.O., Case #2013-19612

FORMAL APPROVAL OF PAYMENT EXTENSION

TAB 15: Vincent Joseph Scolaro, D.O., Case #2011-03025, 2011-18625,2011-14096

APPLICANTS

APPLICANTS FOR FULL LICENSURE

TAB 16: Steven Thomas Puccio, D.O., File #16930

TAB 17: Daniel Dale Tippit, D.O., File #16781

TAB 18: Jocelyn Idema, D.O., File #17083

TAB 19: Michael Wisiorek, D.O., File #16991

TAB 20: Michael Andrew Ogg, D.O., File #17182

TAB 21: Gregory Avetisov, D.O., File #16770

TAB 22: Mahdi Taha, D.O., File #17229

TAB 23: Carissa Anne Summa, D.O., File #16310

TAB 41: RATIFICATION OF LICENSURE

TAB 24: 1901 - Osteopathic Physician licenses issued 5.1.2020 through 7.31.2020

TAB 25: 1902 - Osteopathic Resident Initial Registrations issued 5.1.2020 through 7.31.2020

GENERAL DISCUSSION

TAB 26: 1917 – Osteopathic Physician Expert Witness certificate issued 5.1.2020 through 7.31.2020 (*information purposes only*)

TAB 27: 1902-Training License Re-Registrations

BOARD COUNSEL REPORT - Donna McNulty, Esq.

TAB 28: RULES REPORT

August 2020 Rules Report

July 2020 Rules Report

June 2020 Rules Report

RULE DISCUSSION

TAB 29: 64B15-12.0031 Registration as a Dispensing Physician; Delegation of Dispensing to Prescribing Physician Assistants.

64B15-12.0031 Current

64B15-12.0031 Draft Language

TAB 30: 64B15-19.001 Purpose

TAB 31: 64B15-19.002 Violations and Penalties
TAB 32: 456.47 Use of Telehealth to Provide Services
TAB 33: 2020 SB 698
TAB 34: Rule 64B8-31.003/64B15-7.003 (AA Applications)
TAB 35: Rules 64B8-30.005/64B15-6.0035 (PA licensure renewal and reactivation).

TAB 36: EXECUTIVE DIRECTOR REPORT - Kama Monroe, J.D., Executive Director

BOARD CHAIR REPORT – Joel D. Rose, DO

TAB 37: Professionalism Articles

TAB 38: AAOE Annual Business Meeting Minutes from May 2, 2020

**TAB 39: JOINT COMMITTEE MEETINGS UPDATE-Joel Rose, D.O.
Anesthesiology Assistants Committee**

Boards of Medicine and Osteopathic Medicine’s Joint Committee on Medical Marijuana

Boards of Medicine and Osteopathic Medicine’s Physician Certification Pattern Review Panel

Council on Physician Assistants Committee

June 4, 2020 PA Meeting

Joint Office Surgery Committee

Joint Board Acute Pain Rule Committee

Multi-Board Joint Committee on Controlled Substances

Telemedicine Subcommittee

Pharmacy Controlled Substances Standards Committee

Pharmacist Formulary

Pharmacist Prescribing Joint Committee

Joint Rules Committee

July 29, 2020 JRC Meeting

LIAISON REPORTS

TAB 40: BUDGET LIAISON REPORT – Anna Hayden, DO

Revenue Reports

June 2020 Revenue Report

TAB 41: HEALTHY WEIGHT LIAISON REPORT – Bridget Bellingar, DO

TAB 42: UNLICENSED ACTIVITY LIAISON REPORT – Sandra Schwemmer, DO

TAB 43: LEGISLATIVE LIAISON-Joel Rose, DO

OLD BUSINESS

NEW BUSINESS

ADJOURN

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

MEMORANDUM

TO: Kama Monroe, Executive Director, Board of Osteopathic Medicine
 FROM: Geoffrey M. Christian, Esq., Assistant General Counsel
 RE: **Determination of Waiver**
 SUBJECT: DOH v. Ariel Fernandez, D.O.
 DOH Case Number 2017-01439
 DATE: June 22, 2020

GC

Enclosed you will find materials in the above-referenced case to be placed on the agenda for final agency action for the **August 21, 2020**, meeting of the Board of Osteopathic Medicine. The following information is provided in this regard.

Subject:	Ariel Fernandez, D.O.
Subject's Address of Record:	2950 Cleveland Clinic Boulevard Weston, Florida 33331
Subject's Enforcement Address:	684 N.W. 127th Avenue Miami, Florida 33182
Subject's Other Known Address:	1615 30th Street N.W., Unit 30 Bemidji, Minnesota 56601
Subject's License No:	10629
License File No:	9964
Initial Licensure Date:	April 8, 2009
License Status:	Null and Void
Board Certification:	No
Required to Appear:	No
Current PRN Contract:	No
Allegation(s):	Section 459.015(1)(x), Florida Statutes (2016) Section 459.015(1)(o), Florida Statutes (2016) Section 459.015(1)(pp), Florida Statutes (2016) Section 459.015(1)(t), Florida Statutes (2016)
Prior Discipline:	No

Probable Cause Panel: January 15, 2020
G. Moran, D.O.; A. Hayden, D.O.

Subject's Attorney: Pro Se

Complainant/Address: West Florida Hospital
8383 North Davis Highway
Pensacola, Florida 32514

Materials Submitted: Memorandum to the Board
Motion for Determination of Waiver, Etc.
Exhibit A Administrative Complaint
Exhibit B Affidavit of Service
Exhibit C Affidavit of Non-Receipt, Agency
Exhibit D Affidavit of Non-Receipt, Board
Motion to Assess Costs
Exhibit A Affidavit of Fees and Costs
Exhibit 1 Complaint Cost Summary
Exhibit 2 Itemized by Complaint
Exhibit B Affidavit of Outside Attorney
Exhibit 1 Attorney Curriculum Vitae
Expert Opinion
Expert Curriculum Vitae
Notice of Additional Possible Violations Letter
Supplemental Investigative Report dated 02/13/20
with Exhibits S1-1 through S1-3
Final Investigative Report dated 02/24/17
with Exhibits 1 through 14
ABIM Certification Status
License Verification/Practitioner Profile

DISCIPLINARY GUIDELINES:

Section 459.015(1)(x), Florida Statutes (2016): Rule 64B15-19.002(28), Florida Administrative Code (revised November 27, 2016), FIRST OFFENSE: MINIMUM: Letter of concern, up to one (1) year probation and \$1,000 fine. MAXIMUM: Revocation and \$10,000 fine.

Section 459.015(1)(o), Florida Statutes (2016): Rule 64B15-19.002(17), Florida Administrative Code (revised November 27, 2016), FIRST OFFENSE: MINIMUM: Reprimand and \$5,000 fine. MAXIMUM: Probation and \$5,000 fine.

Section 459.015(1)(pp), Florida Statutes (2016): Rule 64B15-19.002(47), Florida Administrative Code (revised November 27, 2016), FIRST OFFENSE: MINIMUM: Letter of concern and \$1,000 fine, demonstration of compliance with the rule. MAXIMUM: Suspension to be followed by probation and \$5,000 fine, a reprimand, completion of a laws and rules course, and demonstration of compliance with the rule.

Section 459.015(1)(t), Florida Statutes (2016): Rule 64B15-19.002(22), Florida Administrative Code (revised November 27, 2016), FIRST OFFENSE: MINIMUM: Probation and \$5,000.00 fine. MAXIMUM: Suspension to be followed by probation and \$7,500.00 fine.

PRELIMINARY CASE REMARKS: DETERMINATION OF WAIVER:

On or about January 19, 2017, Patient J.R., an eighty-one (81) year old male, presented to West Florida Hospital. Subject diagnosed cardiopulmonary arrest with acute respiratory failure and admitted to the Intensive Care Unit.

On or about January 20, 2017, Subject prescribed the patient Hycodan. Hycodan is a brand name for a drug that contains the drugs hydrocodone (5mg) and homatropine (1.5mg) and is commonly prescribed to treat cough symptoms.

Subject did not have, or did not document having, adequate medical justification for prescribing Hycodan. Subject prescribed Hycodan inappropriately and/or in inappropriate quantities.

Subject accepted hand-delivery of the Hycodan prescription from the hospital pharmacy. Subject neither administered the Hycodan to the patient nor documented the disposition of the Hycodan in the medical records.

The Department filed a three count Administrative Complaint against Subject. Count I alleges Subject violated section 459.015(1)(x), Florida Statutes, by committing medical malpractice. Count II alleges Subject violated sections 459.015(1)(o) and/or (pp), Florida Statutes, by failing to create and keep legible medical records that justify the course of treatment of the patient and/or by violating a statute or rule. Count III alleges Subject violated section 459.015(1)(t), Florida Statutes, by prescribing a legend drug, including all controlled substances, other than in the course of the osteopathic physician's professional practice.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

v.

DOH Case No. 2017-01439

ARIEL FERNANDEZ, D.O.,

Respondent.

_____ /

**PETITIONER'S MOTION FOR DETERMINATION OF WAIVER AND
FOR FINAL ORDER BY HEARING NOT INVOLVING DISPUTED
ISSUES OF MATERIAL FACT**

Petitioner hereby moves the Board of Osteopathic Medicine for determination of waiver and for Final Order by hearing not involving disputed issues of material fact in the above styled and numbered matter. As grounds, Petitioner states:

1. Petitioner filed an Administrative Complaint against Respondent. A copy of the Administrative Complaint is attached as ***Exhibit A.***

2. Petitioner, by filing the Administrative Complaint, is seeking to discipline Respondent's license to practice osteopathic medicine in Florida, thereby affecting Respondent's substantial interests.

3. Petitioner personally served Respondent with the Administrative Complaint. A copy of the Affidavit of Service is attached as ***Exhibit B***.

4. Respondent failed to file an Election of Rights form with Petitioner or the Board. Copies of affidavits from the Clerk's Office and the Board Office are attached as ***Exhibit C*** and ***Exhibit D***.

5. Petitioner determined that there are no material facts in dispute and concluded Respondent waived his right to elect the method of resolution of this matter.

6. Respondent is hereby advised that a copy of the investigative file shall be furnished to the Board to establish a prima facie case regarding the violations alleged in the Administrative Complaint.

7. Petitioner requests this Motion be placed on the agenda for hearing at the meeting of the Board to be held on April 3, 2020.

WHEREFORE, Petitioner requests the Board find Respondent waived his right to elect a method of resolution of this matter; find there are no material facts in dispute; hold a hearing not involving material issues of disputed fact; find Respondent violated chapter 459, Florida Statutes; impose discipline in accordance with the applicable guidelines; and enter a Final Order.

Respectfully submitted this twenty-second day of June, 2020.

Scott A. Rivkees, M.D.
State Surgeon General

Geoffrey M. Christian

Geoffrey M. Christian, Esq.
Assistant General Counsel
Florida Bar No. 0010325
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399-3265
Telephone (850) 245-4661
Facsimile (850) 245-4684
E-mail geoffrey.christian@flhealth.gov
Attorney for Petitioner

CERTIFICATE OF SERVICE

The undersigned certifies a true and correct copy of this Motion has been furnished, by certified U.S. mail, to Respondent, Ariel Fernandez, D.O., 684 N.W. 127th Avenue, Miami, Florida 33182, this twenty-second day of June, 2020.

Geoffrey M. Christian

Geoffrey M. Christian, Esq.
Assistant General Counsel

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

v.

DOH Case No. 2017-01439

ARIEL FERNANDEZ, D.O.,

Respondent.

_____ /

ADMINISTRATIVE COMPLAINT

Petitioner (the Department) hereby files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent in the above styled and numbered matter. In support, the Department alleges:

1. The Department is charged with regulating the practice of osteopathic medicine in Florida pursuant to section 20.43, Florida Statutes, and chapters 456 and 459, Florida Statutes.

2. At all times material hereto, Respondent was a licensed osteopathic physician in Florida, having been issued license number OS 10629.

3. The Department's address of record for Respondent is 2950 Cleveland Clinic Boulevard, Weston, Florida 33331.

EXHIBIT

A

4. At all times material hereto, Respondent was certified in Internal Medicine by the American Board of Internal Medicine.

5. On or about January 19, 2017, Patient J.R., an eighty-one (81) year old male, presented to Respondent at the West Florida Hospital.

6. Respondent diagnosed cardiopulmonary arrest with acute respiratory failure and admitted the patient to the Intensive Care Unit.

7. On or about January 20, 2017, Respondent prescribed the patient Hycodan.

8. Hycodan is a brand name for a drug that contains the drugs hydrocodone (5mg) and homatropine (1.5mg) and is commonly prescribed to treat cough symptoms.¹

9. Respondent did not have, or did not document having, adequate medical justification for prescribing the patient Hycodan.

10. Respondent prescribed the patient Hycodan inappropriately and/or in inappropriate quantities.

11. Respondent accepted hand-delivery of the Hycodan prescription.

¹ According to section 893.03(3), Florida Statutes (2016), hydrocodone in the dosage found in Hycodan is a Schedule III controlled substance that has a potential for abuse less than the substances in Schedules I and II and has a currently accepted medical use in treatment in the United States. Abuse of the substance may lead to moderate or low physical dependence or high psychological dependence.

12. Respondent did not administer the Hycodan to the patient.

13. Respondent did not document the disposition of the Hycodan in the medical records.

COUNT I

14. The Department re-alleges and incorporates paragraphs one (1) through thirteen (13) as if fully set forth herein.

15. Section 459.015(1)(x)1., Florida Statutes (2016), subjects licensed osteopathic physicians to discipline for committing medical malpractice as defined in section 456.50, Florida Statutes.

16. Section 456.50(1)(g), Florida Statutes (2016), defines the term "medical malpractice" to mean "the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure."

17. Section 766.102(1), Florida Statutes (2016), provides the prevailing professional standard of care for a given healthcare provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

18. At all times material hereto, the prevailing professional standard of care required Respondent to:

a. Have adequate medical justification for prescribing a patient legend drugs, including all controlled substances; and/or

b. Prescribe a patient legend drugs, including all controlled substances, appropriately and/or in appropriate quantities.

19. On or about January 20, 2017, Respondent failed to:

a. Have adequate medical justification for prescribing the patient Hycodan; and/or

b. Prescribe the patient Hycodan appropriately and/or in appropriate quantities.

20. Based on the foregoing, Respondent violated section 459.015(1)(x)1., Florida Statutes.

COUNT II

21. The Department re-alleges and incorporates paragraphs one (1) through thirteen (13) as if fully set forth herein.

22. Section 459.015(1)(o), Florida Statutes (2016), subjects licensed osteopathic physicians to discipline in part for failing to keep legible, as defined by department rule in consultation with the board, medical records that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs

prescribed, dispensed, or administered; and reports of consultations and hospitalizations.

23. Rule 64B15-15.004(1), Florida Administrative Code (revised September 9, 2013), provides that, for the purpose of implementing the provisions of section 459.015(1)(o), Florida Statutes, licensed osteopathic physicians shall maintain written legible records on each patient. Such written records shall contain, at a minimum, patient histories; examination results; test results; records of drugs prescribed, dispensed or administered; reports of consultations; and reports of hospitalizations.

24. Section 459.015(1)(pp), Florida Statutes (2016), subjects a licensee to discipline for violating any provision of chapters 456 or 459, Florida Statutes, or any rules adopted pursuant thereto.

25. On or about January 20, 2017, Respondent failed to:

a. Document adequate medical justification for prescribing the patient Hycodan; and/or

b. Document the disposition of the Hycodan prescription in the medical records.

26. Based on the foregoing, Respondent violated section 459.015(1)(o), Florida Statutes, and/or section 459.015(1)(pp), Florida Statutes, by violating rule 64B15-15.004(1), Florida Administrative Code.

COUNT III

27. The Department re-alleges and incorporates paragraphs one (1) through thirteen (13) as if fully set forth herein.

28. Section 459.015(1)(t), Florida Statutes (2016), subjects a licensee to discipline for prescribing, dispensing, administering, supplying, selling, giving, mixing, or otherwise preparing a legend drug, including all controlled substances, other than in the course of the osteopathic physician's professional practice.

29. Section 459.015(1)(t), Florida Statutes (2016), also provides that it shall be legally presumed that prescribing, dispensing, administering, supplying, selling, giving, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course of the osteopathic physician's professional practice, without regard to his or her intent.

30. On or about January 20, 2017, Respondent prescribed the patient Hycodan inappropriately and/or in inappropriate quantities.

31. On or about January 20, 2017, Respondent prescribed the patient Hycodan other than in the course of his professional practice.

32. Based on the foregoing, Respondent violated section 459.015(1)(t), Florida Statutes.

WHEREFORE, the Department respectfully requests the Board enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education, and/or any other relief the Board deems appropriate.

SIGNED this fifteenth day of January, 2020.

Scott A. Rivkees, M.D.
State Surgeon General

Geoffrey M. Christian

FILED

DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: *Annaliese Morris*
DATE: JAN 15 2020

Geoffrey M. Christian, Esq.
Assistant General Counsel
Florida Bar No. 0010325
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399-3265
Telephone (850) 245-4661
Facsimile (850) 245-4684
E-mail geoffrey.christian@flhealth.gov
Attorney for Petitioner

PCP Date: January 15, 2020

PCP Members: G. Moran, D.O.; A. Hayden, D.O.

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within twenty-one (21) days from the day Respondent received this Administrative Complaint, pursuant to rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within twenty-one (21) days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in this Administrative Complaint must conform to rule 28-106.2015(5), Florida Administrative Code.

Mediation under section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that the Department has incurred costs related to the investigation and prosecution of this matter. Pursuant to section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on Respondent in addition to any other discipline imposed.

Case #: 2017-01439

DEPARTMENT OF HEALTH

Plaintiff

VS
ARIEL FERNANDEZ, D.O.

Defendant

AFFIDAVIT OF SERVICE

(Private Process)

I, DARREN BUSHINGER, being duly sworn deposes
That I am a competent person more than 18 years of age or older and not a party to
this action. That I received the documents stated below on _____ instructing
for same to be delivered upon **Fernandez, Ariel D.O.**

That I delivered to : ARIEL FERNANDEZ, D.O.

the following : **ADMINISTRATIVE COMPLAINT; NOTICE OF RIGHTS; ELECTION OF RIGHTS;
VOLUNTARY RELINQUISHMENT OF LICENSE; DEPARTMENT OF HEALTH**

at this address : 1615 30TH ST NW UNIT 30
BEHMETI MN 56601

Manner of Delivery : [] By PERSONALLY delivering the document(s) to the person above.
[] By SUBSTITUTE SERVICE: By delivering to the above named
person at the usual place of abode/business
[] By POSTING: By securely affixing to the main entry

Date and time : 4/7/20 2:13 PM

I SOLEMNLY AFFIRM under the penalties of perjury that the contents of the foregoing
paper are true to the best of my knowledge, information and belief.

EXECUTED BY:

4/13/20
Date

[Signature]
Signature of Server

Lic#: _____ Expiration: _____

On this day Darren Bushinger appeared before me, a notary public, and
being duly sworn by me stated that he/she has personal knowledge of the facts set
forth in the foregoing affidavit and declared that the facts contained therein are
true and correct. Given my hand and seal of office this 13 day
of April 2020.

PCP Inv. #A20305542
Private Process Server

[Signature]
NOTARY PUBLIC
LYNELLE M. BUSHINGER
Notary Public-Minnesota
My Commission Expires Jan 31, 2025

Florida Department Of Health
Florida Department Of Health



Service Fee: _____
Witness Fee: _____
Mileage Fee: _____

root

**EXHIBIT
B**

@
RETURN TO CLIENT

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

AFFIDAVIT

I, Aimee Morris Deputy Clerk for the Department Clerk's Office, hereby certify in my official capacity as custodian for the Department Clerk's records, that the Department Clerk's Office has not received an Election of Rights form or other responsive pleading, which requests a hearing prior to any Department action regarding **Ariel Fernandez, D.O.; CASE NO. 2017-01439**, which would affect the Respondent's substantial interests or rights.

Aimee Morris
Custodian of Record
Department Clerk's Office

STATE OF FLORIDA
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 5th day of May, 2020, by Aimee Morris

Amy L. Carraway
Signature of Notary Public
Print, Type or Stamp Commissioned name of Notary Public
My Commission Expires:



AMY L. CARRAWAY
Commission # GG 171581
Expires January 17, 2022
ended thru Budget Notary Services

Personally Known OR Produced Identification _____

Type of Identification Produced _____

Florida Department of Health
Office of the General Counsel – Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
EXPRESS MAIL: 2585 Merchants Row, Suite 105
PHONE: 850/245-4640 • FAX: 850/245-4684
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

EXHIBIT
C

AFFIDAVIT

RESPONDENT Ariel Fernandez, D.O.
Case Number: 2017-01439

Affiant, Kama Monroe, after being duly sworn, deposes and says:

1. My name is Kama Monroe. I am the Executive Director for the Florida Board of Osteopathic Medicine ("Board") and my work address is Department of Health, Division of Medical Quality Assurance, Health Care Practitioner Regulation, 4042 Bald Cypress Way, Tallahassee, FL 32399.
2. I am the custodian for the Board's licensure files.
3. I certify that the Board has not received an Election of Rights, a request for hearing, or any other pleading responsive to the Administrative Complaint that would affect the Respondent's substantial interest or rights in the above referenced case.



Signature of Affiant

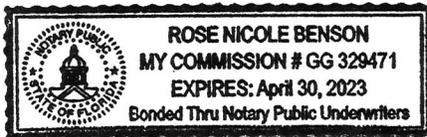
State of Florida
County of Leon

Subscribed and sworn to before me this 11 day of June, 2020, by Kama Monroe, who is personally known to me.



Notary Public

[Notary Seal with Commission Expiration Date]



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, M.D.
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

AFFIDAVIT OF NON-RECEIPT

I, **Kama Monroe**, Executive Director, for the Board of Osteopathic Medicine, hereby certify in my official capacity that I have not received an Election of Rights form or other responsive pleading in case no. **2017-01439, Ariel Fernandez, D.O.**; which requests a hearing prior to any agency action which would affect the Subject's substantial interests or rights.



Kama Monroe
Executive Director
Board of Osteopathic Medicine

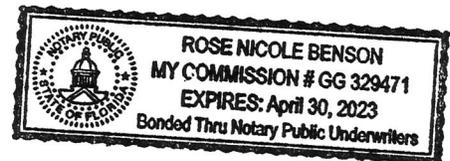
STATE OF FLORIDA
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 27 day of May, 2020, by Gerry Nielsen.



Signature of Notary Public
Print, Type or Stamp Commissioned name of Notary Public
My Commission Expires:

Personally Known OR Produced Identification _____
Type of Identification Produced _____



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

**INTEROFFICE
MEMORANDUM**

DATE: Wednesday, May 27, 2020

TO: Jennifer Wenhold
HCPR Bureau Chief

FROM: Kama Monroe, J.D., Executive Director
Boards of Acupuncture, Massage Therapy, Osteopathic
Medicine, Speech- Language Pathology & Audiology and the
Council of Licensed Midwifery

SUBJECT: Delegation of Authority

This is to advise that while I am out of the office, Wednesday, May 27, 2020, Gerry Nielsen has delegated authority to serve as Acting Executive Director for the Boards of Acupuncture, Massage Therapy, Osteopathic Medicine, Speech-Language Pathology & Audiology and the Council of Licensed Midwifery. Mr. Nielsen can be reached at 850.245.4586.

KM/cdp

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

v.

DOH Case No. 2017-01439

ARIEL FERNANDEZ, D.O.,

Respondent.

_____ /

**PETITIONER'S MOTION TO ASSESS COSTS IN
ACCORDANCE WITH SECTION 456.072(4), FLORIDA STATUTES**

Petitioner hereby moves the Board of Osteopathic Medicine for the entry of a Final Order assessing costs against Respondent in the above styled and numbered matter. As grounds, Petitioner states:

1. At its next regularly scheduled meeting, the Board will take this matter up for hearing.

2. Section 456.072(4), Florida Statutes, provides in relevant part:

In addition to any other discipline imposed through final order ... under this section or discipline imposed through final order ... for a violation of any practice act, the board ... shall assess costs related to the investigation and prosecution of the case. ... The board ... shall determine the amount of costs to be assessed after its consideration of an affidavit of itemized costs and any written objections thereto. ...

3. As evidenced in the attached affidavit (***Exhibit A***), this matter has resulted in costs to Petitioner in the amount of \$8,934.09 based on the following itemized statement of costs:

- a. Complaint \$61.03
- b. Investigation \$1,804.59
- c. Legal \$6,562.89
- d. Expenses \$505.58

4. The attached outside attorney affidavit (***Exhibit B***) indicates a finding that the costs for Legal in this matter are reasonable and justifiable.

5. Should Respondent file written objections within ten (10) days of the date of this Motion, specifying grounds for the objections and the elements of the costs to which objections are made, Petitioner requests the Board determine the amount of costs to be assessed based upon consideration of ***Exhibit A***, ***Exhibit B***, and any timely-filed objections.

6. Petitioner requests the Board assess costs as supported by competent, substantial evidence. This assessment is in addition to any other discipline imposed by the Board and is in accordance with section 456.072(4), Florida Statutes.

WHEREFORE, Petitioner requests the Board enter a Final Order assessing costs against Respondent in the amount of \$8,934.09.

Respectfully submitted this twenty-second day of June, 2020.

Scott A. Rivkees, M.D.
State Surgeon General

Geoffrey M. Christian

Geoffrey M. Christian, Esq.
Assistant General Counsel
Florida Bar No. 0010325
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399-3265
Telephone (850) 245-4661
Facsimile (850) 245-4684
E-mail geoffrey.christian@flhealth.gov
Attorney for Petitioner

CERTIFICATE OF SERVICE

The undersigned certifies a true and correct copy of this Motion has been furnished, by certified U.S. mail, to Respondent, Ariel Fernandez, D.O., 684 N.W. 127th Avenue, Miami, Florida 33182, this twenty-second day of June, 2020.

Geoffrey M. Christian

Geoffrey M. Christian, Esq.
Assistant General Counsel

AFFIDAVIT OF FEES AND COSTS EXPENDED

STATE OF FLORIDA
COUNTY OF LEON:

BEFORE ME, the undersigned authority, personally appeared **SHANE WALTERS** who was sworn and states as follows:

- 1) My name is Shane Walters.
- 2) I am over the age of 18, competent to testify, and make this affidavit upon my own personal knowledge and after review of the records at the Florida Department of Health (DOH).
- 3) I am the Senior Management Analyst II (SMAll) for the Consumer Services and Compliance Management Unit for DOH. The Consumer Services Unit is where all complaints against Florida health care licensees (e.g., medical doctors, dentists, nurses, respiratory therapists) are officially filed. I have been in my current job position for more than one year. My business address is 4052 Bald Cypress Way, Bin C-75 Tallahassee, Florida 32399-3275.
- 4) As SMAll of the Consumer Services and Compliance Management Unit, my job duties include reviewing data in the Time Tracking System and verifying that the amounts correspond. The Time Tracking System is a computer program which records and tracks DOH's costs regarding the investigation and prosecution of cases against Florida health care licensees.
- 5) As of today, DOH's total costs for investigating and prosecuting DOH case number(s) **2017-01439** (Department of Health v **Ariel Fernandez, D.O.**) are **EIGHT THOUSAND NINE HUNDRED THIRTY- FOUR DOLLARS AND NINE CENTS (\$8,934.09)**
- 6)
- 7) The costs for DOH case number **2017-01439** (Department of Health v **Ariel Fernandez, D.O.**) are summarized in Exhibit 1 (Cost Summary Report), which is attached to this document.
- 8) The itemized costs and expenses for DOH case number **2017-01439** (Department of Health v **Ariel Fernandez, D.O.**) are detailed in Exhibit 2 (Itemized Cost Report and Itemized Expense Report and receipts), which is attached to this document.
- 9) The itemized costs as reflected in Exhibit 2 are determined by the following method: DOH employees who work on cases daily are to keep

EXHIBIT

A

track of their time in six-minute increments (e.g., investigators and lawyers). A designated DOH employee in the Consumer Services Unit, Legal Department, and in each area office, inputs the time worked and expenses spent into the Time Tracking System. Time and expenses are charged against a state health care Board (e.g., Florida Board of Medicine, Florida Board of Dentistry, Florida Board of Osteopathic Medicine), and/or a case. If no Board or case can be charged, then the time and expenses are charged as administrative time. The hourly rate of each employee is calculated by formulas established by the Department. (See the Itemized Cost Report)

10)Shane Walters, first being duly sworn, states that he has read the foregoing Affidavit and its attachments and the statements contained therein are true and correct to the best of his knowledge and belief.

FURTHER AFFIANT SAYETH NOT.

Shane Walters, Affiant

State of Florida
County of Leon

Sworn to and subscribed before me this 6 day of May, 2020,
by Shane Walters, who is personally known to me.

Antoinette F Carter

Notary Signature



Name of Notary Printed

Stamp Commissioned Name of Notary Public:



Complaint Cost Summary

Complaint Number: 201701439

Subject's Name: FERNANDEZ, ARIEL

	***** Cost to Date *****	
	Hours	Costs
Complaint:	1.00	\$61.03
Investigation:	33.50	\$1,804.59
Legal:	60.20	\$6,562.89
Compliance:	0.00	\$0.00
	*****	*****
Sub Total:	94.70	\$8,428.51
Expenses to Date:		\$505.58
Prior Amount:		\$0.00
Total Costs to Date:		\$8,934.09

EXHIBIT

1



**Time Tracking System
Itemized Cost by Complaint**

Complaint 201701435

Report Date 05/06/2020

Staff Code	Activity Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
CONSUMER SERVICES UNIT						
HA173	0.10	\$61.03	\$6.10	01/26/2017	144	CSU INVESTIGATIVE WORK
HA73	0.60	\$61.03	\$36.62	01/26/2017	78	INITIAL REVIEW AND ANALYSIS OF COMPLAINT
HA73	0.30	\$61.03	\$18.31	01/27/2017	64	LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GE
HA189	0.50	\$15.04	\$7.52	10/01/2019	6	SUPPLEMENTAL INVESTIGATION
Sub Total	1.50		\$68.55			

INVESTIGATIVE SERVICES UNIT						
BI35	2.90	\$50.82	\$147.38	01/27/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.60	\$50.82	\$30.49	01/27/2017	76	REPORT WRITING
BI35	2.80	\$50.82	\$142.30	01/30/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.30	\$50.82	\$15.25	01/30/2017	76	REPORT WRITING
BI35	2.60	\$50.82	\$132.13	01/31/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.50	\$50.82	\$25.41	01/31/2017	100	SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO
BI35	0.30	\$50.82	\$15.25	01/31/2017	76	REPORT WRITING
BI35	0.50	\$50.82	\$25.41	02/01/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.10	\$50.82	\$5.08	02/01/2017	76	REPORT WRITING
BI35	0.70	\$50.82	\$35.57	02/02/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	1.60	\$50.82	\$81.31	02/03/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.40	\$50.82	\$20.33	02/03/2017	76	REPORT WRITING
BI35	0.30	\$50.82	\$15.25	02/07/2017	58	TRAVEL TIME
BI35	1.30	\$50.82	\$66.07	02/07/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.50	\$50.82	\$25.41	02/07/2017	58	TRAVEL TIME
BI35	0.20	\$50.82	\$10.16	02/07/2017	76	REPORT WRITING
BI35	0.90	\$50.82	\$45.74	02/08/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.20	\$50.82	\$10.16	02/08/2017	76	REPORT WRITING
BI35	0.20	\$50.82	\$10.16	02/09/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.20	\$50.82	\$10.16	02/09/2017	76	REPORT WRITING
BI35	0.50	\$50.82	\$25.41	02/13/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.20	\$50.82	\$10.16	02/13/2017	76	REPORT WRITING





**Time Tracking System
Itemized Cost by Complaint**

Complaint 201701435

Report Date 05/06/2020

Staff Code	Activity Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
BI35	0.70	\$50.82	\$35.57	02/16/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.20	\$50.82	\$10.16	02/16/2017	76	REPORT WRITING
BI35	0.30	\$50.82	\$15.25	02/17/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.20	\$50.82	\$10.16	02/17/2017	76	REPORT WRITING
BI35	0.40	\$50.82	\$20.33	02/20/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.20	\$50.82	\$10.16	02/20/2017	76	REPORT WRITING
BI35	0.40	\$50.82	\$20.33	02/21/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.20	\$50.82	\$10.16	02/21/2017	76	REPORT WRITING
BI35	1.70	\$50.82	\$86.39	02/23/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.70	\$50.82	\$35.57	02/23/2017	176	REPORT PREPARATION
BI35	0.40	\$50.82	\$20.33	02/23/2017	76	REPORT WRITING
BI35	0.30	\$50.82	\$15.25	02/24/2017	4	ROUTINE INVESTIGATIVE WORK
BI35	0.10	\$50.82	\$5.08	02/24/2017	76	REPORT WRITING
BI35	0.50	\$50.82	\$25.41	08/05/2019	6	SUPPLEMENTAL INVESTIGATION
BI35	0.10	\$50.82	\$5.08	08/05/2019	76	REPORT WRITING
MI28	0.60	\$64.46	\$38.68	01/16/2020	6	SUPPLEMENTAL INVESTIGATION
MI28	1.90	\$64.46	\$122.47	01/17/2020	6	SUPPLEMENTAL INVESTIGATION
MI28	0.40	\$64.46	\$25.78	01/21/2020	6	SUPPLEMENTAL INVESTIGATION
MI28	0.40	\$64.46	\$25.78	01/22/2020	6	SUPPLEMENTAL INVESTIGATION
MI28	0.30	\$64.46	\$19.34	01/23/2020	6	SUPPLEMENTAL INVESTIGATION
MI28	1.10	\$64.46	\$70.91	02/12/2020	6	SUPPLEMENTAL INVESTIGATION
MI28	2.20	\$64.46	\$141.81	02/13/2020	6	SUPPLEMENTAL INVESTIGATION
MI28	0.60	\$64.46	\$38.68	02/28/2020	6	SUPPLEMENTAL INVESTIGATION
MI28	0.70	\$64.46	\$45.12	03/13/2020	6	SUPPLEMENTAL INVESTIGATION
MI28	0.60	\$64.46	\$38.68	03/17/2020	4	ROUTINE INVESTIGATIVE WORK
Sub Total	33.00		\$1,797.07			

PROSECUTION SERVICES UNIT

HLL133B	0.10	\$109.02	\$10.90	03/01/2017	25	REVIEW CASE FILE
HL01I	1.50	\$109.02	\$163.53	03/02/2017	81	ESO/ERO
HL01I	0.20	\$109.02	\$21.80	03/07/2017	25	REVIEW CASE FILE
HLL133A	0.30	\$109.02	\$32.71	03/09/2017	25	REVIEW CASE FILE



**Time Tracking System
Itemized Cost by Complaint**

Complaint 201701435

Report Date 05/06/2020

Staff Code	Activity Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
HL01I	3.40	\$109.02	\$370.67	03/21/2017	81	ESO/ERO
HLL133A	0.10	\$109.02	\$10.90	04/12/2017	25	REVIEW CASE FILE
HLL133A	1.10	\$109.02	\$119.92	06/13/2017	25	REVIEW CASE FILE
HLL133A	1.00	\$109.02	\$109.02	06/13/2017	26	PREPARE OR REVISE MEMORANDUM
HLL123A	0.10	\$109.02	\$10.90	07/05/2017	61	GENERAL INTAKE
HLL139B	0.10	\$109.02	\$10.90	11/02/2017	64	LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GE
HLL139B	0.20	\$109.02	\$21.80	11/02/2017	25	REVIEW CASE FILE
HLL139B	0.10	\$109.02	\$10.90	01/12/2018	64	LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GE
HLL123A	0.10	\$109.02	\$10.90	08/08/2018	25	REVIEW CASE FILE
HLL135A	0.20	\$109.02	\$21.80	03/22/2019	25	REVIEW CASE FILE
HLL135A	0.20	\$109.02	\$21.80	03/22/2019	26	PREPARE OR REVISE MEMORANDUM
HLL127A	0.40	\$109.02	\$43.61	04/19/2019	25	REVIEW CASE FILE
HLL127A	0.50	\$109.02	\$54.51	05/22/2019	25	REVIEW CASE FILE
HLL127A	2.70	\$109.02	\$294.35	08/02/2019	25	REVIEW CASE FILE
HLL127A	0.60	\$109.02	\$65.41	08/02/2019	46	LEGAL RESEARCH
HLL127A	0.10	\$109.02	\$10.90	08/02/2019	36	PREPARATION OR REVISION OF LETTER
HLL127A	0.10	\$109.02	\$10.90	08/02/2019	36	PREPARATION OR REVISION OF LETTER
HLL127A	0.10	\$109.02	\$10.90	08/02/2019	36	PREPARATION OR REVISION OF LETTER
HLL127A	0.20	\$109.02	\$21.80	08/02/2019	40	PREPARATION OF OR REVISION OF A PLEADING
HLL127A	0.80	\$109.02	\$87.22	08/05/2019	25	REVIEW CASE FILE
HLL127A	0.50	\$109.02	\$54.51	08/05/2019	46	LEGAL RESEARCH
HLL127A	1.30	\$109.02	\$141.73	08/05/2019	28	PREPARE OR REVISE ADMINISTRATIVE COMPLAINT
HLL127A	0.20	\$109.02	\$21.80	08/05/2019	36	PREPARATION OR REVISION OF LETTER
HLL127A	0.10	\$109.02	\$10.90	08/05/2019	36	PREPARATION OR REVISION OF LETTER
HLL127A	0.10	\$109.02	\$10.90	08/05/2019	36	PREPARATION OR REVISION OF LETTER
HLL127A	0.20	\$109.02	\$21.80	08/05/2019	89	PROBABLE CAUSE PREPARATION
HLL127A	0.10	\$109.02	\$10.90	08/15/2019	37	REVIEW LETTER
HLL127A	0.10	\$109.02	\$10.90	08/15/2019	25	REVIEW CASE FILE
HLL127A	0.30	\$109.02	\$32.71	08/16/2019	25	REVIEW CASE FILE
HLL127A	0.10	\$109.02	\$10.90	08/16/2019	35	TELEPHONE CALLS
HLL127A	0.10	\$109.02	\$10.90	08/16/2019	36	PREPARATION OR REVISION OF LETTER
HLL127A	0.20	\$109.02	\$21.80	08/19/2019	102	REVIEW EXPERT WITNESS REPORT
HLL127A	0.10	\$109.02	\$10.90	08/26/2019	102	REVIEW EXPERT WITNESS REPORT
HLL127A	1.10	\$109.02	\$119.92	08/26/2019	28	PREPARE OR REVISE ADMINISTRATIVE COMPLAINT



**Time Tracking System
Itemized Cost by Complaint**

Complaint 201701435

Report Date 05/06/2020

Staff Code	Activity Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
HLL127A	0.70	\$109.02	\$76.31	08/26/2019	89	PROBABLE CAUSE PREPARATION
HLL127A	0.10	\$109.02	\$10.90	08/28/2019	70	CONFERENCES WITH LAWYERS
HLL127A	0.10	\$109.02	\$10.90	09/20/2019	37	REVIEW LETTER
HLL127A	0.10	\$109.02	\$10.90	09/26/2019	25	REVIEW CASE FILE
HLL127A	0.10	\$109.02	\$10.90	10/01/2019	37	REVIEW LETTER
HLL127A	0.20	\$109.02	\$21.80	10/04/2019	89	PROBABLE CAUSE PREPARATION
HLL127A	0.10	\$109.02	\$10.90	12/11/2019	89	PROBABLE CAUSE PREPARATION
HLL127A	0.30	\$109.02	\$32.71	01/14/2020	89	PROBABLE CAUSE PREPARATION
HLL127A	0.40	\$109.02	\$43.61	01/15/2020	89	PROBABLE CAUSE PREPARATION
HLL127A	0.20	\$109.02	\$21.80	01/15/2020	63	PRESENTATION OF CASES TO PROBABLE CAUSE PANEL
HLL127A	0.10	\$109.02	\$10.90	01/16/2020	90	POST PROBABLE CAUSE PROCESSING
HLL127A	0.10	\$109.02	\$10.90	01/21/2020	37	REVIEW LETTER
HLL127A	0.10	\$109.02	\$10.90	01/21/2020	37	REVIEW LETTER
HLL127A	0.10	\$109.02	\$10.90	01/21/2020	35	TELEPHONE CALLS
HLL127A	0.10	\$109.02	\$10.90	01/21/2020	37	REVIEW LETTER
HLL127A	0.10	\$109.02	\$10.90	01/21/2020	37	REVIEW LETTER
HLL127A	0.10	\$109.02	\$10.90	01/21/2020	35	TELEPHONE CALLS
HLL127A	0.10	\$109.02	\$10.90	01/23/2020	37	REVIEW LETTER
HLL127A	0.10	\$109.02	\$10.90	02/11/2020	36	PREPARATION OR REVISION OF LETTER
HLL127A	0.10	\$109.02	\$10.90	02/12/2020	37	REVIEW LETTER
HLL127A	0.10	\$109.02	\$10.90	02/13/2020	103	REVIEW SUPPLEMENTAL REPORT
HLL127A	0.10	\$109.02	\$10.90	02/20/2020	25	REVIEW CASE FILE
HLL127A	0.10	\$109.02	\$10.90	02/26/2020	37	REVIEW LETTER
HLL127A	0.10	\$109.02	\$10.90	02/27/2020	37	REVIEW LETTER
HLL127A	0.10	\$109.02	\$10.90	02/28/2020	37	REVIEW LETTER
HLL127A	37.00	\$109.02	\$4,033.74	03/13/2020	37	REVIEW LETTER
HLL127A	0.20	\$109.02	\$21.80	03/13/2020	25	REVIEW CASE FILE
HLL127A	0.10	\$109.02	\$10.90	03/16/2020	25	REVIEW CASE FILE
HLL127A	0.10	\$109.02	\$10.90	03/17/2020	36	PREPARATION OR REVISION OF LETTER
HLL127A	0.10	\$109.02	\$10.90	03/17/2020	37	REVIEW LETTER
HLL127A	0.10	\$109.02	\$10.90	03/18/2020	37	REVIEW LETTER
HLL127A	0.10	\$109.02	\$10.90	03/25/2020	37	REVIEW LETTER



**Time Tracking System
Itemized Cost by Complaint**

Complaint 201701435

Report Date 05/06/2020

Staff Code	Activity Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
Sub Total	60.20		\$6,562.89			

Total Cost			\$8,428.51			
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*** C O N F I D E N T I A L ***

**Time Tracking System
Itemized Expense by Complaint**

Complaint 201701439

Report Date: 05/06/2020

Page 1 of 1

Staff Code	Expense Date	Expense Amount	Expense Code	Expense Code Description
PROSECUTION SERVICES UNIT				
HLL127A	04/14/2020	\$133.45	133100	LEGAL & OFFICIAL ADVERTISEMENTS
HLL127A	04/14/2020	\$247.13	133100	LEGAL & OFFICIAL ADVERTISEMENTS
HLL127A	03/18/2020	\$125.00	139994	OTHER SERVICES
	SubTotal	\$505.58		
	Total Expenses	\$505.58		

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

DOH Case No. 2017-01439

v.

ARIEL FERNANDEZ, D.O.,

Respondent.

AFFIDAVIT OF OUTSIDE ATTORNEY REGARDING COSTS

Daniel R. Russell, being duly sworn on oath, deposes and says:

1. I am an attorney at law duly authorized to practice in the State of Florida and have been active in the practice of law in Florida since March 21, 2009. My Curriculum Vitae is attached as Exhibit 1 hereto.

2. I am personally familiar with the fees usually and customarily awarded to attorneys for legal services in administrative proceedings of the kind and nature of the captioned case.

3. I am familiar with Rule 4-1.5(b) of the Rules Regulating the Florida Bar, and have taken such into consideration in forming my opinion in this matter, the factors set forth therein for the determination of reasonable attorney's fees.

**EXHIBIT
B**

4. I am also familiar with, and have considered in forming my opinion in this matter, the Florida Supreme Court in the case of *Florida Patient's Compensation Fund vs. Rowe*, 472 So.2d 1145 (Fla. 1985) relating to the determination of reasonable attorney's fees.

5. I have reviewed the file of the Department of Health (the Department) in relation to this case.

6. I have reviewed the Department's "Time Tracking System Itemized Cost by Complaint" for the case referenced herein, which is among the attachments to the Motion to Assess Costs. I have only reviewed and analyzed the time entries for the Prosecution Services Unit.

7. Based on my review of these documents, it is my understanding that the Department is seeking to recover \$6,562.89 for its attorney time and other costs related to the prosecution of this case.

8. Based on the above, and on my years in legal practice and my experience in this area of legal practice, it is my opinion that the hourly rates for the Department's prosecuting attorneys used in this case are within or below the reasonable and customary range for attorney time spent on cases of this type.

9. Based on the above, and on my years in legal practice and my experience in this area of legal practice, it is my opinion that the total number of attorney hours for which the Department of Health seeks recovery in this case is within the range of time customarily spent on cases of this type and is a reasonable total number of attorney hours for this case.

10. Based on the above, and on my years in legal practice and my experience in this area of legal practice, it is my opinion that the total amount of costs sought to be recovered for attorney time and other costs of prosecution in this case is a reasonable amount in a case of this type.

11. It is my understanding that the Department is moving to recover a total of \$6,562.89 of attorney time and costs in relation to this case.

12. Based on the above, and on my years in legal practice and my experience in this area of legal practice, it is my opinion that items of expense are reasonable for a case of this type, and that the total amount

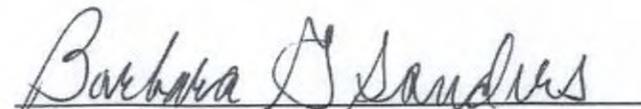
of expenses sought to be recovered in this case is a reasonable amount for a case of this type.



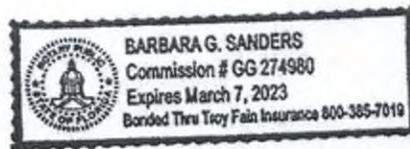
Daniel R. Russell

STATE OF FLORIDA
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me by means of physical appearance, this 8th day of May, 2020 by Daniel R. Russell, Esq.



Notary Public, State of Florida
Printed Name: Barbara G. Sanders
Commission No.: GG 274980
Commission Expires: 3-7-2023



Daniel Ryan Russell
292 Thornberg Drive, Tallahassee, FL32312
(850) 425-7804 drussell@deanmead.com

Experience:

Dean Mead, Of Counsel

- Primary areas of practice focuses on civil and administrative litigation, government relations, healthcare regulation and gaming law.
- Recognized as a “Rising Star” by Florida Super Lawyers, 2019

Jones Walker LLP, Partner

- Primary areas of practice focused on civil, administrative and federal litigation, government relations, healthcare regulation and gaming law.

State of Florida, Department of the Lottery, General Counsel

- Responsible for all legal and regulatory affairs of the Florida Lottery, which employed approximately 500 people and generated nearly \$5.5 billion in annual gross revenue.
- In accordance with the Department’s emergency rulemaking authority, managed the drafting and publication of new rules for each lottery game, of which around six are published each month.
- Responsible for personally handling bid protests, administrative, state and federal litigation, and all other legal matters for the Department.
- Spearheaded the Department’s “Retailer Integrity Program” and supervised ten sworn law enforcement officers.

Jones Walker LLP, Associate

- Primary areas of practice include gaming and pari-mutuel law in the civil and administrative courts with a primary focus on administrative litigation, real estate and condominium law, labor and employment law, and legislative affairs for various industries.

Pennington, Moore, Wilkinson, Bell & Dunbar, Associate

- Primary areas of practice included gaming and pari-mutuel law, real estate, and employment law.
- Gaming practice included regulatory representation of multiple slot machine manufacturers and a Florida-based pari-mutuel facility with horse racing, slot machine and cardroom operations before the Florida Department of Business and Professional Regulation (DBPR) and Florida Legislature.

Gulfstream Park Racing & Casino, General Counsel

- Responsible for the legal, compliance, regulatory and risk management operations at Gulfstream’s horse racing, cardroom and slot machine facility. Part of a management team that oversaw a \$20 million revenue growth over two years.
- Managed more than 100 pieces of active litigation and the distribution of an annual political and government affairs budget of approximately \$200,000.
- Advised Gulfstream through a year-long bankruptcy proceeding and worked with multiple vendors, including independent contractors, on matters of contract re-negotiations and collections.
- Completed collective bargaining agreements with Gulfstream’s two active unions.
- Managed workers’ compensation claims and day-to-day labor relations issues for more than 800 employees.

EXHIBIT

1

Education: **Florida State University College of Law**, Juris Doctorate
University of Florida, Bachelor of Science, Journalism

Licenses: **Florida Bar**, member in good standing and admitted to practice law in the State of Florida.

Publications:

“Misprinted Lottery Tickets and the Disappointment of a Non-Winning Ticket,” American Gaming Lawyer, Fall 2015.

“Fraud and Ticket Brokering: A Dilemma for Public Lotteries,” American Gaming Lawyer, Spring 2015.

“Frequent Jackpot Winners: Lucky Players or Scammers?,” Casino Lawyer Magazine, Fall 2014.

“The Legal Status of Gambling in America’s Senior Communities,” Marquette Elder’s Advisor: Vol. 8: Iss. 2, Article 5.

“The History of Internet Cafes and the Current Approach to Their Regulation” UNLV Gaming Law Journal: Vol. 3: Iss. 2, Article 5.

Lectures: **“Modernization of Regulated Lotteries in America, What’s Next?”** Global Gaming Expo, Fall 2018

“State Actions to Prevent/Cease Illegal Gambling,” February 2016, ABA Gaming Law Minefield.

“Florida Lottery: What’s Next?,” January 2016, Florida Gaming Congress.

“Lotteries Seeking Growth Opportunities,” January 2016, National Council of Legislators from Gaming States

State Law Resources, Featured Presenter, Fall 2012, Discussed the nationwide expansion of the Internet café industry at the State Law Resources annual conference before attorneys from more than 40 jurisdictions around the U.S.

Florida Gaming Summit, Panelist, Spring 2012, Discussed Florida’s Public Policy as it relates to gaming and pari-mutuels.

Florida State University College of Law, Guest Lecturer, Fall 2010 - 2012, Gambling and Pari-Mutuel Law course. Presented information related to State and Federal gaming law issues.

Keiser University, Guest Lecturer, Fall 2009, White Collar Crimes course. Provided a detailed legal history of fraud and white-collar crimes in Florida.

David H. Lindner, D.O. MBA, FCCP

597 Palm Circle East
Naples, Florida 34102
239 572-8644

August 16, 2019

FL Department of Health, PSU
4052 Bald Cypress Way Bin C-65
Tallahassee, Florida 32399-3265

Regarding: DOH v. Complaint No. 2017-01439 L3 AF-DO

Dear Department of Health, Prosecution Services Unit,

This investigation involves alleged practice below Standard of Care.

Questions:

1. I do not know the Subject or complainant. I do not have direct knowledge of the circumstances surrounding this case.
2. I currently treat patients with similar problems.
3. The Subject did not meet the standard of care. See Summary/Conclusion.
4. The Subject's assessment of the patient's complaints and symptoms was adequate; the assessment was complete, including diagnostic imaging studies, laboratory tests, and examinations. A complete history and physical examination is documented in the record appropriately.
5. The Subject's documented diagnosis and differential diagnosis met the standard of care in that it was appropriate, timely, adequate, and accurate. However, his treatment is below the standard of care in that the subject requested and ordered treatment for the patient that the subject had not referenced to or made in the diagnosis. The treatment ordered is not indicated for the documented condition nor supported by his examination or documentation.
6. Appropriate specialists were involved in the care of this patient.
7. The Subject's documented treatment plan was appropriate.
8. The Subject did not prescribe medications appropriately. There is no clear indication to utilize oral codeine based cough suppression Hycodan (hydrocodone 5mg/ homatropine 1.5mg 5ml TID prn) in this patient.
9. The medical records maintained by the Subject demonstrate a complete history and examination, but do not accurately and completely document or justify an indication for codeine based narcotic treatment Hycodan (hydrocodone 5mg/ homatropine 1.5mg 5ml TID prn) as ordered utilized in the care of this patient.
10. The billing records were not provided for review.
11. Appropriate steps in the record was not documented in order to resolve the issues of the case as there is no documentation of the disposition of the codeine based cough suppressant Hycodan (hydrocodone 5mg/ homatropine 1.5mg 5ml TID prn) by the subject.

12. The response of the subject to the investigator was not reasonable nor supported by records reviewed. His explanation that in 14 years there were no prior events on his license, that this is a misunderstanding with “no harm no foul” and that we did things at the Cleveland Clinic do not provide support for an indication to utilize oral codeine based cough suppression Hycodan (hydrocodone 5mg/ homatropine 1.5mg 5ml TID prn) in this patient.

Summary/Conclusion:

This is a case where a patient (JR) presented to the emergency room from in-patient rehab after suffering a cardiac arrest. The patient had had a left cerebellar accident. He was found down and unresponsive. He underwent a resuscitation including intubation with a subsequent return of spontaneous circulation. A central line was inserted. Antibiotics, vasopressor agents including norepinephrine and an induced hypothermia protocol was instituted. He was admitted to the Intensive Care Unit.

After admission to the Intensive Care Unit the patient was documented as being maintained on mechanical ventilation with an endotracheal tube was place. The patient was diagnosed with acute kidney injury, reactive hyperglycemia, and was demonstrating a metabolic acidosis. He was in shock requiring vasopressor agents. He was status post a prior Percutaneous Gastrostomy Tube insertion. The patient had had atrial fibrillation.

The record documents that on 01/20/2017 at 0045, an order for oral Hycodan (hydrocodone 5mg/ homatropine 1.5mg 5ml TID prn) was placed for the patient. At the time of this order, the patient was on life support, sedated and there was no documentation of prior cough or bronchospasm or any of these symptoms actively occurring at that time. The patient was not documented as having obvious pain as Intravenous medications were being utilized. This medication is not part of the West Florida Healthcare Hospital’s hypothermia protocol in the chart. The hypothermia protocol was to a cooling temperature of 32 degrees, the patient was noted to be bradycardic, was breathing in synchrony with the ventilator and the endotracheal tube at that time was without secretions. The patient was on Propofol. The protocol is a standard series of orders that appears usual and customary. There is no clear indication to utilize oral codeine based cough suppression in this patient. The records are legible and the chart does documents the dispensing of the codeine based narcotic Hycodan (hydrocodone 5mg/ homatropine 1.5mg 5ml TID prn) but did not document the administration of the medication.

Subsequent Pulmonary Medicine consultation did not mention cough or bronchospasm. Atelectasis was diagnosed, a fiberoptic bronchoscopy for mucus retention was required. Oral Hycodan (hydrocodone 5mg/ homatropine 1.5mg 5ml TID prn) would of exacerbated this situation if it had been used.

The subject could of taken other actions and not have had the medication given to him to dispense. The usual Intensive Care Unit standard is for the ICU RN to administer medications as ordered by the physician unless the medication ordered is beyond the standard of practice for an RN and requires a physician to administer.

The subject did assert that he utilizes codeine-based cough syrups in bronchospasm. This is not the normal standard of care practice. The use of Hycodan in cough variant asthma would be possibly supported, but the use of the medication is for cough and not the bronchospasm. The assertion that “we did things differently at the Cleveland Clinic” is not supported. I do not have a copy of the actual hypothermia protocol from Cleveland Clinic but a limited review of published data does show a presentation from *Cleveland Clinic on Therapeutic Hypothermia After Cardiac Arrest Best Practices 2104*. (1) This public document shows that their protocol uses Meperidine, Buspirone, and deep sedation with Midazolam, Fentanyl and Propofol and Lorazepam plus or minus neuromuscular blockade. It does not appear that oral codeine is included in the Cleveland Clinic’s protocol. I could find no other supporting data to his assertion of the use of an oral codeine based medication attributed to the Cleveland Clinic is being used in the their induced hypothermia protocol.

In his actions, the subject demonstrated that he did not meet the Standard of Care in the ordering and having a codeine based cough syrup Hycodan (hydrocodone 5mg/ homatropine 1.5mg 5ml TID prn) for a patient who did not require it.

If you have any further questions, please call (407) 766-0882 to schedule an additional telephone conference.

Sincerely,

David H. Lindner, D.O. MBA, FCCP

Ref:

1. Cleveland Clinic: Therapeutic Hypothermia After Cardiac Arrest: Best Practices 2014, Deborah Klein RN, MSN, ACNS-BC,CCRN.

Curriculum Vitae
David H. Lindner, D.O. MBA, FCCP
NCH Healthcare Group
Division of Pulmonary, Critical Care and Sleep Medicine
311 9th St. N.
Naples, Florida 34102

Personal Information

Place of birth – [REDACTED], Illinois

Citizenship – United States

Education:

MBA Auburn University, Auburn, Alabama	2007 – 2009
Fellowship in Critical Care Medicine at St. Louis University, St. John’s Mercy Medical Center, St. Louis, MO	1994-1995
Fellowship in Pulmonary Medicine Oakland General Hospital, Madison Heights, MI	1992-1994
Residency in Internal Medicine Michigan State University – COGMET Program, Oakland General Hospital Campus, Madison Heights, MI	1990-1992
General Rotating Internship at Oakland General Hospital, Madison Heights, MI	1989-1990
Doctor of Osteopathy at University of Osteopathic Medicine and Health Sciences, Des Moines, IA (The Des Moines University)	1989
Bachelor of Arts in Chemistry at Cedarville College, Cedarville, OH (Cedarville University)	1984

Certifications

Certificate Added Qualification Critical Care Medicine: Recertification	2016
Board Certified Pulmonary Medicine: Recertification	2015
Board Certified Internal Medicine: Recertification	2014
Diplomat National Board of Osteopathic Medical Examiners,	1989

Florida Medical License #OS6979

Awards:

Fissons Allergy/Asthma Award,	1991
Chief Medical Resident, Michigan State University: COGMET Program, Oakland General Hospital Campus, Madison Heights, Michigan,	1992
Naples Community Hospital Physician of the Year Honoree,	2002
COMPASS Award Recipient: “Compassionate Or Mentoring Physicians Applying Special Skills”, Naples Community Hospital Healthcare System	2002
Patients Choice Award	2010
Naples Community Hospital Physician of the Year Honoree,	2010

Military Service:

None

Professional Positions:

Instructor of Internal Medicine, Mayo Clinic College of Medicine	2017-Present
Medical Director NCH Healthcare Respiratory Care Department	2010–Present
Medical Director, NCH Healthcare Pulmonary Function Laboratory	2010-Present
Medical Director, NCH Healthcare Critical Care Department	2010-Present
Subdivision Head NCH Medical Staff Pulmonary Critical Care	2010-Present
Division Site Leader NCHPG Pulmonary, Critical Care, and Sleep Medicine	2011-2016
Board of Directors, NCHMDinc	2010-2014
Managing Partner, Anchor Health Centers Pulmonary Division	2007–2010
Medical Director, HMA Physicians Regional Pine Ridge Critical Care	2008-2010

Medical Director, HMA Physician's Regional Collier Blvd Critical Care	2006-2010
Medical Director, Naples Community Healthcare System Critical Care	2006-2010
Medical Director, Anchor Health Centers Pulmonary Function Laboratory	1999-2010
Private Practice in Pulmonary, Critical Care, and Sleep Medicine at Anchor Health Centers Division of Pulmonary, Critical Care, and Sleep Medicine	1999-2010
Medical Director, Anchor Health Centers Sleep Laboratory	1999-2007
Investigator/Sub investigator, Anchor Health Centers Research Laboratory	1999-2006
Executive Board, Anchor Health Centers	1999-2004
Private Practice in Pulmonary Critical Care Medicine, Naples, FL	1995-1998
Summer Camp Physician at Camp Sun Deer, American Lung Association Camp for severely asthmatic children, Battle Creek, MI	1990-1995
Medical Volunteer, Memorial Christian Hospital, Malumghat Bangladesh	1989, 1990

Professional Memberships/Organizations:

Fellow, American College of Chest Physicians	1994-Present
Society of Critical Care Medicine	1992-Present
American Osteopathic Association	1989-Present
American College of Osteopathic Internists	1994-Present
American College of Physician Executives	2008-2014
Florida Osteopathic Medical Association	1995-Present
Florida Medical Association	1995-2006
Christian Medical and Dental Society	1989-Present
Collier County Osteopathic Medical Society	2006-Present
Collier County Medical Society	2016-Present

10. Educational Activities

A.) Curriculum/Course/Quality Development

Heel Ulcer Prevention in the ICU, Naples Community	2004-2005
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Hospital Naples, Fl.

IHI Critical Care Community, Projects: VAP Bundle, Central Line Bundle, Glucose Control, Length of Stay and ICU Mortality, Implementing An Idealized Model for Critical Care Naples Community Healthcare System, Naples, Fl.	2006-2010
CMS Project, Influenza and Pneumococcal in-Hospital Vaccination. Naples Community Healthcare System, Naples, Fl.	2006-2010
Hospital Acquired UTI Project Post-Operative Wound Infections Project Naples Community Healthcare System, Naples, Fl.	2009-2010
Multidisciplinary Rounds Implementation Protocol Adoption Project Naples Community Healthcare System, Naples, Fl.	2009-2016
Critical Care/Emergency Department Monthly Case Presentation CME Conference. Naples Community Healthcare System, Naples, Fl.	2016-Present

B. Teaching

Grand Rounds, St John's Mercy Medical Center, St. Louis University, Division of Critical Care. "Volutrauma" St. Louis, MO.	May 6, 1995
Naples Community Hospital, RN ICU Internship Class "Hemodynamic Monitoring" Naples Community Healthcare System, Naples, Fl.	June 7, 2001
Naples Community Hospital, RN ICU Internship Class "Hemodynamic Monitoring" Naples Community Healthcare System, Naples, Fl.	June 13, 2002

Naples Community Hospital Healthcare System, CME Lecture, "Sleep Medicine" Naples Community Healthcare System, Naples, Fl.	October 2001
Southwest Florida Physician's Assistant Meeting. "Radiographic Correlations of Pneumonia" Florida Southwestern State (formally Edison College) Collier Campus, Collier County, Florida.	October 2002
Collier County Emergency Medical Services, "Emergency Airway Management" Florida Southwestern State (formally Edison College) Collier Campus, Collier County, Florida.	May 2003
Grand Rounds, Naples Community Hospital Healthcare System, "Pulmonary Hypertension" Naples Community Healthcare System, Naples, Fl.	February 2004
American Lung Association, Southwest Florida Collier County Chapter, Annual Lecturer Better Breathers Program, "COPD Update" Naples, FL	1995-2004
Naples Community Hospital Symposium on Evidence Based Medicine, "Consensus Statement on Antithrombotic Therapy 2004 ACCP Guidelines" Naples Community Healthcare System, Naples, Fl.	October 2004
Naples Community Hospital General Staff Meeting, "Evidence Based Guidelines for DVT Prophylaxis" Naples Community Healthcare System, Naples, Fl.	Nov. 2004
Southwest Florida Emergency Physicians Meeting, "Consensus Statement on Antithrombotic Therapy 2004 ACCP Guidelines" Florida Southwestern State (formally Edison College) Collier Campus, Collier County, Florida.	March 2005
Naples Community Hospital CME Program, "Evidence Based Guidelines for DVT Prophylaxis" Naples Community Healthcare System, Naples, Fl.	April 2005
Southwest Regional Hospital CME Program, "DVT Prophylaxis in Neurosurgical Patients" Southwest Florida Regional Medical Center, Ft. Myers Fl.	June 2005
Gensys Healthcare System, Cogdon Lecture Series "DVT Prophylaxis in Hospitalized Patients" Gensys Hospital, Grand Blanc MI.	February 2006

University of North Texas, Winter Symposium Cooper Mountain, Hospitalist Medicine Update. “Hospital Based Vaccination Programs”, Cooper Mountain Resort, Cooper Mountain Colorado.	January 2007
University of North Texas, Winter Symposium Cooper Mountain, Hospitalist Medicine Update. “DVT Prophylaxis In Hospital Patients”, Cooper Mountain Resort, Cooper Mountain Colorado.	January 2007
Pulmonary Pathophysiology I and II, NOVA Southeastern University, Physician’s Assistant Training Program NSU PA Program, Ft. Myers, Florida	2004-2010
CDI Coding Video Conference “Respiratory Failure Coding” Simulcast to CDI Hospital Coders Naples Community Healthcare System, Naples, Fl.	February 2014
NCH Grand Rounds Case #1 “24 y/o with a history of Asthma and Recurring Pneumonia Presenting with Nausea and Vomiting” - Case Records from NCH. Naples Community Healthcare System, Naples, Fl.	October 27, 2016
NCH Respiratory Care Week “Lung Protective Ventilation” Naples Community Healthcare System, Naples, Fl.	October 28, 2016
NCH Stroke Symposium CME Conference – “ICU Care of the Stroke Patient” Naples Community Healthcare System, Naples, Fl.	November 25, 2016
NCH Pulmonary Critical Care Conference Posterior Communicating Aneurysm Naples Community Healthcare System, Naples, Fl.	January 18, 2017
NCH Cardiac Catheterization Conference “Pulmonary Hypertension Differentiating Groups I, II & III” Naples Community Healthcare System, Naples, Fl.	February 15, 2017
NCH Grand Rounds “Poisonings and Intoxications” Naples Community Healthcare System, Naples, Fl.	July 27, 2017
Suncoast Pulmonary Symposium “Radon the Silent Cancer Risk Factor” Florida South Western State College	September 8, 2017

C. Scholarship

CLASBI Central Line Infection Prevention in the ICU (7 years without CLABSI). 2009-Present
Naples Community Healthcare System, Naples, Fl.

Sepsis Bundle: Implementation and Reduction of Sepsis 2012-Present
NCH Healthcare System: Mortality, pre-project 34%, 2012-29%, 2013-14%, 2014-11%, 2015 8%.
Naples Community Healthcare System, Naples, Fl.

Ventilator Day reduction: Ventilator days from 4.3 to 2.65, 2010-2014
with goal of VLOS < 3.5. NCH Healthcare System,
Department Chairman Respiratory Therapy
Naples Community Healthcare System, Naples, Fl.

Scientific Sessions: Plenary Session – Critical Care Medicine, 2014
“Innovations and Techniques from a Team Approach”
ACOI Baltimore, Maryland.

ACOI Subspecialty Section Chair: Critical Care 2014-2016
ACOI Baltimore, Maryland 2014
ACOI Tampa, Florida 2015
ACOI Palm Desert, California 2016

Scientific Sessions: Plenary Session – Moderator Critical Care 2015
Medicine. ACOI Tampa, Florida.

PAD Bundle: The ABCDEF bundle from SCCM, Implementation 2015-2016
Naples Community Healthcare System, Naples, Fl.

Mentorship:

None

Institutional/Department Administrative Responsibilities, Committed Memberships and other activities:

Critical Care Committee, 1996-Present
Naples Community Hospital Healthcare System

Chairman Critical Care Committee, 2015-Present
Naples Community Hospital Healthcare System

Medical Informatics Committee, 2001-2009
Naples Community Hospital Healthcare System

Chairman Critical Care Committee, Naples Community Hospital Healthcare System	2006-2010
Secretary, Collier County Osteopathic Medical Society, FOMA District 17, Naples, Florida 34102	2004-2009
Chairman, NCH Physician Quality Committee, Naples Community Hospital Healthcare System	2007-2010
Medical Executive Committee HMA Physician's Regional Medical Center, Physicians Regional Medical Center, Naples, Florida	2008-2010
Chairman NCH Board Quality Committee, Naples Community Hospital Healthcare System	2008 –2010
By-laws Committee, Naples Community Hospital Healthcare System	1999-2013

Presentations:

International

Peoples Liberation Army 302 Hospital, Beijing China, “ICU Medicine Team Approach”	July 2004
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National:

SGIM 2018: The Great Masquerade of Sarcoidosis: Lofgren Syndrome Annual Meeting, April 11-14, 2018, Denver Colorado	April 2018
ACOI 2016 Scientific Sessions: Plenary Session Moderator Critical Care Medicine. Palm Desert, California.	October 2016
ACOI 2015 Scientific Sessions: Plenary Session Moderator Critical Care Medicine. Tampa Florida.	October 2015
ACOI 2014 Scientific Sessions: Plenary Session – Critical Care Medicine, “Innovations and Techniques From a Team Approach” Baltimore Maryland.	October 2014
ACOI 2014 Scientific Sessions: Plenary Session Moderator Critical Care Medicine. Baltimore Maryland.	October 2014
Poster Presentation Symposium of Advanced Wound Care, San Diego, Ca	April 2005

Poster Presentation WOCN 37th Annual Conference, June 2005;
Las Vegas, NV.

Regional:

Poster Presentation National Pressure Ulcer Advisory Panel, February 2005
National Conference, Tampa Florida

Poster Presentation Florida Hospital Association Conference, Nov. 2005
Orlando, FL

Visiting Professorships:

NOVA Southeastern University Physicians Assistant Training Program, 2004-2010
Pulmonary Pathophysiology I and II,
NSU PA Program Ft. Myers, Florida

Volunteer Work

Neighborhood Health Clinic – In-kind Provider: Volunteer, 2003-Present
Low-Income Working Uninsured Healthcare.

PLAN: Physician Led Access Network, 2003-Present
Provider Low Income Uninsured Health Care.

Medical Volunteer, Memorial Christian Hospital, Jan –Mar 1989
Malumghat, Bangladesh Mar-Apr 1990

Clinical Practice Interests and Accomplishments:

Pulmonary Arterial Hypertension,
Interventional Pulmonary Medicine,
ICU Organization and Process.

Bibliography:

Submitted in press non-peer reviewed:

Chewing gum aspiration, an uncommon cause of chronic cough mimicking recurrence of malignancy. Journal of Bronchology and Interventional Pulmonology.

Book Chapter:

“Cerebral Resuscitation”, D. Lindner, C. Veramakis; in Critical Care. Third Edition, J. Civetta, R. Taylor, T. Kirby Eds. J.B. Lippincott Company 1995

Poster Presentations:

Poster Presentation Symposium of Advanced Wound Care, San Diego, Ca	April 2005
Poster Presentation WOCN 37 th Annual Conference, Las Vegas, NV.	June 2005;
Poster Presentation National Pressure Ulcer Advisory Panel, National Conference, Tampa Florida	February 2005
Poster Presentation Florida Hospital Association Conference, Orlando, FL	Nov. 2005

Research Involvement:

Sub-Investigator, A Double-Blinded, Placebo-Controlled, Parallel Group Study of XXX Solution Inhalation as an Adjunct in the Diagnosis of Lung Cancer by Sputum Cytology

Sub-Investigator, A Randomized, Double-Blinded, Double-Dummy, Parallel-Group, Comparative Clinical Trial Evaluation XXX Inhalation Aerosol in Patients with Chronic Obstructive Pulmonary Disease (COPD)

Sub-Investigator, Linezolid in the Treatment of Penicillin-Resistant, Streptococcus Pneumoniae Pneumonia: Open Label, Non-Comparator Study

Investigator, F1K-MC-EVBC, Lilly Activated Protein C in Sepsis

Principal Investigator, Lovenox versus Heparin: DVT Prevention in ICU Patients

Sub-Investigator, CHES (Centocor: HA1A Efficacy in Septic Shock Trial)

Sub-Investigator/Research Coordinator, GUSTO (Global Utilization of Streptokinase and t-PA in Occluded Coronary Arteries)

Sub-Investigator, 566C80 Open Label Study of Severe Pneumocystis Carnii Pneumonia

Sub-Investigator, Comparison of the Safety and Efficacy of Cefocizime Versus Ceftriaxone in the Treatment of the Complicated Urinary Tract Infections

Tetanus Research Project, Memorial Christian Hospital, Malumghat, Bangladesh

Research Grants Awarded:

None

Mayo IRB Protocols:

None

Patents:

None

Consulting Positions:

ICU Medical Informatics, Cerner Corporation, 2001
Kansas City, MO

Medical Advisory Board, Parco Merged Media, 2002-2010
Ultra-wideband Technology in Hospital Informatics,
Portland, ME

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

August 5, 2019

PERSONAL AND CONFIDENTIAL – VIA CERTIFIED AND ELECTRONIC MAIL

Ariel Fernandez, D.O.
684 N.W. 127th Avenue
Miami, Florida 33182
fernana@ccf.org

Certified Article Number

9414 7266 9904 2135 8133 76

SENDER'S RECORD

Re: DOH Complaint Number 2017-01439
Subject Ariel Fernandez, D.O.

Dear Dr. Fernandez:

After further review, the Department is adding the following as possible violations against you in the above-referenced matter:

- Section 459.015(1)(i), (m), (t), and (u), Florida Statutes;
- Section 456.072(1)(a), (l), and (m), Florida Statutes;
- Rule 64B15-15.004, Florida Administrative Code; and
- Rule 64B15-19.002, Florida Administrative Code.

The foregoing are *in addition* to the possible violations previously noticed by letter to you dated January 31, 2017, and its related enclosure(s).

If you have any questions or concerns, please contact this office.

Sincerely,

Geoffrey M. Christian

Geoffrey M. Christian, Esq.
Assistant General Counsel

GMC/rr

Florida Department of Health

Office of the General Counsel – Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
Express Mail: 2585 Merchants Row BV, Suite 105, Tallahassee, FL 32399
PHONE: (850) 245-4640 • FAX: (850) 245-4684

FloridaHealth.gov





STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

Office: Miami ISU	Date of Complaint: 01/26/17	Case Number: 2017-01439
Subject: ARIEL FERNANDEZ, DO 684 NW 127 th Ave Miami, FL 33182 305-308-5615	Source: WEST FLORIDA HOSPITAL (WFH) FRANCIS LAURO, CHIEF MEDICAL OFFICER 8383 North Davis Hwy Pensacola, FL 32514 850-736-8572	
Profession: Osteopathic Physician	License Number and Status: 10629, Delinquent, Active	
Related Case(s): None	Period of Investigation and Type of Report: 1/15/2020 - 2/13/2020, Supplemental 1	

Alleged Violation: See final report

Synopsis: This supplemental investigation is based on a request from PSU Attorney GEOFFREY CHRISTIAN, ESQ. asking to serve an AC package to FERNANDEZ.

On 1/17/2020, this Investigator went to the address for FERNANDEZ, which is listed in the DOH database, 684 NW 127th Ave, Miami, FL 33182. Upon finding that no one opened the door, a note was left attached to the front door requesting that FERNANDEZ telephone this Investigator.

On 1/21/2020, FERNANDEZ telephoned this Investigator from Minnesota and explained that his wife found the note left on the door and contacted him in Minnesota where he is currently living. This Investigator asked FERNANDEZ if he needed to update his mailing address information with the Florida Board of Medicine to reflect his Minnesota address and he said he is still keeping his address in Miami as his residence.

This Investigator and FERNANDEZ began an email chain. In the email chain, FERNANDEZ provided his address in Minnesota where the AC Package could be sent. The address is 1615 30th Street, NW, Bemidji, MN 56601.

This Investigator checked in Accurint for the address in Minnesota that FERNANDEZ provided in his email. Accurint does list this address for FERNANDEZ.

Exhibits	Page
S1-1 PSU Request Form.....	2-3
S1-2 Affidavit of Diligent Search.....	4
S1-3 Email Chain with FERNANDEZ.....	5-9

Investigator/Date: <i>R Radin</i>	Approved By/Date: <i>[Signature]</i>
Robert Radin, MQA Investigator 2/13/2020	Carlos Suarez, MQA Supervisor 2/13/2020

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

PSU REQUEST FORM

FROM: Rickey Richardson for Geoffrey M. Christian, Esq.	TO: ISU Miami
DATE: 01/15/2020	TO: Investigation Manager Yanila Llompant
PHONE #: (850) 245-4661	CC: Investigation Supervisor Carlos Suarez

DOH Case Number: 2017-01439	Board: Osteopathic Medicine
Subject: Ariel Fernandez, D.O.	HL Code: 127a
Requested Completion Date: ASAP	Status: 70

(PSU) TYPE OF REQUEST: (describe details below)

- Process Service* (Activity Code 160)
- Additional Information Requested (Activity Code 145)
- Deficiency in Investigative Work (Activity Code 150)

Details:

- 1. of 4.** Please hand serve Respondent the attached AC Pack, which consists of a cover letter, a filed Administrative Complaint, and an Election of Rights form.
- 2. of 4.** As requested, please also find attached a copy of the original Investigative Report without attachments. Please do not serve Respondent with the copy of the Investigative Report.
- 3. of 4.** Please prepare an appropriate report regarding your efforts. Please be sure to attach copies of this Request Form and attachments as an exhibit to the report.
- 4. of 4.** If you have any questions, please contact the requesting attorney or his assistant.

*The following additional information is needed for each service request:

Last Known Address: **684 N.W. 127th Avenue, Miami 33182**

Last Known Name & Phone Number: **Ariel Fernandez, D.O.; (305) 308-5615**

Last Known Place of Employment Address: **2950 Cleveland Clinic Boulevard, Weston 33331**

Has Contact Been Made With This Individual? YES No ; If Yes, When? **N/A**

Was this case originally worked by CSU or in an area office different from where this service request is being sent? YES ** No NOTE: All process service requests need to be sent to appropriate field office.

****IF YES, please send a copy of the original Investigative Report without attachments.**

Exhibit #S1-1

Florida Department of Health

Office of the General Counsel – Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
Express Mail: 2585 Merchants Row BV, Suite 105, Tallahassee, FL 32399
PHONE: (850) 245-4640 • FAX: (850) 245-4684

FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

(ISU/CSU) RESPONSE:

- Process Service Completed (Activity Code 161)
- Process Service NOT Completed (Activity Code 162)
- Additional Info Sent to Legal (Activity Code 156)
- Supp. Investigation Request Cancelled (Activity Code 157)

Email

to: Tallah Alac Jackso St. Tam Orlan Ft. West Ft. Mia
Pensac ssee hua nville Pete pa do Myers Palm Lauderda mi
ola
Consu
mer
Service
s

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

AFFIDAVIT OF SERVICE OR DILIGENT SEARCH

DEPARTMENT OF HEALTH

Petitioner

vs

Case No. 2017-01439

Ariel Fernandez, DO

Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

- 1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.
- 2) That on 1/22/2020, Affiant made a diligent effort to locate Respondent, to serve XX Administrative Complaint and related papers; _ Order compelling examination(s); Subpoena(s); Final order; Notice to cease and desist; ESO/ERO and related papers.
- 3) Check applicable answer below:

 Affiant made personal service on, Respondent, on at

XX Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent shown in the DOH investigation of the case; (b) all official addresses for Respondent shown in his licensing records on the computer terminal or Board office; (c) Local telephone company for the last area Respondent was known to frequent; (d) Division of Drivers Licenses; and (e) Utilities (electric, cable, etc.); any others:

[Handwritten signature]

Affiant

State Of Florida

County Of Miami-Dade

Before me, personally appeared Robert Radin whose identity is known to me by Person (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 13 day of Feb 2020.

[Handwritten signature]

Notary Public-State of Florida

My Commission Expires

[Handwritten signature]

Type or Print Name



Florida Department of Health
Division of Medical Quality Assurance
8350 NW 52 Terrace, Ste 400 • Miami, FL 33166-7709
PHONE: 305 470-5896 • FAX 305 499-2090
FloridaHealth.gov



INV FORM 321, Revised 8/14

Exhibit #S1-2

000004

Radin, Robert

From: umcheer1124 <umcheer1124@gmail.com>
Sent: Wednesday, January 22, 2020 6:09 PM
To: Radin, Robert
Subject: RE: Confidential 456.073(10) [and 119.071(2)]

Sorry about that

1615 30 st nw
Bemidji, mn 56601

Sent via the Samsung Galaxy S10+, an AT&T 5G Evolution capable smartphone

----- Original message -----

From: "Radin, Robert" <Robert.Radin@flhealth.gov>
Date: 1/22/20 10:31 AM (GMT-06:00)
To: umcheer1124 <umcheer1124@gmail.com>
Subject: RE: Confidential 456.073(10) [and 119.071(2)]

Hi Dr Fernandez,

Not sure if you received my latest email. Please see below, thanks

Robert

From: Radin, Robert
Sent: Tuesday, January 21, 2020 11:06 AM
To: umcheer1124 <umcheer1124@gmail.com>
Cc: Christian, Geoffrey <Geoffrey.Christian@flhealth.gov>; Richardson, Rickey <Rickey.Richardson@flhealth.gov>; Llompart, Yanila <Yanila.Llompart@flhealth.gov>
Subject: RE: Confidential 456.073(10) [and 119.071(2)]

Hello again Dr Fernandez,

Exhibit #S1-3

Please provide a good address in Minnesota where we can mail you the document we spoke about regarding your license.

My number is 305 470-5896 if you have any questions.

Thanks,

Robert

From: umcheer1124 <umcheer1124@gmail.com>

Sent: Tuesday, January 21, 2020 9:31 AM

To: Radin, Robert <Robert.Radin@flhealth.gov>

Cc: Christian, Geoffrey <Geoffrey.Christian@flhealth.gov>; Richardson, Rickey <Rickey.Richardson@flhealth.gov>; Llompart, Yanila <Yanila.Llompart@flhealth.gov>

Subject: RE: Confidential 456.073(10) [and 119.071(2)]

I will not be returning to Florida until the last week on February, first week in march.

Sent via the Samsung Galaxy S10+, an AT&T 5G Evolution capable smartphone

----- Original message -----

From: "Radin, Robert" <Robert.Radin@flhealth.gov>

Date: 1/21/20 7:47 AM (GMT-06:00)

To: umcheer1124 <umcheer1124@gmail.com>

Cc: "Christian, Geoffrey" <Geoffrey.Christian@flhealth.gov>, "Richardson, Rickey" <Rickey.Richardson@flhealth.gov>, "Llompart, Yanila" <Yanila.Llompart@flhealth.gov>

Subject: RE: Confidential 456.073(10) [and 119.071(2)]

Re: DOH case # 2017-01439

Hello Dr Fernandez,

During our telephone conversation this morning, you explained that you were contacting me because I had gone to your residence in Miami on this past Friday and left a note attached to your door. You told me that when your wife found the note, she contacted you in Minnesota and told you about my note.

I asked you if you needed to update your mailing address information with the Florida Board office to reflect your Minnesota address and you said you still keep your address in Miami as your residence.

Can you tell me when will be the next time you plan to be back in Miami or in Florida?

Thanks,

Robert

From: umcheer1124 <umcheer1124@gmail.com>
Sent: Tuesday, January 21, 2020 8:33 AM
To: Radin, Robert <Robert.Radin@flhealth.gov>
Subject: RE: Confidential 456.073(10) [and 119.071(2)]

Thank you for contacting me Mr. Radin.

Though I live in florida, I have been practicing full time in minnesota for the past 3 years. I have not renewed my medical liscence and have not practiced in Florida for the past 3 years due to opportunities in minnesota.

Please feel free to contact me at 305 308-5615 for any information or questions.

Thank you

Ariel Fernandez

Sent via the Samsung Galaxy S10+, an AT&T 5G Evolution capable smartphone

----- Original message -----

From: "Radin, Robert" <Robert.Radin@flhealth.gov>

Date: 1/21/20 7:26 AM (GMT-06:00)

To: umcheer1124@gmail.com

Subject: Confidential 456.073(10) [and 119.071(2)]

Re: DOH case # 2017-01439

Good morning Dr Fernandez,

Thank you for calling me today. I am emailing you so that you can email me back with the information you gave me over the phone.

Thanks,

Robert

Robert Radin

Florida Department of Health

Medical Quality Assurance investigator

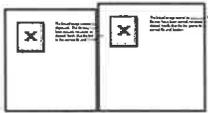
8350 Nw 52 Terrace, Suite 400

Miami, FL 33166

(305) 470-5896

Fax (305) 499-2090

Robert.Radin@flhealth.gov



Our Mission is to protect, promote & improve the health of all people
in Florida through integrated state, county, & community efforts.

Please note: Florida has very broad public records law. Most written
communication to or from state officials regarding state business are
public records available to the public and media upon request. Your
e-mail communications may therefore be subject to public disclosure.



STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

Office: Pensacola Area I	Date of Complaint: 1/26/17	Case Number: 201701439
Subject: ARIEL FERNANDEZ, DO 684 NW 127 th Ave Miami, FL 33182 305-308-5615	Source: WEST FLORIDA HOSPITAL (WFH) FRANCIS LAURO, CHIEF MEDICAL OFFICER 8383 North Davis Hwy Pensacola, FL 32514 850-736-8572	
Profession: OSTEOPATHIC PHYSICIAN	License Number and Status: 10629 CLEAR/ACTIVE	
Related Case(s): NONE	Period of Investigation and Type of Report: 1/27/17 – 2/24/17 FINAL	
Alleged Violation: FS 456.072(1)(k)(z)(dd), FS 459.015(1)(g)(o)(w)(x)(pp)		
<p>Synopsis: This investigation is predicated upon receipt of a complaint (Case Summary and Attachments) (EXHIBIT 1) from WFH informing that on 1/19/17 FERNANDEZ was working as a hospitalist and called the hospital pharmacy to personally prescribe himself Hycodan Syrup 100ml. The pharmacy refused as they are not a prescribing pharmacy. Then after midnight on 1/20/17, FERNANDEZ placed an electronic order for patient JR (81 yo/male) for Hycodan (Hydrocodone 5mg/Homotropine 1.5mg). The pharmacist, MUMBI CHITI (PS 53178), later checked the eMAR for JR and discovered the dose was not documented. It was revealed that FERNANDEZ had a Unit Coordinator, BRADLEY MITCHELL, pick up the medication from the pharmacy and personally deliver it to FERNANDEZ. FERNANDEZ was questioned and he claimed to have left the medication at JR's bedside; however, surveillance video and interviews indicate FERNANDEZ did not enter JR's room throughout the shift. WFH feels strongly there is cause to believe that FERNANDEZ is diverting narcotics.</p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Responded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Patient Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/LEIDS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board certified? Name of Board: American Board of Internal Medicine Date: Unknown Specialty: Internal Medicine </p> <p> Law Enforcement <input type="checkbox"/> Notified Date: <input type="checkbox"/> Involved Agency: </p> <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject represented by an attorney? Attorney information: </p>		
Investigator/Date: 2/24/17 <i>Ben Lanier</i>	Approved By/Date: 2/24/17 <i>Cathy Martin</i>	
Ben Lanier, BI35, Medical Quality Assurance Investigator	Cathy Martin, Investigation Manager	
Distribution: HQ/ISU		Page 1

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* Exhibits contain information which identifies patient(s) by name and are sealed pursuant to section 456.057(9)(a) Florida Statute.

INVESTIGATIVE DETAILS

SUMMARY OF EXHIBITS/RECORDS/DOCUMENTS

On 1/27/17, Investigator LANIER searched the Florida Clerks of Court and found no criminal history on FERNANDEZ.

On 1/27/17, Investigator LANIER telephoned the ECSO in regard to this complaint. Investigator LANIER spoke with investigations division and staff stated the case had not made it to their office yet and suggested Investigator LANIER contact the reporting officer, DRAKE FAWCETT. Investigator LANIER called FAWCETT at 850-436-9127. Staff informed Investigator LANIER that FAWCETT was not in the office and staff was not sure if he was working on this date, but that a message would be sent to FAWCETT's cell phone to contact Investigator LANIER at his earliest convenience regarding this case.

On 1/30/17, Investigator LANIER called the ECSO again and asked for FAWCETT. Staff apologized that FAWCETT had not called back yet. Staff stated she would send another email to FAWCETT and his supervisor and that someone would call Investigator LANIER on this date. On the same date, FAWCETT returned the call. FAWCETT stated he took the report, but during that time the facility representatives told him that they would not pursue criminal charges and planned to handle the matter internally. FAWCETT advised Investigator LANIER that it was fine to notify FERNANDEZ of the DOH case. A copy of the incident report is included as **EXHIBIT 13**.

On 1/30/17, Investigator LANIER left a voicemail message for JEREMIAH BAILEY, Diversion Investigator, DEA, requesting a return call. On 1/31/17, BAILEY returned the call and stated it did not seem that this matter had been reported to his office. BAILEY opined that FERNANDEZ was aware that the matter had been reported and that it was up to Investigator LANIER as to whether or not to notify FERNANDEZ. BAILEY stated he would like to meet with Investigator LANIER on 2/2/17 at the Pensacola ISU office. On 2/2/17, Investigator LANIER met with BAILEY at the Pensacola ISU office. The allegations were discussed and BAILEY opined the DEA would likely move forward with a case after reviewing some supporting documentation.

On 1/30/17, Investigator LANIER left a voicemail message for ROBERTA KING, Risk Manager, WFH, requesting a return call. On 1/31/17, KING returned the call. Investigator LANIER asked KING to provide the order for the medication and the CDAR form for when the medication was picked up. Investigator LANIER asked KING if she could provide a copy of the surveillance footage and KING stated she could not provide the surveillance footage without a subpoena. On 1/31/17, Investigator LANIER served the subpoena to KING at WFH. KING stated she would begin processing the request and contact Investigator LANIER once it was available. On 2/7/17, KING telephoned Investigator LANIER and stated she had the documentation and thumb drives of the surveillance available for pick up from her office at 1:00pm this date. **[INVESTIGATOR'S NOTE:** The passwords for the thumb drives is "WestFlorida". There is a zero in place of standard "o" in Florida.

On 2/1/17 and 2/8/17, Investigator LANIER left voicemail messages for JILL BOSCH, Records Custodian, Walgreens, checking on the status of the prescription profile requested. As of this date, BOSCH has not returned the calls; however, the profile was received with a certification form. A copy of the certification form is included with the profile as **EXHIBIT 6**. The original certification form will be sent to PSU by FedEx delivery.

On 2/8/17, Investigator LANIER called Ciox to check on the status of the medical records. Staff noted the subpoena was received on 2/1/17 and they were in the gathering and copying process. Staff stated an estimated completion time could not be provided; however, staff provided Investigator

LANIER with a log ID #152137768 for reference when calling back to check the status. On 2/13/17, Investigator LANIER called Ciox to check the status of the medical records. Staff informed that the records had been produced and were sent for certification. Staff stated Investigator LANIER should expect to receive the records sometime this week.

On 2/16/17, Investigator LANIER called Ciox to check on the status of the medical records. Staff stated the records were scanned in on this date and Investigator LANIER should expect to receive them in the portal later on this date. On 2/20/17, Investigator LANIER called Ciox and staff stated the records were still being processed. Staff stated that it appeared there were about 728 pages of medical record being scanned in. Staff could not provide an estimated completion date.

On 2/21/17, Investigator LANIER called Ciox and informed them that the records appeared to be scanned into the portal, but were not available yet. Investigator LANIER informed them that he could see that it had been in process since 2/16/17. Investigator LANIER asked what could be holding it up. Staff informed that it typically takes about 5 days before they become available in the portal even after they had been scanned in. Staff informed Investigator LANIER that the records should be available soon. The medical records were received on 2/22/17 and are included as **EXHIBIT 12**.

On 2/16/17, Investigator LANIER left a voicemail message for TINA HERNANDEZ, Health Information Management Director, WFH, checking on the original certification form associated with the medical records (**EXHIBIT 12**). Investigator LANIER requested a return call. On 2/20/17, Investigator LANIER spoke with HERNANDEZ by telephone. Investigator LANIER asked HERNANDEZ about the certification form for JR's records. HERNANDEZ stated she certified the records on 2/16/17 and the form was scanned into Ciox. HERNANDEZ stated that it appeared Ciox had completed the request and that the records were being mailed to Investigator LANIER. Investigator LANIER asked if the original certification was available. HERNANDEZ stated that was not the procedure. HERNANDEZ stated the hospital keeps the original for 6 months and then it is destroyed. Investigator LANIER asked HERNANDEZ if the original could be provided and she stated that it was not part of their procedure.

INTERVIEW OF FRANCIS LAURO, CHIEF MEDICAL OFFICER-SOURCE:

Employment: WFH
8383 N. Davis Hwy
Pensacola, FL 32514
850-530-1561

On 1/27/17, Investigator LANIER left a voicemail message for LAURO requesting a return call. On the same date, LAURO returned the call. LAURO stated he had no further information to provide since the complaint was made. LAURO stated that he was simply fulfilling his obligation to report the issue in accordance with their diversion policy. LAURO stated they did not plan to press charges but he also reported it to law enforcement as required. Investigator LANIER asked LAURO if the video surveillance referenced in the complaint would be available. LAURO stated he did not think the HCA lawyers would allow for the surveillance video to be released, but that Investigator LANIER could request it through the risk management office. Investigator LANIER asked LAURO about FERNANDEZ' history with Hydromet that he referenced in his complaint, specifically if LAURO could recall where FERNANDEZ had his prescriptions filled. LAURO stated the prescriptions were filled at Walgreens. LAURO also stated the prescriber was a FREDERICK ROSS from Weston, FL. Investigator LANIER thanked LAURO for his time and informed him that he would be in touch if any additional information was needed.

INTERVIEW OF MARISSA GARVIN, RN (RN 9319900)-WITNESS:

Employment: WFH
8383 N. Davis Hwy
Pensacola, FL 32514
850-418-3564 (C)

On 1/30/17, Investigator LANIER interviewed GARVIN by telephone. GARVIN stated she was JR's nurse during the night of 1/19/17 through 1/20/17. GARVIN stated she was with JR for about 95% of the time. GARVIN stated the only time she witnessed FERNANDEZ go into JR's room was for a very brief moment that night. GARVIN stated FERNANDEZ was simply checking on them and saying hi. GARVIN stated she never saw FERNANDEZ bring or leave any medication in JR's room. GARVIN stated JR had a protocol and she was simply following the protocol that night. GARVIN stated she thought FERNANDEZ was a good doctor and she trusted his clinical judgment. GARVIN stated she never had any concerns that FERNANDEZ might be impaired.

INTERVIEW OF SONIA LOTT, RPH (PS 6289), CONSULTANT PHARMACIST-WITNESS:

Employment: WFH
8383 N. Davis Hwy
Pensacola, FL 32514
850-679-3127

On 2/3/17, Investigator LANIER interviewed LOTT by telephone. LOTT stated MITCHELL did confirm that he picked up the medication in question from the pharmacy and that he delivered it to FERNANDEZ. LOTT stated she and KIMBRELL reviewed the surveillance video and she never saw FERNANDEZ take the medication to the patient's room as FERNANDEZ claimed he did. LOTT stated the CDAR form is a form that is typically completed by nursing or the pharmacy when a one-time dose of a controlled substance is dispensed. LOTT stated the patient did not have an order for the medication prior to FERNANDEZ keying in the order. LOTT stated there was no documentation indicating the patient ever received the medication. LOTT stated she would ask CHITI to call Investigator LANIER; however, CHITI worked the night shift from 9:30pm until 7:30am. LOTT stated CHITI would likely contact Investigator LANIER Monday morning after his shift.

INTERVIEW OF JASON KIMBRELL, ASSISTANT ADMINISTRATOR-WITNESS:

Employment: WFH
8383 N. Davis Hwy
Pensacola, FL 32514
850-494-3439

On 2/3/17, Investigator LANIER interviewed KIMBRELL by telephone. KIMBRELL stated the only role he really had in this matter was reviewing the surveillance video. KIMBRELL stated he saw on the video that the Unit Clerk, MITCHELL, picked up the medication in question from the pharmacy. KIMBRELL stated MITCHELL can be seen during certain touch points carrying the medication in a clear plastic bag and bringing it to FERNANDEZ in ICU. KIMBRELL stated FERNANDEZ was never seen taking the medication to the patient on the video. KIMBRELL stated he did not speak with FERNANDEZ personally regarding this incident. KIMBRELL stated he did not work with or have any prior dealings with FERNANDEZ.

INTERVIEW OF MUMBI CHITI, RPH (PS 53178)-WITNESS:

Employment: WFH
8383 N. Davis Hwy
Pensacola, FL 32514
850-494-3439

On 1/30/17, Investigator LANIER left a voicemail message for CHITI, requesting a return call. On 2/6/17, CHITI returned the call and left a voicemail message for Investigator LANIER requesting a return call. On 2/7/17, Investigator LANIER returned the call and spoke with CHITI. CHITI stated that FERNANDEZ had called the pharmacy late on the evening of 2/19/17 and attempted to order the Hycodan for himself; however, CHITI told FERNANDEZ that he could not do that because they were not a prescribing pharmacy. CHITI stated that shortly after midnight on 1/20/17 FERNANDEZ placed an electronic order for the same medication for patient JR. CHITI stated MITCHELL came to pick up the medication. CHITI stated it only struck him as an odd coincidence after he had left for work that day. CHITI stated that when he came back to work he checked the system and could not find that the medication had been administered or wasted. CHITI stated he then reported it to the house supervisor. CHITI stated he could not recall if he had worked with FERNANDEZ before or not. CHITI stated that hospitalists come and go frequently.

INTERVIEW OF ARIEL FERNANDEZ, DO-SUBJECT:

Address of Record:
684 NW 127th Ave
Miami, FL 33182
305-308-5615

On 1/30/17, Investigator LANIER left a voicemail message for FERNANDEZ requesting a return call. On the same date, FERNANDEZ returned the call and left a voicemail message for Investigator LANIER to return the call. On 1/31/17, Investigator LANIER interviewed FERNANDEZ by telephone. Investigator LANIER informed FERNANDEZ of the matter being reviewed and asked FERNANDEZ if his address with the board was still the best address to mail the notification letter to. FERNANDEZ requested the notification letter be mailed to him at 481 West 34th Place, Hialeah, FL 33012. FERNANDEZ stated he understood what was under review and that it was simply unfortunate what occurred. FERNANDEZ stated he has been practicing for 14 years without a ding on his license. FERNANDEZ stated it was a misunderstanding of protocol and that was it. FERNANDEZ stated he had practiced at the Cleveland Clinic and they do things slightly different there. FERNANDEZ stated that he understood the matter still had to be investigated, "no harm no foul." FERNANDEZ stated he would call Investigator LANIER once he had received the notification letter and the matter could be discussed further.

On 2/7/17, Investigator LANIER left a voicemail message for FERNANDEZ asking if he had received the notification letter. Investigator LANIER requested a return call. On 2/9/17, FERNANDEZ returned the call and left a voicemail message for Investigator LANIER. FERNANDEZ stating he did receive the notification letter; however, his grandfather passed away and he had been busy working on the funeral arrangements. FERNANDEZ stated he would call on 2/10/17 to give his statement.

On 2/16/17, Investigator LANIER interviewed FERNANDEZ by telephone. FERNANDEZ apologized and stated he had been busy dealing with his grandfather's death. FERNANDEZ stated the statement that he provided to the facility had not changed, but he asked if he could call back on Monday (2/20/17) and give his version of the story. Investigator LANIER informed FERNANDEZ that would be fine. On 2/23/17, Investigator LANIER left a voicemail message for

FERNANDEZ requesting a return call. As of the completion of this report FERNANDEZ has not called back.

The Confidential Index is EXHIBIT 14.

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

**Scroll down to see the available pages or
advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

January 31, 2017

CONFIDENTIAL TO:

Ariel Fernandez, DO
481 West 34th Place
Hialeah, FL 33012

Case Number: ME 201701439

Dear Dr. Fernandez:

We are currently investigating the enclosed document received by the Department of Health. This investigation was initiated after it was determined that you may have violated your Practice Act.

You are entitled to receive a copy of any patient record that resulted in the initiation of the investigation, pursuant to Section 456.073(1), Florida Statutes. If you would like a copy of the patient records, please complete the attached confidentiality agreement and return to the undersigned investigator.

Within **45 days** of receiving this letter, you may:

- * submit a **written response** to the address below; **or**
- * call our office to schedule an **interview**.

Please provide a copy of your **curriculum vitae** and identify your **specialty** even if you choose not to submit a response. Include the above-referenced case number in any correspondence that you send.

Florida law requires that this case and all investigative information remain confidential until 10 days after the Probable Cause Panel has determined that a violation occurred or you give up the right to confidentiality. Therefore, the contents of the investigation cannot be disclosed to you or the general public. You may make a written request for a copy of the investigative file and it will be sent to you when the investigation is complete.

You are not required to answer any questions or give any statement, and you have the right to be represented by an attorney. It is not possible to estimate how long it will take to complete this investigation because the circumstances of each investigation differ.

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts. If you have any questions please call me at 850-475-5470.

Sincerely,

Ben Lanier
Medical Quality Assurance Investigator

Enclosures: Case Summary, complaint form, and complaint narrative.

Florida Department of Health
Division of Medical Quality Assurance
Pensacola ISU • 5016 N Davis Hwy • Pensacola, FL 32503
PHONE 850-475-5474 • FAX 850-475-5475
FloridaHealth.gov



INV Form 354, Revised 4/15, 1/15, 10/10, 6/07, Created 10/07

EXHIBIT 2

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

January 27, 2017

CONFIDENTIAL

West Florida Hospital
Francis Lauro
8383 North Davis Hwy
Pensacola, FL 32514

Reference Number: OS 2017-01439
Subject: Ariel Fernandez, DO

Dear Mr. Lauro:

Please be advised that the Investigative Services Unit is conducting an investigation on Ariel Fernandez, DO, and I am the investigator assigned to your case.

Florida law requires that all information in a complaint remain confidential until 10 days after probable cause is found. Patient names and records are never released to the public.

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please call me at 850-475-5470.

Sincerely,

Ben Lanier,
Investigator



CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

**Scroll down to see the available pages or
advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

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prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

Florida Department of Health



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

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CONFIDENTIAL FAX

"This transmission may contain material that is **CONFIDENTIAL** under federal and Florida statutes and is intended to be delivered to only the named addressee. Unauthorized use of this information may be a violation of criminal statutes. If this information is received by anyone other than the named addressee, the recipient shall immediately notify the sender at the address or the telephone number below and obtain instruction as to the disposal thereof. Under no circumstances shall this material be shared, retained or copied by anyone other than the named addressee."

NOTE:

Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your communication may therefore be subject to public disclosure.

To: walgreens

Fax Number: 217-554-8955

Company: walgreens

Date: 1/30/17 Time: 3:18:04 PM

From: Ben Lanier

Fax Number: 8504755475

Company: Florida Department of Health

No. of pages: 2

(including cover page)

5016 N. Davis Hwy

Pensacola

FL 32503

Subject: Request for a prescription profile.

Message
Details:

Please find the attached request for a prescription profile. Should you have any questions or concerns please do not hesitate to contact me at 850-475-5470

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

To: Walgreen Co.
Attn: Jill Bosch, Manager Custodian of Records and Loans

FROM: Ben Lanier, Medical Quality Assurance Investigator

SUBJECT: CONFIDENTIAL - prescriptions

DATE: 1/30/17

Telephone #: 217-709-2368

NUMBER OF PAGES: 1 including this page

Fax #: 217-554-8955

Please provide this office with a prescription profile for ARIEL FERNANDEZ (DOB 7/24/78) for the timeframe 7/1/16 through present day.

If you have questions or require further information, please call me at 850-475-5470

Thank you for your assistance.

If problems with transmission occur, please call 850-475-5470
Our fax number is 850-475-5475

THE INFORMATION IN THIS FACSIMILE TRANSMISSION MAY BE INTENDED ONLY FOR THE PERSON AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION AND AS SUCH IS PRIVILEGED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT NAMED ABOVE, YOU ARE NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND ANY REVIEW, DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS DOCUMENT IN ERROR, PLEASE NOTIFY THIS OFFICE IMMEDIATELY VIA TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO THE ADDRESS BELOW BY MAIL.

Florida Department of Health
Division of Medical Quality Assurance
5016 N. Davis Hwy • Pensacola, FL 32503
PHONE: 850/475-5474 • FAX: 850/475-5475
FloridaHealth.gov



From: noreply@hcs.net
To: [Lanier, Ben O](#)
Subject: Fax Sent to Walgreens at 2175548955
Date: Monday, January 30, 2017 3:19:43 PM

Time Sent : Monday, January 30, 2017 3:19:30 PM Central Standard
Time
Pages Sent : 2
Duration : 86
Remote CSID : Walgreens Custodian
Destination : 2175548955
Subject : Request for a prescription profile.
Hayes Fax Portal : <https://faxservice.hcs.net/fax>

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

**Scroll down to see the available pages or
advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.



STATE OF FLORIDA
DEPARTMENT OF HEALTH

SUBPOENA DUCES TECUM

Case No. 201701439

TO: West Florida Hospital
Attn: Roberta King, Risk Manager
8383 North Davis Hwy
Pensacola, FL 32514

SUBPOENA NO. A 0096573

YOU ARE HEREBY COMMANDED to produce for inspection and copying at the Investigative Services Unit – Pensacola, 5016 North Davis Highway in Pensacola, Florida on or before February 6, 2017 at 4:30 P.M., for the Department of Health the following:

Surveillance video for the timeframe 1/19/17 through 1/20/17 which captures the events as reported by West Florida Hospital regarding ARIEL FERNANDEZ, DO (DOB 7/24/78).

This subpoena is issued pursuant to Section 456.071, Florida Statutes. This subpoena is supported by affidavit which is available upon request. These records may be copied for use in other related investigations initiated as a result of our review/analysis of this incident.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), authorizes a covered entity to disclose protected health information without the written authorization of an individual, or without the opportunity for an individual to agree or object, when such disclosure is to a health oversight agency for oversight activities authorized by law. The Department of Health, Division of Medical Quality Assurance, is an agency of the State of Florida, authorized by Florida Statutes to oversee the healthcare system.

In lieu of producing these records for inspection and copying as described above, you may choose to comply with this subpoena by mailing a copy of these records to the below identified investigator by the above date. The Department will reimburse actual copying or reproduction costs, not to exceed the following limits: Hard copies at \$1.00 per written page for the first 25 pages and \$.25 per written page thereafter; X-Rays or other photographs or images at \$10.00 per x-ray or image; Electronic records from scanning, digital imaging, or other digital format at \$10.00 per filled CD Rom, DVD or other storage media.

YOU SHALL RESPOND to this subpoena as directed unless excused by the party who requested issuance of the subpoena or by order of the Department of Health.

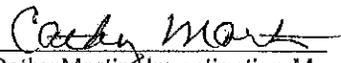
Issued this 31st day of January 2017.



THIS SUBPOENA HAS BEEN ISSUED UPON
THE REQUEST OF:
NAME: Ben Lanier, Medical Quality Assurance Investigator
ADDRESS: 5016 N. Davis Hwy
Pensacola, FL 32503
PHONE: (850) 475-5474


Celeste Philip, MD, MPH
Surgeon General and Secretary
Department of Health



By: 
Cathy Martin, Investigation Manager
OFFICE ISSUANCE NO.: HC/BI 2017-02

INV FORM 354-M
GENERAL RECORD

ANY PERSON FAILING TO APPEAR IN ACCORDANCE WITH THIS SUBPOENA MAY BE SUBJECT TO A PETITION FOR ENFORCEMENT BY WHICH THE DEPARTMENT MAY SEEK A FINE OF UP TO \$1,000 AND OTHER RELIEF AS SET FORTH IN SECTION 120.69, FLORIDA STATUTES.

Received 11/31 this subpoena on 2017 at 2:10 o'clock P.M., and served the same on 11/31, 2017, at 2:47 o'clock P.M. by delivering a true copy thereto:

Roberta King by hand delivery

RETURN IF SERVED BY SHERIFF

DATE _____, 20____ by _____

Sheriff of _____ County, Florida.

By: _____

Deputy Sheriff

RETURN IF SERVED BY OTHER QUALIFIED PERSON

Date 11/31, 2017 By: _____

Benjamin

Before Ben Lassic me, personally appeared _____

Whose identity is known to me by

Personally known
(type of identification)

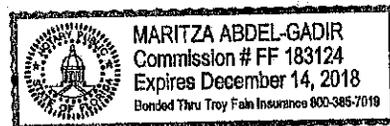
and who, under oath, acknowledges that his/her signature appears above.

Sworn to or affirmed by Respondent before me this 31st day of January, 2017

Maritza Abdel-Gadir
Notary Public

Type Name

NOTE: AFFIDAVIT REQUIRED ONLY IF SERVICE IS MADE BY A PERSON OTHER THAN A SHERIFF OR DEPUTY SHERIFF.



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

AFFIDAVIT FOR SUBPOENA

FIELD OFFICE: Pensacola

CASE NUMBERS: 201701439

- ___ The Department is reviewing a report of a closed civil claim filed pursuant to Section 627.912, F.S.
- ___ The Department is reviewing an incident report filed by a hospital or ambulatory surgical center pursuant to Section 395.0197, F.S.
- ___ The Department is reviewing an incident report filed by a nursing home pursuant to Section 400.147(12), F.S., or by an assisted living facility pursuant to Section 429.23(8), F.S.
- ___ The Department is reviewing a report of discipline by a peer review organization pursuant to Section 395.0193, 458.337 or 459.016, F.S.
- XX The Department is initiating an investigation, investigating a complaint, or conducting a preliminary inquiry pursuant to Section 456.073, F.S.
- ___ The Department is initiating an investigation, investigating a complaint, or conducting a preliminary inquiry pursuant to Section 468.3101(1), F.S., Radiologic Personnel.
- ___ The Department is reviewing a report of a birth-related neurological injury filed pursuant to section 766.305, or a civil malpractice suit pursuant to Section 766.106(2), F.S.

This investigation/claim/report/complaint against or involving ARIEL FERNANDEZ, DO (DOB 7/24/78), alleges violation of FS 456.072(1)(k)(z)(dd) and FS 459.015(1)(g)(o)(w)(x)(pp) noting FERNANDEZ may have diverted medication from a patient on or around 1/20/17 while FERNANDEZ was working at West Florida Hospital (WFH). The events were caught on video surveillance footage at WFH.

1. The material or information being sought is the surveillance footage for the timeframe 1/19/17 through 1/20/17.
2. This material or information is necessary to adequately review this matter, or to substantiate the allegations or show them to be unsubstantiated.
3. This Affiant feels that the recipient of this subpoena will be able to provide the material/information being requested because recipient is the Risk Manager, ROBERTA KING, WFH, 8383 North Davis Hwy, Pensacola, FL 32514.

Ben Lanier
Name of Affiant (print or type)

1/31/17
Date Requested

Ben Lanier
Signature of Affiant

Subpoena Issued No. A0096573

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Before me, personally appeared Ben Lanier, whose identity is known to me by PERSONALLY KNOWN (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 31st day of January 2017.

Maritza Abdel-Gadir
Notary Public-State of Florida



Type or Print Name

My Commission Expires

This affidavit has been reviewed as to sufficiency and approved by

Cathy Mart on 1/31, 2017.
Signature of Chief/Manager/Supervisor



**ISU LABELED/SEALED THUMB DRIVES
TEN (10) THUMB DRIVES (Surveillance video)**

CASE NO.: 201701439
SUBJECT: ARIEL FERNANDEZ, DO
INVESTIGATOR: Ben Lanier, BI35
EXHIBIT: 8

FEB 07 2017

ISD/Pensacola

Current Status: *Active*

PolicyStat ID: 2351357



Effective: 5/18/2016
 Approved: 5/18/2016
 Last Revised: 5/18/2016
 Expiration: 5/18/2017
 Owner: Sonia Loit; Director, Pharmacy
 Policy Area: Clinical Services Group (Facility)
 References:
 Applicability: West Florida Hospital

HCA Medication Diversion Prevention Policy CSG.MM.003

EFFECTIVE DATE: September 2015

REPLACES POLICY DATED: 2013

SCOPE: All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, physician practices, service centers, outpatient imaging centers, all Corporate Departments, Groups, Divisions, Markets, and Parallon. This policy covers all HCA employees, healthcare professionals, contractors, and students, as well as those applying for employee positions.

PURPOSE:

1. Promote patient safety.
2. Promote a healthy work environment.
3. Define medication control processes.
4. Define monitoring processes that provide early detection of medication control irregularities.
5. Mandate strict compliance with requirements of the DEA, FDA, regulatory boards, federal and state survey agencies, accreditation standards, local law enforcement agencies, and HCA Policies and Procedures and guidance documents.

POLICY: HCA is dedicated to fostering a culture that supports safe and effective patient care and a healthy work environment. It is the expectation of all HCA staff¹/Licensed Independent Practitioners (LIPs)² /Advanced Practice Professionals (APPs)³ to strictly adhere to processes that support the prevention of medication diversion. Staff, LIPs and APPs are responsible for reading this policy and understanding their role in preventing medication diversion. Diversion of medication is a criminal act punishable by local, state and federal authorities and a violation of local and corporate HCA employment policy and medical staff bylaws, rules, and regulations. This policy is intended to be used in conjunction with CSG.MM.001, Controlled Substance Monitoring Policy⁴ and CSG.MM.002, Substance Use in the Workplace.

PROCEDURE:

Section I - Selection

Within HCA, DEA Controlled Dangerous Substances listed in Schedule II – V, (including 2N and 3N) will be controlled along with State or Federal-mandated controlled substances (if applicable), and additional items deemed necessary by the facility. HCA requires propofol to be designated as a controlled substance in every facility.

Section II - Access

Controlled substances in patient care areas, pharmacy and/or designated storage areas are to be maintained in an automated dispensing (ADC)⁵ or locked in a substantially constructed cabinet (hereafter referred to as "locked cabinet") that is stored in a locked area. Only patient care staff members who have completed an authorization/access form/education process (see Appendix A - Sample Authorization/Access Form) and are approved by the appropriate individual may remove controlled substances from the ADC or a locked cabinet that is stored in a locked area.

1. The following healthcare providers have the ability to request access to controlled substances based on their job description and competencies: LIPs, APPs, RNs, LPNs/LVNs, Registered Pharmacists, Pharmacy Technicians, EMS staff, and other qualified staff as authorized by the facility. If other staff are to have authorization to request access to controlled substances, this must be identified in written policy and procedures, staff job descriptions and competencies. Ref: 482.25(b)(2)(iii)⁷ which details authorized access to 'locked areas'.
2. Contract staff will receive access only to the ADC or locked cabinet that is stored in a locked area on the unit in which they are scheduled to work. Access must be limited to areas that are needed to perform assigned duties and for the designated time period of the contract. Access for staff working on a shift-to-shift basis is limited to the shift assigned.
3. Only staff authorized to have access to controlled substances will have access to the controlled substances in medication storage areas (e.g. locked cabinets, refrigerators, mobile medical carts, etc...).

4. Access for all employees authorized to access controlled substances must be limited to the areas that are needed to perform assigned duties.
5. During times when locked areas are not occupied, the keys to these areas must be located in a secure location, not accessible by individuals without authorized access to controlled substances.
6. A staff member's, LIP's or APP's access to medications may be revoked at any time.
7. A physician may request access to controlled substances for a qualified staff member who will work under his/her direction (e.g., RN, LPN/LVN, radiology technologist) when working in, as examples, an outpatient imaging center or physician office practice.
8. Keys to locked cabinets/areas are not to be reproduced or removed from the facility or from a physician's office practice.
9. Maintaining Security
 - All staff, LIPs, and APPs will protect their access to ADCs, locked cabinets, and/or combination locks.
 - When a user suspects the integrity of their access has been compromised, steps must be taken to immediately report the incident to their supervisor and deactivate the previous access form. This does not apply to individuals exclusively using biOID.
 - If a hard key is lost, all related locks will be re-keyed as soon as possible.
 - ADC passwords will be changed at least **every 90 days for facilities and 180 days for corporate**.
 - Keypad and combination locks will be changed **at minimum once a year**; this procedure will be documented with a work order.
 - It is recommended that all facility medication storage areas utilize badge access.
1. Any unattended or unlabeled controlled substances must be immediately reported to the appropriate unit manager, confiscated, and appropriately secured, per facility policy. This event is documented as an occurrence report (refer to Section XII).

Section III – Secure Storage

1. Controlled substances in patient care areas, pharmacy, and/or designated storage areas must be maintained in an ADC or a locked cabinet stored in a locked area.
2. Controlled substances requiring refrigeration will be placed in refrigerators connected to the ADC or that will utilize the Remote Stock function (key to the refrigerated locked container is kept in the ADC or in a designated locked area). Controlled substances stored in free-standing refrigerators must be double-locked.
3. Controlled substances will not be stored in crash carts.
4. Only medications will be stored in the designated locked cabinet that is secured in a locked area.
5. When an ADC is not utilized, reconciliation of controlled substances will be verified by two (2) licensed individuals at the end of each case or shift, or at close of business.
 - a. Because licensure is not required for medical assistants in most states, medications in physician practices will be reconciled by two individuals, at least one of which holds a clinical position in the practice.
6. All controlled substances that have been removed from their storage area (i.e. for procedural use) will be returned to the designated storage area at the end of each case or shift, or at the close of business as defined in facility policy.
7. Mobile storage devices (e.g., small refrigerators, medication carts, anesthesia carts, epidural carts) containing controlled substances must be physically secured, locked when not in use, and stored in a locked area. Consideration will be given to utilization of self-locking medication carts.
8. The procedural room and other areas where high-risk operative or other invasive procedures are performed are considered secure when the suite is staffed by a person that is permitted to have access to controlled substances and staff are actively providing patient care. When the suite is not in use (e.g., weekends, holidays, afterhours), it is not considered secure unless one of the following situations are in place: the facility may choose to lock the entire suite, lock non-mobile carts containing medications, place mobile carts in a locked room, or otherwise lock drugs in a secure area. If an individual operating room is not in use, the facility is expected to lock non-mobile carts, and ensure mobile carts are in a locked area.
9. Patient-owned Controlled Medications

* Medications will be sent home with family members/patient representative, if at all possible.

- a. Patient-owned controlled substances not sent home must be logged and kept in a locked location or ADC.
- b. Logging the patient's controlled substances consists of counting and verifying the medications by the patient/patient's representative, when possible, with two licensed staff members, and placing the medications in a sealed tamper-resistant bag. Medications must not be transported in an open bag or solely in the original vial/container by staff members.
- c. These medications will be logged at the time they are received and when they are returned to the patient (see Appendix B – Sample Patient Medication Storage Log).

- d. For facilities that have a 24-hour pharmacy, the medications will be stored in a secure location in the pharmacy. Facilities without a 24-hour pharmacy (including those with no pharmacy), will store the controlled substances in a locked area.
- e. Patient-owned controlled substances need to have a chain of custody from the time of receipt to the time of return.
- f. If patient-owned controlled substances cannot be returned to the patient, they must be discarded within 30 days post-discharge (refer to the facility).

Section IV - Prescribing

1. Verbal orders for controlled substances will be used infrequently. All verbal orders/telephone orders are to be read back or repeated back in order to verify the accuracy of the order. Repeat back is only authorized for use during a code or when read back is not feasible (e.g., during the performance of an operative or other invasive procedure).
2. Only complete orders will be entered into the patient's medication profile. Printed orders must be physically signed by the prescriber and shall not be processed until the ordering practitioner is identified and the practitioner's authority to order controlled substances is verified. The ordering LIP or APP will be consulted for unclear orders.
3. Documentation must be legible and correlate to usage. Orders which are not clearly legible will not be accepted. When orders are handwritten, blank lines or spaces will not be left on forms that would allow for the insertion of an unauthorized order.
4. Multiple orders for duplicate indications must have clear administration criteria. (e.g. multiple medications ordered prn for sedation or pain)
5. Range orders (e.g. 1 to 2 tabs) without administration criteria are not permitted.
6. Defaulting attribution of the order to the attending or other practitioner is not permitted.
7. If the Health Information Management System (e.g. Meditech, Epic, etc.) pharmacy module flags an order as not being received from an authorized practitioner, then the chain of command policy will be implemented to notify the appropriate facility leaders. Controlled substances will not be dispensed based on that order until the flag is resolved.
8. Prescription pads and prescription paper will be stored in a secured location and controlled based on facility-specific policies and procedures in order to prevent unauthorized prescribing of prescription medications. Printers used for electronically printing prescriptions must be secured and inaccessible to unauthorized individuals.
9. Only authorized staff with prescribing privileges can prescribe controlled substances. The refilling of a prescription for a controlled substance listed in Schedule II is prohibited [per Title 21 U.S. Code §829(a)].

Section V - Preparing and Dispensing

1. Only authorized healthcare providers can prepare and/or dispense controlled substances.
2. Dispensing samples of controlled substances is prohibited.
3. Controlled substances must be removed by authorized staff at the time of administration.
4. The authorized staff member who is removing the controlled substance will document the amount removed from inventory via computerized system, or master log.
5. All items to be delivered to patient care areas will have a printout or form listing the delivery location, item description, and quantity to be delivered. The printout or form needs to be signed by both the person removing and delivering the controlled substances. The delivery person will count and verify all items prior to delivery. It is recommended that controlled substances be transported in a secure manner.
6. Verification of controlled substances upon delivery must be documented by both the person delivering and the person accepting the medication. This practice is recommended, but not required, for ADCs.
7. During verification, individual controlled substances will be inspected to ensure integrity.
8. For ADC or primary locked cabinets, the authorized staff member will stock the ADC/locked cabinet and verify the inventory count. The verification can occur electronically (e.g. Pyxis CII Safe Compare Report) or the authorized staff member will print a proof of delivery report. This must be reconciled and signed by the Pharmacist, Administrator or Practice Manager, filed and stored (see Appendix C for process of reconciling overridden medications).
9. Only in-date, intact unit dose controlled substances, which are returned to the controlled substance stock, can be entered back into the inventory.
10. Expired controlled substances removed from the inventory will be placed in a dedicated expired controlled substances drawer/bin in a locked area.
11. Facilities must maintain a log of expired controlled substances that is inventoried every 30 days.
12. For expired controlled substances, the total list will be reconciled by the person holding a DEA Power of Attorney (POA) with the DEA-222 form provided by the reverse distributor, who will send the expired controlled substances for destruction.

13. Partially used controlled substances must be sewered, where permitted by state and local water authorities, or disposed of via the Cactus Smart Sink system.

Section VI- Administration

1. The patient will only receive controlled substances that are procured by the facility in which the patient is being treated. *Exception: Patients' own medications will only be used for cases where the medication is not available from the local wholesaler, non-formulary, or continuation is imperative for patient care.*
2. Controlled substances administered via Patient-Controlled Analgesia (PCA) pumps and epidural pumps will be administered only in locked systems and will be stocked and removed using the ADC or a locked cabinet stored in a locked area. Facilities will evaluate other controlled substances on the floor and consider a locking mechanism such as an IV lock box.
3. The facility will take a systematic approach to reviewing and evaluating areas that have the highest potential for diversion.
4. Documentation of controlled substance administration based on patient need must be done in a timely manner, as monitored by the Dispensing Machine Audit Report.
5. Documentation of the transactions and volume of controlled substances infused per shift/per case must be readily available. The documentation process must be specifically addressed in hospital policy.
6. Inventory verification will be performed each time a controlled substance is removed for administration and when returned, if unused. If the count is incorrect, the user will create a discrepancy report or equivalent report to follow the steps in Section VIII - Discrepancies.
7. During verification, the individual controlled substance will be inspected to ensure integrity.
8. A physical inventory of all controlled substances and keys for controlled substances will be performed at a minimum of once monthly in the pharmacy, ASDs, and physician practices and once weekly on the nursing units, or for cause. The weekly nursing inventory must be completed by the unit's Nurse Manager/Supervisor or designee. The inventory must be completed for all controlled substances, including those that were not accessed via ADC during that time frame, and the inventory documented.
9. When taking controlled substance counts, staffing assignments must be taken into consideration. It is highly recommended to rotate staff members assigned to take controlled substance counts.
10. Chain-of-custody procedures and documentation will be utilized when controlled substances are removed by one person and administered by another (see Appendix D – Sample Controlled Substance Handoff Form).
11. Fractionating doses of unit use vials is prohibited. *Exception: A medication that is transferred from its parent container to an appropriately labeled and secured syringe in order to be administered in fractionated doses during the course of anesthesia.*

Section VII - Controlled Substance Wasting

1. Wastage must be physically witnessed and documented by two (2) licensed individuals (preferably one of whom is an employee of HCA).
2. Any remaining controlled substance packaged in an amount larger than the dose being administered must be wasted immediately; wastage documentation must occur simultaneously.
3. Wasting of a controlled substance (e.g., remaining PCA or syringe pump IV solution, used folded fentanyl patch, a controlled substance stored inappropriately) must occur at the end of the drug's use. This must be recorded in the ADC, BCMA, or manual documentation form, per facility policy.
4. For procedures not involving anesthesia, partially used controlled substances must be wasted immediately after administration or at the conclusion of the procedure.

Section VIII - Discrepancies

1. Inventory verification will be performed each time a controlled substance is removed for administration and when returned, if unused. If the count is incorrect, the user will create a discrepancy report or equivalent report.
2. Discrepancies must be addressed during the shift in which the discrepancy occurred. The manager or designated facility employee of the area is responsible for checking for discrepancies by the end of the shift. Any personnel involved in the discrepancy must be available as soon as feasible to assist in the resolution.
3. If the manager is unable to appropriately resolve a discrepancy, the Director of Pharmacy, Facility Administrator, or Division Director of Quality Management (for physician practices) must be notified.
4. If investigation does not result in a resolution, the count will be corrected by two licensed persons. An occurrence report/variance report will be completed if a discrepancy is not resolved.

5. If resolution does not occur within 24 hours, the notification of occurrence is presented to the Chief Executive Officer, Physician Services Group AVP of Quality, or Facility Administrator.

Section IX Medication Diversion Surveillance and Reporting

1. The CEO, Administrator, or Practice Manager, along with the Director of Pharmacy (Pharmacist in Charge), when applicable, is responsible for controlled substance oversight, including tracking and reporting of inappropriate controlled substance usage. A Controlled Substance Manager must be designated by the CEO, Administrator, or Practice Manager to oversee the controlled substance processes. All suspected or actual diversion must be reported immediately to the Director of Pharmacy or designee for hospitals.
2. Each facility must form a Multidisciplinary Medication Diversion Team (MDT) that is charged with developing a coordinated and systematic approach to prevention and detection of medication diversion or potential tampering. The team members must include (where available): Pharmacy, Risk Management, Hospital Security, Administration, CNO or ACNO, nursing leadership, ECO, and Human Resources. Because controlled substance diversion can result in patient harm, the team must be able to assemble quickly. The multidisciplinary team must meet under the following scenarios:
 - a. The team must be notified immediately of a suspected diversion or diversion currently taking place, if there is suspicious behavior, or if the suspect is potentially under the influence of substances that could impair their performance or judgment. The team must confer and determine appropriate action within 24 hours.
 - b. The team must meet, at minimum, on a monthly basis in order to review audits and investigation results, and determine the need for further investigation. Minutes must be recorded and must include attendees, documentation of Appendix E – Controlled Substances Policy Algorithm requirements, and a recap of individual diversion issues since the last monthly meeting (see Appendix F – Sample Medication Diversion Committee Minutes for minimum agenda requirements. Other agenda items may be added as needed).
1. Diversion Monitoring and Investigation for Facilities **without** Diversion Software
 - a. Locations without medication diversion surveillance and reporting software and ADCs (e.g. physician practices) will develop a specific process for their facility to assist in prevention and detection of controlled substance diversion.
2. Proactive Diversion Reporting and Investigation for Facilities **with** Diversion Software
(see Appendix E – Controlled Substances Policy Algorithm and Appendix G – Rx Auditor Diversion Prevention Guide)
 - a. In Ambulatory Surgery Centers (ASCs) and physician practices, two (2) licensed individuals will reconcile controlled substances in the controlled substance log at the beginning and at the end of each day.
 - b. Medication overrides should be reviewed daily by a pharmacy staff member to ensure the existence of a valid corresponding order.
 - c. The facility shall identify all areas with controlled substance. In such areas, a concurrent audit and reconciliation process will be established to monitor controlled substance usage on a daily basis. For example, it is preferred that facilities establish standardized patient-specific "kits" of controlled substances be issued to each authorized LIP, APP for use during the case. Anesthesiologist-specific kits are acceptable but not preferred. Each LIP/APP is responsible for documenting controlled substances removed from the "kit" on a "kit" log, including doses administered and wasted on each patient. The controlled substance kit and the designated Controlled substance Record must be returned to the designated area. The LIP/APP must verify via signature, date, and time that the contents of the controlled substances kit have been verified and checked against the Controlled substance Record or Anesthesia Administration Form. Any discrepancy discovered must be resolved during the return process. Failure to do so may result in loss of privileges to sign out controlled substances. If a discrepancy cannot be resolved (e.g., cause of discrepancy cannot be determined), the nurse manager or designee must be notified and this must be reported immediately to the Multidisciplinary Medication Diversion Prevention Committee Lead.
 - d. Monthly Review - for areas without ADC access or documented outside ADC
(including ancillary patient treatment areas)
 - Daily Tracking: recorded on sequentially numbered forms issued by Pharmacy from the locked cabinet and returned to the pharmacy or designated area at the end of each work day. When variation in the number of doses of the medication administered is identified, further investigation must be initiated to determine why the variation occurred. These findings must be documented in the Controlled Substance Medication Audit document and reported at the Multidisciplinary Diversion Meeting.
- Each facility must perform a minimum of two (2) controlled substance audits per month in every area with no access to ADC. The medications may be selected randomly but must include one of high volume. The second audit may be for one of high or low volumes.
- Each audit will use at least a 48-hour period of retrospective review.
- Facilities may choose to conduct their audit simultaneously for all locations or may conduct the audits at different times for each.

- Nursing reviews will include the technique of "Velocity Audits" where the volumes of use of the medication under review are examined for each individual administering the medication to identify individuals with a high administering volume (see Appendix H – Velocity Audit Form).
- Audit results must be forwarded to the facility person retaining all audit records.

Section X – Anesthesia and Operational Medications (OR and other Anesthetizing Areas)

1. The facility-defined method for obtaining controlled substances and wasting controlled substances must be followed without exception.
2. The patient will only receive controlled substances that are procured by the facility in which the patient is being treated.
3. Controlled substances (patient-specific kits) must be dispensed for individual patient use. Anesthesiologist-specific kits are acceptable, but not preferred.
4. Wastage must be physically witnessed and documented by two (2) licensed individuals (one individual should be a hospital employee) in real time or no longer than conclusion of the case. Unused products prepared for a specific patient must be destroyed upon the cancellation or conclusion of the case.
5. For fractionated doses, medications can be transferred from their parent container to an appropriately labeled and secured syringe in order to be administered during the course of anesthesia.
6. All discrepancies will be resolved by the provider by the end of the provider's shift.
7. Documentation must be legible and correlate to medication usage.
8. All discrepancies must be tracked, using the QI/PI process, by provider, for trending and identification (as defined by the Medical Executive Committee) and reported to the Multidisciplinary Medication Diversion Team.
9. No medication can be left unattended or without a licensed professional. All medications prepared in advance for the next patient must be locked and secured at all times.
10. When medications are drawn up and not administered immediately, medication syringes must be labeled to include: name of medication(s), strength, quantity, diluents and volume, date and time.
11. Staff, LIPs, and APPs are not allowed to bring items such as book bags, briefcases, duffel bags or any other type of item into OR/ invasive procedure settings. Other items must be stored in a locker. If items like a nerve stimulator or pocket reference book are needed they can be brought into the OR in a clear Ziploc bag and kept in plain view.
12. The Chief of Anesthesia/designee or ASC Medical Director will assume responsibility for informing all anesthesia staff of these rules and their enforcement prior to granting of clinical privileges.
13. Consideration for use of an anesthesia ADC in each operating room suite or, at minimum, a centralized operating room ADC is recommended.
14. Controlled substance kits will have two independent checks prior to dispensing.
15. Sign-out Process
 - a. Standard controlled substance kits are signed out from the ADC, pharmacy department, or controlled substance storage area.
 - b. When obtaining the controlled substance kit, anesthesia personnel must verify the contents of the kit. Once obtained, the anesthesia provider is responsible for controlled substances that they sign out.
16. The controlled substance kit will remain locked and secured when not in use.
17. Reconciliation of medications used during procedures is the responsibility of the practitioner ending the procedure.
18. All controlled substances used must be documented electronically or on the designated form (e.g. Anesthesia Record). Persons administering medications are responsible for reconciling all drug totals (i.e., total administered and amount returned, when applicable).
19. Hand-off of controlled substances must be documented in the Anesthesia Record or designated form, should an Anesthesia Record not be utilized. For hospitals, all hand off records must be sent to Pharmacy (see Appendix D – Sample Controlled Substance Handoff Form).
20. Anesthesia personnel are not permitted to dispense, loan, or exchange controlled substances to other anesthesia personnel from their kit, except in an emergency as defined by Medical Staff Rules and Regulations. Any additional controlled substances needed must be checked out from the pharmacy, ADC, or controlled substance storage area. If an ADC is not used, the controlled substance removed must be documented on the facility-designated form.
21. All unused, unopened controlled substances must be returned to the designated location.
22. Medication Return Process

- a. The controlled substance kit and the facility-designated form (e.g. Anesthesia Record) must be returned to the designated area.
 - b. Anesthesia personnel must verify via signature, date, and time that the contents of the controlled substance kit have been verified and checked against the facility-designated form (e.g. Anesthesia Record).
 - c. All discrepancies must be resolved during the medication return process. Failure to do so may result in loss of privileges to sign out controlled substances.
 - d. If a discrepancy cannot be resolved (i.e., cause of discrepancy cannot be determined), the OR Director, or designated hospital employee, must be notified and this must be reported immediately to the Multidisciplinary Medication Diversion Prevention Committee Lead.
23. Tracking of frequent discrepancies for trending and identification of individuals will be ongoing and reported to the Department Head (e.g. Chief of Anesthesia, CMO or designee) and Multidisciplinary Medication Diversion Prevention Committee.
24. Auditing
- a. Audits of the OR record compared to the facility-designated form or Anesthesia Administration Form will be conducted on ten percent of all cases, including a representative sample for each anesthesia practitioner. If tampering is suspected, qualitative and quantitative testing will be performed.
25. Testing of returned controlled substances
- a. When applicable the Department of Pharmacy or designated person will randomly test the contents of returned syringes from the invasive procedure areas.
 - b. The results will be recorded and compared against control values.
26. Review of results
- a. When applicable, the pharmacy department will review inconsistencies found in the auditing process or toxicology testing process with the Chief Medical Officer or a designee.

Section XI - Propofol

Facilities or entities using propofol will strictly apply all previously addressed and applicable sections of this policy and procedure to ensure:

- a. All propofol is to be stored in a locked location.
 - b. All propofol dispensed to anesthesiologists/CRNAs/anesthesia assistants/qualified anesthesia providers is to be counted and logged as is routine with all controlled substances.
 - c. All propofol administered is to be documented on the facility-designated form (e.g. Anesthesia Record).
 - d. All propofol wastage is to be observed and documented utilizing the routine method for wastage of controlled substances.
1. Ordering, wasting, administering, documenting, tracking, and reconciling of propofol will be addressed the same as other controlled substances.
 2. Propofol must be treated as a controlled substance but should not be included in the facility's biennial inventory of controlled substances (required by the DEA). A separate inventory should exist for non-DEA specified controlled substances.

Section XII – Policy Monitoring and Auditing

Monitoring of the HCA Medication Diversion Prevention Policy will occur bi-annually (with an increment of not less than 4 months between audits) by the Division Directors of Pharmacy or their designee. Auditing of policy compliance will occur through Compliance Process Reviews by the Corporate Ethics & Compliance Department, Quality Review System Surveys by the Clinical Services Group, and Internal Audit and Consulting Services.

1. All auditing requirements must be overseen and enforced by members of the Multidisciplinary Medication Diversion Team and the facility administration designee.
2. The facility-defined QA/PI mechanism will be utilized for tracking occurrence reports, based upon staff member. Results will be reported to the Multidisciplinary Medication Diversion Team.
3. The initial occurrence will result in coaching/counseling by the manager. Individuals with Professional Service Agreements (e.g. physicians, LIPs, APPs) are held to the conditions of the contract, which supersedes the Medical Staff Bylaws. A subsequent occurrence for these individuals will necessitate a referral to the Medical Executive Committee for quality/peer review subject to the individual's current term of appointment or reappointment. Initial occurrences for clinical (e.g. nursing or pharmacy) or non-clinical staff occurrences will be addressed through their supervisor using established facility policy and procedure; subsequent occurrences will result in progressive corrective action.
4. Each facility will identify the laws regarding APPs and controlled substance prescribing and ensure the state laws are being followed (defined in CSG.MM.001).

***HCA Physician Services Group will develop a policy/addendum that specifically addresses medication diversion prevention in the unique clinical setting of Physician Practices after the publication of this policy. Physician Practices will be held to the standard of the policy specific to them upon its release.*

"If any member of the Multidisciplinary Medication Diversion Team does not feel that all parties in the facility are meeting their responsibility, this is to be escalated **directly** to the CEO, if the issue is not resolved the Division President needs to be notified."

- Mike Marks
CFO, National Group

ACRONYMS AND DEFINITIONS

¹ Staff – As appropriate to their roles and responsibilities, all people who provide care, treatment, and services in services in the organization, including those receiving pay (e.g., permanent, temporary, and part-time personnel, as well as contract employees), volunteers and health profession students. The definition of staff does not include licensed independent practitioners who are not paid staff or who are not contract employees. (May be subject to individual organization additions of specific staff.)

² LIP – Licensed Independent Practitioners (physician, dentist, podiatrist, with a valid DEA registration specific to the State of which the facility is located and a State controlled substance registration is applicable.

³ APP – Advance Practice Professional (physician assistant [PA] or advanced practice registered nurse [APRN, CRNA, CNM])

⁴ ADC – Automated Dispensing Cabinet

REFERENCES:

1. AAAHC
2. CMS §416.48 cfc: Pharmaceutical Services
3. CMS §416.48a, Standard: Administration of Drugs
4. CMS Conditions of Participation – §482.23 Nursing Services
5. CSG.MM.001 Controlled Substance Monitoring Policy
6. CMS Conditions of Participation – §482.25 Pharmaceutical Services
7. CMS Conditions of Participation – §482.25 b,2,iii
8. DEA 21 CFR Part 1301
9. E&C Alert #28
10. QM.003
11. The Joint Commission, Comprehensive Accreditation Manual, 2009 Edition

APPENDIX A – SAMPLE AUTHORIZATION/ACCESS FORM

LAST NAME	FIRST NAME	3-4 USER ID (verified by _____)
-----------	------------	---------------------------------

Check cabinet to indicate authorized privileges:

NURSING/CRNA ACCESS

STAFF NURSE

NURSING INSTRUCTOR (List Institution: _____)

STAFF NURSE (Medications only-no controlled substances)

NURSE MANAGER/CHARGE NURSE/NURSE SUPERVISOR

CRNA

PHARMACY ACCESS

SYSTEM ADMINISTRATOR

PHARMACIST

PHARMACY TECHNICIAN

PACKAGER

OTHER

• Qualifications (training/licensure), competencies, and potential task delegations for individuals given access to controlled substances must be verified and documented prior to granting of access.

_____ (specify)

Is user an employee? YES NO

If **NOT** an employee, when will access expire? Date: _____

(Note: maximum access is 1 year, unless contract expires earlier - all users require new agreement annually).

AUTHORIZING SIGNATURE TITLE DATE

My signature below verifies that I have read and understand the statement below:

"The above access is used to access medications only for patients. I have a USER ID (3-4 ID) and a PIN number for ADC access, Key for locked cabinet. The first time I access the ADC, I will change my PIN to something only I know. (NOTE: This PIN number is not recorded in the system and therefore cannot be retrieved by any other user).

I understand that in combination with my PIN, the above access code will be my electronic signature for all transactions in the system. It will be used to track all transactions and permanently attached to the transactions with a date and time stamp. These records will be maintained and archived as per policies of HCA, and State and Federal Laws and Regulations. I understand that to maintain the integrity of my electronic password, I cannot give this password to anyone. Allowing another individual to use my 3-4 ID and PIN number in the ADC will result in discipline as per applicable Information Security Policies and Procedures."

USER SIGNATURE DATE

PRIVILEGES GRANTED BY:	TEMPORARY USER	EXPIRATION DATE:
DATE:		
VERIFIED BY:		

THIS INDIVIDUAL IS NO LONGER PERMITTED ACCESS TO ACUDOSE-RX AND MUST BE REMOVED FROM THE SYSTEM ON THE FOLLOWING DATE : _____

AUTHORIZED SIGNATURE DATE

APPENDIX B – SAMPLE PATIENT MEDICATION STORAGE LOG

PATIENT'S MEDICATION STORAGE LOG

To Be Completed By Nursing			To Be Completed By Pharmacy				
Medication (Drug and Strength)	Controlled Substance		Location Of Medication (UD, PA, NV*)	Dispensing Patient's Own Medication (Y or N)	Controlled Substances		
	Quantity Received By Nurse	Nurse / Patient or Patient Representative Initials			Nurse / Pharmacy Staff Initials	Quantity Returned To Patient or Patient Representative*	Patient or Patient Representative Initials
	/					/	
	/					/	
	/					/	
	/					/	
	/					/	
	/					/	
	/					/	

	/		/
	/		/
	/		/
	/		/

Medication(s):		
Recorded By:	Date: _____	Patient Information
Delivered To Pharmacy By:	Date: _____	
Received in Pharmacy By:	Date: _____	
Picked-up By:	Date: _____	

White Copy: Pharmacy, Yellow Copy: Attach to medications, Pink Copy: Chart

Patient medications not claimed within 30 days of discharge will be destroyed.

Driver's License required for controlled substances claimed by someone other than patient

**UD = Unit Dose Area, PA = Packaging Area, NV = Narcotic Vault*

APPENDIX C - PROCESS FOR RECONCILING OVERRIDDEN MEDICATIONS

- Print the Profile Override Report from Pyxis console daily
- Pharmacy Director or designee must review Profile Override Report daily
- The review of this document includes:
 - Ensuring all overrides of controlled substances have an order from a provider in Meditech
 - Must also ensure that nursing documentation is performed regarding administration of the overridden controlled substances
 - The Pharmacy Director or designee must sign and date report upon completion of review
 - The reviewed Profile Override Reports will be maintained for a period of one month
 - Records older than one month should be sent to document storage

APPENDIX D-SAMPLE CONTROLLED SUBSTANCE HANDOFF FORM

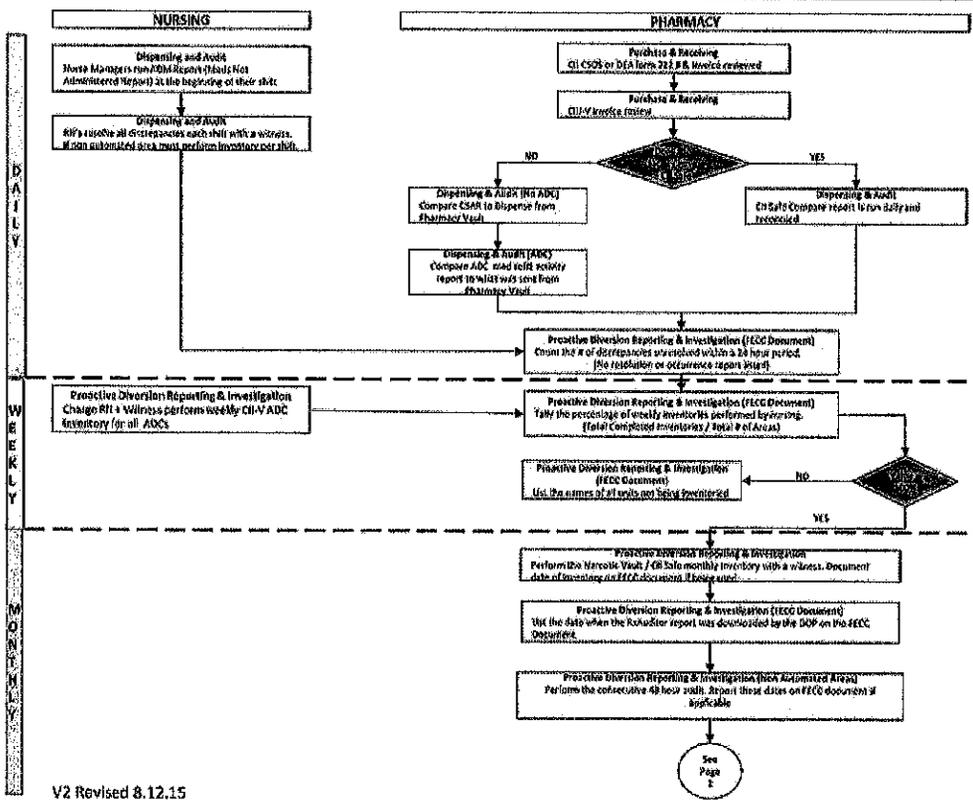
(Original to be maintained in Pharmacy.)

Controlled Substance Chain of Command						
Medication Added	Amount Dispensed	Nurse Signature/ Time At handoff	LIP/APP Signature Time At handoff	Amount Wasted	Nurse Signature/ Time	LIP/APP Signature/ Time
• Fentanyl						
• Versed						
• Propofol						
• Cocaine						

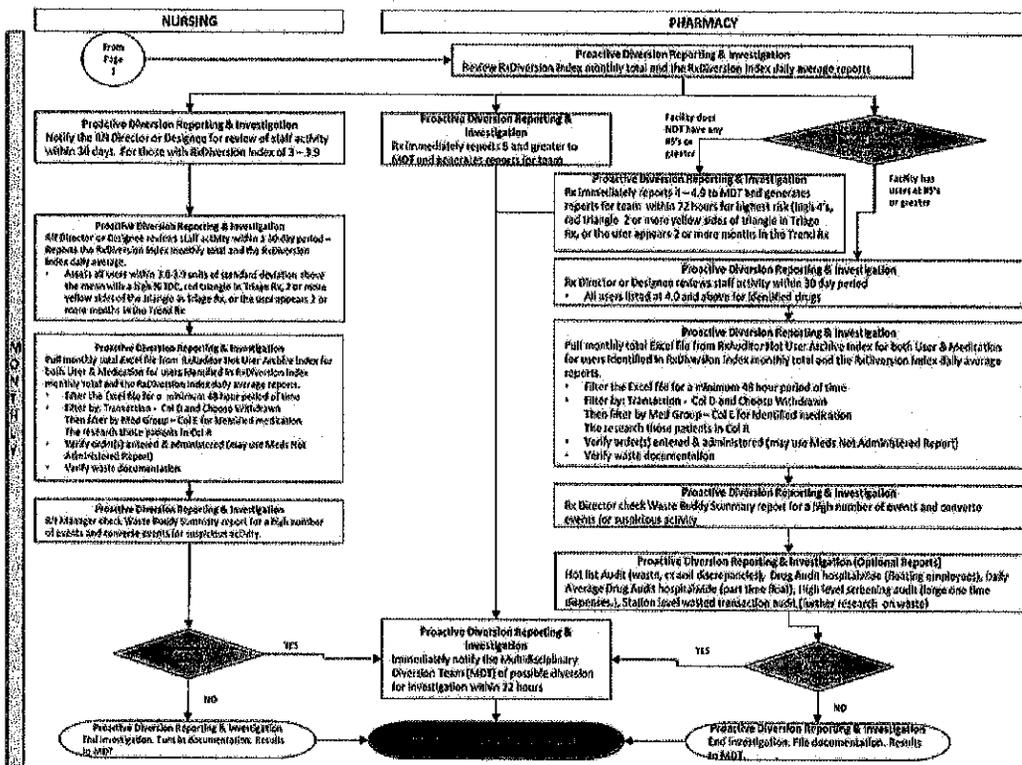
Date: _____

APPENDIX E – CONTROLLED SUBSTANCE POLICY ALGORITHM

Refer to Appendix E1-4 Checklists, which are specific to nursing and pharmacy, for more information.



APPENDIX E continued...



APPENDIX F - SAMPLE MEDICATION DIVERSION TEAM MEETING MINUTES

Note: these are the required agenda items for the meeting - other items may be added as needed.

Medical Center: Medication Diversion Team Meeting Minutes			
Date: _____			
Topic	Discussion	Conclusion/ Recommendation	Action/Follow-Up (include specific details, responsible individual, and completion timeline)
Call to Order	The Diversion Committee met _____ in the _____ Conference room as part of the monthly requirement.	_____ called the meeting to order at _____ pm.	Informational
Attendees: _____			
Old Business	<p>a. _____ discussed the February 2015 nursing audit compliance. The compliance for nursing was as follows:</p> <ul style="list-style-type: none"> • Std Dev 4 - 4.9: • Std Dev 3 - 3.9: <p>b. _____ discussed that we had _____ DEA 106 forms completed since our last meeting in _____</p> <ul style="list-style-type: none"> • Date • Description of occurrence • Date • Description of occurrence 	<p>Only unit that was not 100% compliant with Rx Auditor audits was _____</p> <p>A RI was completed with each DEA 106 Form filed.</p>	
New Business	<p>a. _____ reviewed the users who were greater than 5 standard deviations above the mean. These were completed within 72 hours. The list included _____ users with no follow-up required.</p> <p>b. _____ discussed an improvement in attention to the Rx Auditor requirements.</p> <p>c. _____ also highlighted the improved compliance with inventorying the pyxis as being essential to diversion prevention.</p> <p>The March compliance was _____% and April compliance was _____%. Inventory fallouts are reported on a weekly basis.</p>	<p>_____ users greater than 5 std dev required additional follow-up.</p> <p>March Inventory of Pyxis non-compliance: List units</p> <p>April Inventory of Pyxis non-compliance: List units</p>	<ul style="list-style-type: none"> • Review Actions/ Follow-up Items from previous month
Open Forum	<ul style="list-style-type: none"> • List/describe discussion topics 		
Adjourn	_____ adjourned the meeting at _____ pm		

APPENDIX G: RXAUDITOR GUIDE

The *Rx Review Drug Diversion Detection Guide* may be accessed through the RxAuditor Report. The file is embedded within the report and provides a step-by-step audit guide for diversion detection with RxAuditor software.

APPENDIX H: VELOCITY AUDIT FORM

Auditor Name: _____ Manager Signature/Date: _____

Part 1: Review documentation based off RX Auditor Diversion Index report. Review data for inappropriate documentation or trends that may indicate

suspicious activity or staff not following procedures.

Name of User	Chart audits conducted?	Discrepancies?	Comments & Action taken
	Y N	Y N NA	
	Y N	Y N NA	
	Y N	Y N NA	

Part II: Randomly select at least 5 patients/transactions during the 48 hr period and compare it to the physician order and the administration record. Include a high volume and a low volume drug. Confirm that the employee was scheduled to work during the transaction.

Drug Name (Circle High Volume & Low Volume Drugs)	Name of User	Transaction date/ time	User scheduled to work?	Patient initials	Is there a physician order?	Is the prescriber name legible? (copy order if No)	Is the amount removed appropriate for the dose ordered?	Is the dose given documented in eMAR?	Is waste Immediately documented?	Comments & Actions Taken
			Y N		Y N	Y N	Y N	Y N	Y N NA	
			Y N		Y N	Y N	Y N	Y N	Y N NA	
			Y N		Y N	Y N	Y N	Y N	Y N NA	
			Y N		Y N	Y N	Y N	Y N	Y N NA	
			Y N		Y N	Y N	Y N	Y N	Y N NA	

Part III: Were the controlled substances inventoried per policy (Weekly for AcuDose/Pyxis areas, Per policy for non ADM areas)?	Y N	Comments & Actions Taken:
Part IV: Were any discrepancies during the audit period appropriately resolved?	Y N NA	Comments & Actions Taken:
Part V: Waste buddy summary reviewed? Include date	Y N NA	Comments & Actions Taken:
Part VI: Are Prescription pads and paper secured?	Y N NA	Comments & Actions Taken:

All revision dates:

5/18/2016

Attachments:

image1.jpg

image2.jpg

Approval Signatures

Approver	Date
Francis Lauro: CMO	5/18/2016
Sonia Lott: Director, Pharmacy	4/26/2016

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456.057 - Ownership and control of patient records; report or copies of records to be
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10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
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prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

From: [Christine Shorette](#)
To: [Lanier, Ben O](#)
Subject: Record request
Date: Tuesday, February 07, 2017 1:37:07 PM
Attachments: [2-6-17 17-002255.pdf](#)

Please see the attached.

Thanks!

Christine Shorette

Criminal Records Technician

Criminal Records Section

Escambia County Sheriff's Office

1700 West Leonard Street

Pensacola, FL 32501

(850) 436-9501 Office

(850) 436-9784 Fax

cashorette@escambiaso.com

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OFFICIAL RECORD TO: PUBLIC
FROM: CRIMINAL RECORDS - CAS 2/6/2017
REDACTED PER FSS 119.071(5)(a); 119.071

OFFENSE REPORT
ECSO17OFF002255

ESCAMBIA COUNTY SHERIFF'S OFFICE

Printed On: **02/06/2017 @ 14:13**

Offense Number Offense Description CAD Incident No
ECSO17OFF002255 79-0 THEFT: GRAND ECSO17CAD017940
Range of 01/19/2017 15:56 Reported Arrived Completed
Occurrence: 01/19/2017 15:56 01/23/2017 15:56 01/23/2017 17:51 01/23/2017 18:24

ADDRESS OF OCCURRENCE

No. Di Street A/L City ST Zip
8383 N DAVIS HWY PENSACOLA FL 32514
(GEO) (Latitude / Longitude)
4 - 12 - B - 30.51552 / -87.21752

Business **WEST FLORIDA HOSPITAL** MBI ID: **ECSO12MBI000247**

Business Type: **Victim**

No. Di Street A/L City ST Zip
3255 POTTER ST. PENSACOLA FL
(GEO) (Latitude / Longitude)
- - - 0 / 0

PERSONS

[RP/REP PERSON] MNI ID: **ECSO16MNI051141**

Last First Middle Title R S DOB Age
TEMPLETON PAMELA LANE W F 04/12/1957 59

Hgt Wgt Eyes Hair I.D. No. St Type Ethnicity:
5'04" 150 BLU BLN T514672576320 FL DL

Residence: **Within jurisdiction**

Extent of Injury: Verify For Rape Exam: **No** Treated For Rape Injury: **No**

General Appearance:

Demeanor:

Clothing:

Clothing Description:

Probable Destination:

Birth Location: *** none reported ***

Address:

751 PENSACOLA BEACH BLVD Apt/Lot: T3 PENSACOLA BEACH FL 32561

Occupation:

Business: WEST FL HOS, Job Title: PHARMACY MANAGER

CHARGES/OFFENSES

Statute: **812.014.2c13** Counts: **1** UCR: **230D** NCIC:

Charge: **LARC**

Desc: **GRAND THEFT OF CONTROLLED SUBSTANCE**

General Offense Code... (GOC): **N Not Applicable**

Arrest Charge Level.....(ACL): **F Felony**

Arrest Charge Degree...(ACD): **T Third Degree**

Arrest Offense Number.(AON): **2399**

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**OFFENSE REPORT
EC SO17OFF002255**

ESCAMBIA COUNTY SHERIFF'S OFFICE

Printed On: 02/06/2017 @ 14:13

Weapon
 Location Category Non-residence
 Location Type Hospital
 Location Description West Florida Hospital
 Location Status
 Number of Premises Burglarized 0
 Target - Inventory
 Entry Method
 Point of Entry (POE)
 POE Visible From
 Point of Exit
 Suspect Actions - Took Items- Other
 Circumstances
 Weather - Unknown
 Lighting Condition Unknown
 Security Used
 Crime Scene? : No
 If NO, Explain : See narrative
 Crime Scene Officer:
 Physical Evidence Collected: X

PROPERTY ITEMS [S]=Stolen [*]=Stolen/Recovered [M]=Missing [L]=Lost [D]=Damaged/Destroyed
 [F]=Found [Z]=Seized [C]=Counterfeited/Forged [U]=Unknown

Code Article	Model No.	Brand	Value
E STATEMENT			\$0.00
Description			Quantity
VOLUNTARY STATEMENT WITH ATTACHED WORD DOC			1
NCIC Code	Serial No.	Owner Applied Number	Receipt Number

Code Article	Model No.	Brand	Value
S MISCELLANEOUS ITEM			\$1.00
Description			Quantity
HYCODAN SYRUP,100 MIL			1
NCIC Code	Serial No.	Owner Applied Number	Receipt Number

TOTALS - S:	\$1.00	*	\$0.00	M:	\$0.00	L:	\$0.00
D:	\$0.00	F:	\$0.00	Z:	\$0.00		

< NARRATIVE >

DATE	TIME	TYPE	OFFICER REPORTING	CALL.#	REP TAKER	EDIT DATE	EDIT TIME
1/23/2017	18:35	INITIAL	FAWCETT, DRAKE THOMAS	F05	ADTOMLINSON	1/23/2017	20:57
		Status: APPROVED	SHORETTE, BRIAN ERIC	1/23/2017	22:03		

CAD INCIDENT DISPOSITION CODE: [79-0] [B] [0] []

On 1/23/17, at approximately 1705 hours, I was dispatched to 8383 N Davis Hwy, West Florida Hospital, in reference to a petit theft.

Upon arrival, I made contact with RP/Pamela Templeton who provided the following sworn statement. On Thursday, 1/19/17, a Dr Ariel Fernandez had called the

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REDACTED PER FSS 119.071(5)(a); 119.071**

OFFENSE REPORT
ECSO17OFF002255

ESCAMBIA COUNTY SHERIFF'S OFFICE

Printed On: 02/06/2017 @ 14:13

pharmacy wanting to write a prescription for himself for 100 milliter of Hycodan syrup, a controlled substance. RP/Templeton's pharmacist then told Dr Fernandez that they were not licensed to dispense to outpatient, and that he would have to find somewhere else. RP/Templeton stated that later in the night, Dr Fernandez entered a Hycodan syrup order for a patient, and a unit employee later identified as "Bradley Mitchell" (a hospital unit clerk) came to the pharmacy to pick up the dose. The dose is not documented as given and was not returned to the pharmacy. The patient the dose was for was "intubated." "Bradley Mitchell" had picked up the medication and then handed it to Dr Fernandez. The patient's nurse was not aware that Dr Fernandez was writing the order. RP/Templeton then stated, "It is very unusual for a physician to take a dose of medication to give to a patient. It is highly unlikely that an intubated patient needed a cough syrup." RP/Templeton then stated the cost of this medication is approximately \$1.

RP/Templeton then stated that at this current time, the hospital did not wish to pursue any charges and that they would be taking care of the matter through the hospital legal system. RP/Templeton further stated this was for reporting purposes only.

RP/Templeton stated that the hospital might have _____ of this incident and that she would call the hospital on a later date if any of this incident was _____

The voluntary statement completed by RP/Templeton will be turned in as evidence.

Total time spent: 1 hour 45 minutes.

< END OF NARRATIVE >

Offense Status Inactive - Other	No -- Cleared # Clearances 0	Reporting Officer F05 FAWCETT, DRAKE THOMAS L/CHF/PROF STANDARDS/TRAINING/FTO/	
Warr./Arr. No.	Clearance Date Clearance Type Except. Clear. Type Age Classification	*Forward for Approval / Followup To : L/OPS/US/NO	
Supervisor BRIAN ERIC SHORETTE	APPROVED	Case Screening Supv.	Investigator
Date	Time	Yes	Concur
01/23/2017	22:03	No	No
		No	No
		PtIF/U	No
		InvF/U	No
		Date	Time
Report Last Modified 01/23/2017 22:03			

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furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.



ARIEL FERNANDEZ

TODAY'S DATE

Jun 19, 2020

ABIM ID

306308

CURRENT CERTIFICATION STATUS:

Not Certified

INITIAL CERTIFICATIONS:

Internal Medicine: 2009

Important information regarding the physician verification tool:

- Most diplomates certified prior to 1990 are not required to participate in MOC but are strongly encouraged to do so.
- All ABIM certifications issued in 1990 (1987 for critical care medicine and 1988 for geriatric medicine) and thereafter must be maintained through ABIM's MOC program.
- ABIM's website serves as primary source verification.
- Diplomates are publicly reported as participating in MOC for all certifications as long as they are participating in MOC for one certification area.
- Physicians are publicly reported as inactive if they were once certified by ABIM but now, for non-disciplinary reasons, they no longer have an active medical license in any jurisdiction.
- Certification status is updated to this system within 5 days of notification to the physicians. Data elements, such as name changes, are updated in ABIM's records within 24 hours of being processed by ABIM.
- If you do not find your physician or they are listed as not certified, they may be certified by another board of the American Board of Medical Specialties. Please check www.certificationmatters.org <<http://www.certificationmatters.org>>. Additionally, information on Allergy and Immunology, Clinical Laboratory Immunology and Diagnostic Laboratory Immunology diplomates can be now found at www.certificationmatters.org <<http://www.certificationmatters.org>>.

© 2020 AMERICAN BOARD OF INTERNAL MEDICINE

510 Walnut Street, Suite 1700, Philadelphia, PA 19106



Department of Health

ARIEL FERNANDEZ

License Number: OS10629

Data As Of 6/19/2020

Profession	Osteopathic Physician
License	OS10629
License Status	NULL AND VOID/
License Expiration Date	3/31/2018
License Original Issue Date	04/08/2009
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595. UNITED STATES
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.



Department of Health



ARIEL FERNANDEZ

License Number: OS10629

Profession	Osteopathic Physician
🔍 License Status	NULL AND VOID/
Year Began Practicing	Not Provided
License Expiration Date	03/31/2018

The practitioner is not obligated to update their profile data.

Primary Practice Address

ARIEL FERNANDEZ
2950 CLEVELAND CLINIC BLVD
WESTON, FL 33331
UNITED STATES

Mission:

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Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

STATE OF FLORIDA
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,
PETITIONER,

VS.

CASE NO: 2017-01439

ARIEL FERNANDEZ, D.O.
RESPONDENT.

NOTICE OF HEARING

TO: Ariel Fernandez, D.O.
1615 30th Street N.W., Unit 30
Bemidji, Minnesota 55601

PLEASE TAKE NOTICE that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. You are **NOT REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

The purpose of the hearing is to consider a motion for: Determination of Waiver

Note: Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you call in promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Sarah Corrigan at (850) 245-4444 or by e-mail at Sarah.Corrigan@flhealth.gov.

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at <http://floridasosteopathicmedicine.gov/meeting-information/>

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address(es) this 28th day of July 2020.

Christa Peace

Christa Peace
Regulatory Specialist III
Board of Osteopathic Medicine

Florida Department of Health

Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256
PHONE: (850) 245-4161



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STATE OF FLORIDA
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,
PETITIONER,

VS.

CASE NO: 2017-01439

ARIEL FERNANDEZ, D.O.
RESPONDENT.

NOTICE OF HEARING

TO: Ariel Fernandez, D.O.
684 N.W. 127th Avenue
Miami, FL 33182

PLEASE TAKE NOTICE that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. You are **NOT REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

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STATE OF FLORIDA
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,
PETITIONER,

VS.

CASE NO: 2017-01439

ARIEL FERNANDEZ, D.O.
RESPONDENT.

NOTICE OF HEARING

TO: West Florida Hospital
8383 North Davis Highway
Pensacola, Florida 32514

PLEASE TAKE NOTICE that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. The respondent is **NOT REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

The purpose of the hearing is to consider a motion for: Determination of Waiver

Note: Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you call in promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Sarah Corrigan at (850) 245-4444 or by e-mail at Sarah.Corrigan@flhealth.gov.

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at <http://floridasosteopathicmedicine.gov/meeting-information/>

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Christa Peace

Christa Peace
Regulatory Specialist III
Board of Osteopathic Medicine

Florida Department of Health

Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256
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STATE OF FLORIDA
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,
PETITIONER,

VS.

CASE NO: 2017-01439

ARIEL FERNANDEZ, D.O.
RESPONDENT.

NOTICE OF HEARING

TO: Ariel Fernandez, D.O.
2950 Cleveland Clinic Blvd.
Weston, Florida 33331

PLEASE TAKE NOTICE that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. You are **NOT REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

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Christa Peace

Christa Peace
Regulatory Specialist III
Board of Osteopathic Medicine

Florida Department of Health

Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256
PHONE: (850) 245-4161



From: [Peace, Christa](#)
To: "fernana@ccf.org"
Subject: Notice of Hearing
Date: Tuesday, July 28, 2020 1:11:28 PM
Attachments: [Ariel Fernandez okn.pdf](#)
[Ariel Fernandez aor.pdf](#)
[Ariel Fernandez cl.pdf](#)
[Ariel Fernandez ea.pdf](#)

Greetings,

Your Determination of Waive will be heard at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. You are not required to attend this meeting. Please see the attached correspondence.

Thanks,

Christa Peace

Regulatory Specialist III
Department of Health/MQA/HCP
Board of Acupuncture,
Board of Osteopathic Medicine,
Board of Speech-Language Pathology & Audiology
Direct Line (850) 617-1964
Direct Fax (850) 921-6184
Christa.peace@flhealth.gov

How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.



Mission: To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

Vision: To be the **Healthiest State** in the Nation

Values: Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

Purpose: To protect the public through health care licensure, enforcement and information.

Focus: To be the nation's leader in quality health care regulation.

***PLEASE NOTE:** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.*

Mission:

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Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

MEMORANDUM

TO: Kama Monroe, Executive Director, Board of Osteopathic Medicine
FROM: Kimberly L. Marshall, Assistant General Counsel
RE: **Determination of Waiver**
SUBJECT: DOH v. Ronald Shelley, D.O.
DOH Case Number 2019-39402
DATE: May 18, 2020

Enclosed are materials in the above-referenced case to be placed on the agenda for final agency action on the August 21, 2020 board meeting. The following information is provided in this regard.

Subject: Ronald Shelley, D.O.
Subject's Address of Record Post Office Box 127
Bellevue, Florida 34421
(352) 245-2288 Telephone
Enforcement Address: Post Office Box 127
Bellevue, Florida 34421
* * *

5820 SE Lillian Circle
Bellevue, Florida 34421
* * *

11331 SE 73rd Court
Bellevue, FL 34420
1648 **Rank:** DO

Subject's License No: 690
Licensure File No: 7/1/1967
Initial Licensure Date: Clear, Active
License Status: None
Board Certification: No
Required to Appear: None
Current IPN/PRN Contract: §456.072(1)(q), F.S. (2017)
Allegation(s): No
Prior Discipline: January 15, 2020
Probable Cause Panel: Moran & Hayden
Subject's Attorney: Pro Se
Complainant/Address: DOH/CSU

Materials Submitted:

Memorandum to the Board
Motion for Determination of Waiver with:
Exhibit A – Administrative Complaint
Exhibit B - Copy of Returned Mail Envelope
Exhibit C – Affidavit of Diligent Search
Exhibit D – Publication Notice
Exhibit E - Clerk’s Affidavit
Exhibit F – Board Affidavit
Motion to Assess Costs with:
Exhibit A – Signed Affidavit of Costs
Exhibit 1 – Cost Summary Report
Exhibit 2 – Itemized Cost Report and Itemized
Expense Report
Supplemental Investigative Report 2 dated 5/13/2020
with Exhibits S2-1 and S2-2
Supplemental Investigative Report 1 dated 2/14/2020
with Exhibits S1-1
Final Investigative Report dated 9/12/2019
with Exhibits 1-2

Penalty Guidelines: Violation of section 456.072(1)(q), F.S., first offense: From a minimum of denial of a license or a reprimand and a \$5,000 fine, to a maximum of denial or suspension to be followed by probation and a \$5,000 fine.

**STATE OF FLORIDA
BOARD OF OSTEOPATHIC MEDICINE**

DEPARTMENT OF HEALTH,

Petitioner,

v.

CASE NO. 2019-39402

RONALD SHELLEY, D.O.,

Respondent.

_____ /

**MOTION FOR DETERMINATION OF WAIVER AND FOR
FINAL ORDER BY HEARING NOT INVOLVING DISPUTED
ISSUES OF MATERIAL FACT**

Petitioner, the Florida Department of Health, by and through the undersigned counsel, hereby moves the Board of Osteopathic Medicine for entry of a Final Order in the above-styled cause on a date and time that has been determined and noticed by the Board. As grounds therefore, Petitioner states:

1. An Administrative Complaint was filed against Respondent on January 15, 2020. A copy of said Administrative Complaint is attached hereto as Petitioner's Exhibit A.

2. Copies of the Administrative Complaint and Election of Rights form were sent to Respondent via certified US mail on January 16, 2020

(9590 9266 9904 2149 5328 91) which was returned. A copy of the returned envelope is attached as Petitioner's Exhibit B.

3. Thereafter, Petitioner requested personal service on Respondent on May 1, 2020, which was unsuccessful. An Affidavit of Diligent Service is attached as Petitioner's Exhibit C.

4. Notice of the Administrative Complaint was published for four consecutive weeks starting February 20, 2020, February 27, 2020, March 5, 2020 and March 12, 2020. A copy of same is attached hereto as Exhibit D.

5. Rule 28-106.111(2), Florida Administrative Code, provides in pertinent part that:

. . . persons seeking a hearing on an agency decision which does or may determine their substantial interests shall file a petition for hearing with the agency within 21 days of receipt of written notice of the decision.

6. Rule 28.106.111(4), Florida Administrative Code, provides that:

Any person who received written notice of an agency decision and who fails to file a written request for a hearing within 21 days waives the right to request a hearing on such matters.

7. Respondent has not filed an Election of Rights form, or any other responsive pleading, with Petitioner or the Board of Osteopathic Medicine

within the required twenty-one (21) day period of time. Copies of affidavits supporting the same are attached hereto as Petitioner's Exhibits E and F.

8. Based upon the foregoing, Respondent has waived the right to dispute any materials facts contained within the Administrative Complaint. Therefore, there are no disputed issues of material fact to be resolved by the Board.

9. Respondent has been advised by way of this Motion, that a copy of the investigative file in this case will be furnished to the Board, establishing a prima facie case regarding the violations as set forth in the Administrative Complaint.

10. The Department requests that this Motion and a hearing be placed on the agenda for the next meeting of the Board of Osteopathic Medicine to be held August 21, 2020.

WHEREFORE, Petitioner respectfully requests that the Board find that Respondent has waived the right to dispute any materials facts contained within the Administrative Complaint and enter a Final Order imposing whatever discipline upon Respondent's license that the Board deems appropriate.

[Signatures appear on following page]

Dated this 27th day of May, 2020.

Respectfully submitted,

/s/Kimberly Marshall

Kimberly L. Marshall

Assistant General Counsel

FBN: 123880

Department of Health

Prosecution Services Unit

4052 Bald Cypress Way, Bin #C-65

Tallahassee, Florida 32399-3265

Telephone (850) 558-9810

Facsimile (850) 245-4662

Email: Kimberly.Marshall@flhealth.gov

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Motion for Determination of Waiver and for Final Order by Hearing Not Involving Disputed Issues of Material Fact has been provided to Ronald Shelley, D.O., Post Office Box 127, Belleview, Florida 34421, by U.S. Mail this 27th day of May, 2020.

/s/Kimberly Marshall

Kimberly L. Marshall

Assistant General Counsel

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NUMBER 2019-39402

RONALD P. SHELLEY, D.O.,

RESPONDENT.

_____ /

ADMINISTRATIVE COMPLAINT

Petitioner Department of Health hereby files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, Ronald P. Shelley, D.O., and alleges:

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 1648.

3. Respondent's address of record is P.O. Box 127, Belleview, Florida 34421.

4. On or about May 3, 2018, the Department issued an Order Compelling Examination (Order).

5. The Order required Respondent to report and submit to a mental and physical examination, including neurocognitive testing, pursuant to Section 459.015(1)(w), Florida Statutes (2017), to be performed by Dr. Benjamin Phalin in Gainesville, Florida on June 7, 2018.

6. On or about May 22, 2018, Respondent was personally served with the Order.

7. On June 7, 2018, Respondent failed to submit to the examination as ordered.

8. Section 456.072(1)(q), Florida Statutes (2017), provides that violating a lawful order of the Department constitutes grounds for discipline against a licensee.

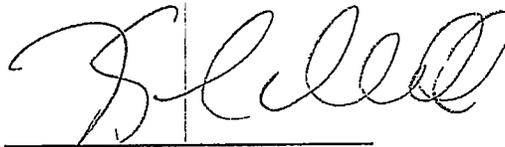
9. Respondent violated a lawful order of the Department by failing to report and submit to an examination with Dr. Benjamin Phalin on June 7, 2018.

10. Based on the foregoing, Respondent violated Section 456.072(1)(q), Florida Statutes (2017).

WHEREFORE, the Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 15th day of January, 2020.

Scott A. Rivkees, M.D.
State Surgeon General



Kimberly Marshall
Assistant General Counsel
Florida Bar Number 123880
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399-3265
Telephone: (850) 558-9810
Facsimile: (850) 245-4684
Email: Kimberly.Marshall@flhealth.gov

FILED

DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: Annex Morris

DATE: JAN 15 2020

PCP Date: January 15, 2020

PCP Members: Moran and Hayden

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested. A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Please be advised that mediation under Section 120.573, Florida Statutes, is not available for administrative disputes involving this agency action.

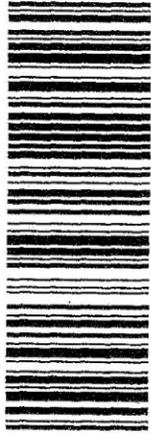
NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition any other discipline imposed.



Florida Department of Health
 Office of the General Counsel
 Prosecution Services Unit
 4052 Bald Cypress Way, Bin C-65
 Tallahassee, Florida 32399-1701

CERTIFIED MAIL



94J4 7266 9904 2J49 5326 9A

FIRST CLASS



U.S. POSTAGE >> PITNEY BOWES



ZIP 32301 \$ 006.95⁰
 02 4W
 0000342669 JAN 16 2020

RETURN RECEIPT REQUESTED

[Handwritten signature]



Ronald P. Shelley, D.O.
 Post Office Box 177
 Bellevue

322 NFE 1310 20 0001/23/20

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

UTF 32399-1701

EC: 32399170199 *0438-01901-17-35



2020 JAN 27 PM 2:29

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AFFIDAVIT OF DILIGENT SEARCH

Florida Department of Health
Petitioner

vs

Case No. 2019-39402

DR. RONALD P SHELLEY
Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

- 1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.
- 2) That on Affiant made a diligent effort to locate Respondent, to serve an ~~XXX~~ Administrative Complaint ___ ESO/ERO or ___ Voluntary Relinquishment.
- 3) Check applicable answer below:

Affiant made personal service on to Respondent at _____
 Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent shown in the DOH Investigation of 18 case.

Bobby Smith
Affiant

State Of Florida
County Of Alachua

Before me, personally appeared Bobby Smith whose identity is known to me by personal knowledge (type of knowledge) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 13th day of MAY 2020.

A J Singer
Notary Public-State of Florida



Andrew Singer
Type or Print Name

Florida Department of Health
Division of Medical Quality Assurance
14101 NW Highway 441, Suite 700, Alachua, FL 32615
PHONE: 386/418-5330 • FAX: 386/418-5327

FloridaHealth.gov
INV FORM 311, Created 6/17



Proof of Publication

from the
RIVERLAND NEWS
Dunnellon, Marion County, Florida
PUBLISHED WEEKLY

STATE OF FLORIDA
COUNTY OF MARION

Before the undersigned authority personally appeared

Theresa Holland and/or Mary Ann Naczi and/or Mishayla Coffas

Of the Riverland News, a newspaper published weekly at Dunnellon, in Marion County, Florida, that the attached copy of advertisement being a public notice in the matter of the

7907-0312 RIV (Ronald P. Shelley) Board of Osteopathic Medicine NOTICE OF ACTION Marion County BEFORE THE BOARD OF OSTEOPATHIC MEDICINE IN RE: The license to practice Osteopathic Medicine Ronald P. Shelley Post Office Box 127

Court, was published in said newspaper in the issues of February 20th, 2020, February 27th, 2020, March 5th, 2020, March 12th, 2020,

Affiant further says that the Riverland News is a Newspaper published at Dunnellon in said Marion County, Florida, and that the said newspaper has heretofore been continuously published in Marion County, Florida, each week and has been entered as second class mail matter at the post office in Dunnellon in said Marion County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he/she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

Mary Ann Naczi
The forgoing instrument was acknowledged before me

This 12th day of March, 2020
By: Theresa Holland and/or Mary Ann Naczi and/or Mishayla Coffas

who is personally known to me and who did take an oath.

Mishayla Coffas
Notary Public

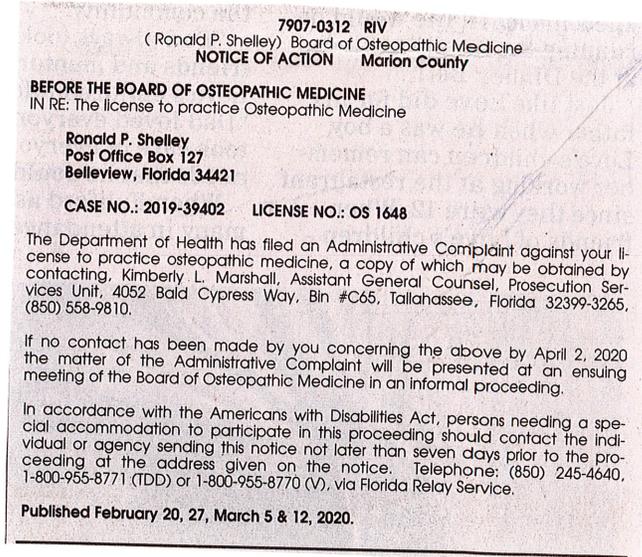


Exhibit D

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Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

AFFIDAVIT

I, Bridget Costes, Deputy Clerk for the Department Clerk's Office, hereby certify in my official capacity as custodian for the Department Clerk's records, that the Department Clerk's Office has not received an Election of Rights form or other responsive pleading, which requests a hearing prior to any Department action regarding Ronald Shelley, D.O., Case No. 2019-39402, which would affect the Respondent's substantial interests or rights.

Bridget Costes
Custodian of Record
Department Clerk's Office

STATE OF FLORIDA
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 19th day of March, 2020, by Bridget Costes

Signature of Notary Public
Print, Type or Stamp Commissioned name of Notary Public
My Commission Expires:

Personally Known OR Produced Identification _____

Type of Identification Produced _____

Florida Department of Health
Office of the General Counsel – Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
EXPRESS MAIL: 2585 Merchants Row, Suite 105
PHONE: 850/245-4640 • FAX: 850/245-4684
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



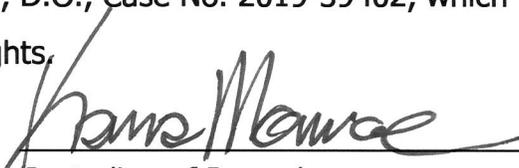
Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

AFFIDAVIT

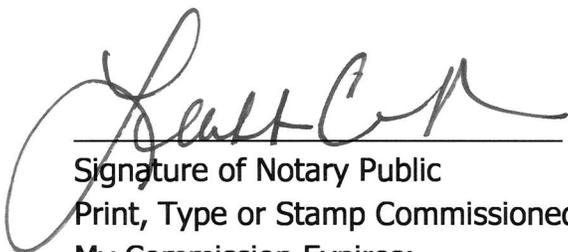
I, Kama Monroe, hereby certify in my official capacity as custodian for the Board of Osteopathic Medicine records that the Board of Osteopathic Medicine has no evidence of an Election of Rights form or other responsive pleading requesting a hearing prior to any agency action regarding Ronald Shelley, D.O., Case No. 2019-39402, which would affect the Subject's substantial interests or rights.


Custodian of Records
Board of Osteopathic Medicine

STATE OF FLORIDA
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 19th day of March, 2020, by Kama Monroe.




Signature of Notary Public
Print, Type or Stamp Commissioned name of Notary Public
My Commission Expires:

Personally Known OR Produced Identification

Type of Identification Produced N/A

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

v.

CASE NO. 2019-39402

RONALD SHELLEY, D.O.,

Respondent.

_____ /

**MOTION TO ASSESS COSTS
IN ACCORDANCE WITH SECTION 456.072(4)**

The Department of Health, by and through undersigned counsel, hereby moves the Board of Osteopathic Medicine for the entry of a Final Order assessing costs against Respondent for the investigation and prosecution of this case in accordance with Section 456.072(4), Florida Statutes (2019). As grounds therefore, the Petitioner states the following:

1. At its next regularly scheduled meeting, the Board of Osteopathic Medicine will take up for consideration the above-styled disciplinary action and will enter a Final Order therein.

2. Section 456.072(4), Florida Statutes (2019), states, in pertinent part, as follows:

In addition to any other discipline imposed through final order, or citation, entered on or after July 1,

2001, under this section or discipline imposed through final order, or citation, entered on or after July 1, 2001, for a violation of any practice act, the board, or the department when there is no board, shall assess costs related to the investigation and prosecution of the case. The costs related to the investigation and prosecution include, but are not limited to, salaries and benefits of personnel, costs related to the time spent by the attorney and other personnel working on the case, and any other expenses incurred by the department for the case. The board, or the department when there is no board, shall determine the amount of costs to be assessed after its consideration of an affidavit of itemized costs and any written objections thereto....

3. As evidenced in the attached affidavit (Exhibit A), the investigation and prosecution of this case has resulted in costs in the total amount of \$758.73 based on the following itemized statement of costs:

Complaint Cost Summary

Complaint Number: 201939402

Subject's Name: SHELLEY, RONALD P

	***** Cost to Date *****	
	Hours	Costs
Complaint:	0.80	\$48.83
Investigation:	7.80	\$502.79
Legal:	1.90	\$207.11
Compliance:	0.00	\$0.00
	*****	*****
Sub Total:	10.50	\$758.73
Expenses to Date:		\$0.00
Prior Amount:		\$0.00
Total Costs to Date:		\$758.73

4. The attached affidavit reflects the Department's costs for attorney time in this case as \$207.11 (Exhibit A). The Department is not seeking costs for attorney time in this case.

5. Should the Respondent file written objections to the assessment of costs, within ten (10) days of the date of this motion, specifying the grounds for the objections and the specific elements of the costs to which the objections are made, the Petitioner requests that the Board determine the amount of costs to be assessed based upon its consideration of the affidavit attached as Exhibit A and any timely-filed written objections.

6. Petitioner requests that the Board grant this motion and assess costs in the amount of \$551.62 as supported by competent, substantial evidence. This assessment of costs is in addition to any other discipline imposed by the Board and is in accordance with Section 456.072(4), Florida Statutes (2019).

WHEREFORE, the Department of Health requests that the Board of Nursing enter a Final Order assessing costs against the Respondent in the amount of \$551.62.

[signatures appear on following page]

Dated this 27th day of May, 2020.

Respectfully submitted,

/s/Kimberly Marshall
Kimberly L. Marshall
Florida Bar No. 123880
Assistant General Counsel
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399-3265
(P) 850-558-9810
(F) 850-245-4662
(E) kimberly.marshall@flhealth.gov

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Motion to Assess Costs has been provided by U.S. Mail to Respondent, Ronald Shelley, D.O., Post Office Box 127, Belleview, Florida 34421 this 27th day of May, 2020.

/s/Kimberly Marshall
Kimberly L. Marshall
Assistant General Counsel

AFFIDAVIT OF FEES AND COSTS EXPENDED

STATE OF FLORIDA
COUNTY OF LEON:

BEFORE ME, the undersigned authority, personally appeared **SHANE WALTERS** who was sworn and states as follows:

- 1) My name is Shane Walters.
- 2) I am over the age of 18, competent to testify, and make this affidavit upon my own personal knowledge and after review of the records at the Florida Department of Health (the Department).
- 3) I am a Senior Management Analyst II (SMAII) for the Consumer Services and Compliance Management Unit for the Department. The Consumer Services Unit is where all complaints against Florida health care licensees (e.g., medical doctors, dentists, nurses, respiratory therapists) are officially filed. I have been in my current job position for more than one year. My business address is 4052 Bald Cypress Way, Bin C-75 Tallahassee, Florida 32399-3275.
- 4) As SMAII of the Consumer Services and Compliance Management Unit, my job duties include reviewing data in the Time Tracking System and verifying that the amounts correspond to the amounts in this affidavit. The Time Tracking System is a computer program which records and tracks the Department's costs regarding the investigation and prosecution of cases against Florida health care licensees.
- 5) As of today, DOH's total costs for investigating and prosecuting DOH case number(s) 2019-39402 (Department of Health v. Ronald Shelley, D.O.) are seven hundred fifty-eight dollars and seventy-three cents (\$758.73).
- 6) The costs for DOH case number 2019-39402 (Department of Health v. Ronald Shelley, D.O.) is summarized in Exhibit 1 (Cost Summary Report), which is attached hereto.
- 7) The itemized costs and expenses for DOH case number 2019-39402 (Department of Health v. Ronald Shelley, D.O.) is detailed in Exhibit 2 (Itemized Cost Report and Itemized Expense Report and receipts), which is attached to this document.
- 8) The itemized costs as reflected in Exhibit 2 are determined by the following method: DOH employees who work on cases daily are to

keep track of their time in six-minute increments (e.g., investigators and lawyers). A designated DOH employee in the Consumer Services Unit, Legal Department, and in each area office, inputs the time worked and expenses spent into the Time Tracking System. Time and expenses are charged against a state health care Board (e.g., Florida Board of Medicine, Florida Board of Dentistry, Florida Board of Osteopathic Medicine), and/or a case. If no Board or case can be charged, then the time and expenses are charged as administrative time. The hourly rate of each employee is calculated by formulas established by the Department. (See the Itemized Cost Report)

- 9) Shane Walters, first being duly sworn, states that he has read the foregoing Affidavit and its attachments and the statements contained therein are true and correct to the best of his knowledge and belief.

FURTHER AFFIANT SAYETH NOT.

Shane Walters

Shane Walters, Affiant

STATE OF FLORIDA
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 30 day of April, 2020, by Bernadette Lawanda Hayes.

Bernadette Hayes

Signature of Notary Public

Print, Type or Stamp Commissioned name of Notary Public

My Commission Expires:

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

Complaint Cost Summary

Complaint Number: 201939402

Subject's Name: SHELLEY, RONALD P

	***** Cost to Date *****	
	Hours	Costs
Complaint:	0.80	\$48.83
Investigation:	7.80	\$502.79
Legal:	1.90	\$207.11
Compliance:	0.00	\$0.00
	*****	*****
Sub Total:	10.50	\$758.73
Expenses to Date:		\$0.00
Prior Amount:		\$0.00
Total Costs to Date:		\$758.73

Exhibit 1



**Time Tracking System
Itemized Cost by Complaint**

Complaint 201939402

Report Date 04/30/2020

Staff Code	Activity Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
------------	----------------	------------	------	---------------	---------------	----------------------

CONSUMER SERVICES UNIT

HA73	0.30	\$61.03	\$18.31	09/12/2019	1	ROUTINE ADMINISTRATIVE DUTIES
HA209	0.50	\$61.03	\$30.52	09/12/2019	78	INITIAL REVIEW AND ANALYSIS OF COMPLAINT
Sub Total	0.80		\$48.83			

INVESTIGATIVE SERVICES UNIT

GI40	1.00	\$64.46	\$64.46	01/28/2020	100	SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO
GI40	1.00	\$64.46	\$64.46	01/31/2020	100	SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO
GI40	0.30	\$64.46	\$19.34	02/05/2020	100	SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO
GI53	4.50	\$64.46	\$290.07	02/07/2020	100	SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO
GI40	1.00	\$64.46	\$64.46	02/14/2020	76	REPORT WRITING
Sub Total	7.80		\$502.79			

PROSECUTION SERVICES UNIT

HLL145A	0.10	\$109.02	\$10.90	10/28/2019	25	REVIEW CASE FILE
HLL145A	0.70	\$109.02	\$76.31	10/31/2019	28	PREPARE OR REVISE ADMINISTRATIVE COMPLAINT
HLL145A	0.20	\$109.02	\$21.80	11/04/2019	89	PROBABLE CAUSE PREPARATION
HLL145A	0.20	\$109.02	\$21.80	11/05/2019	89	PROBABLE CAUSE PREPARATION
HLL145A	0.10	\$109.02	\$10.90	12/10/2019	28	PREPARE OR REVISE ADMINISTRATIVE COMPLAINT
HLL145A	0.10	\$109.02	\$10.90	01/15/2020	63	PRESENTATION OF CASES TO PROBABLE CAUSE PANEL
HLL145A	0.10	\$109.02	\$10.90	01/15/2020	90	POST PROBABLE CAUSE PROCESSING
HLL145A	0.20	\$109.02	\$21.80	01/15/2020	89	PROBABLE CAUSE PREPARATION
HLL145A	0.20	\$109.02	\$21.80	02/10/2020	90	POST PROBABLE CAUSE PROCESSING
Sub Total	1.90		\$207.11			

[Redacted]

Exhibit 2



*** CONFIDENTIAL ***

**Time Tracking System
Itemized Cost by Complaint**

Complaint 201939402

Report Date 04/30/2020

Page 2 of 2

Staff Code	Activity Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
Total Cost			\$758.73			



*** C O N F I D E N T I A L ***

Time Tracking System
Itemized Expense by Complaint
Complaint 201939402

Report Date: 04/30/2020

Page 1 of 1

Staff Code	Expense Date	Expense Amount	Expense Code	Expense Code Description
-------------------	---------------------	-----------------------	---------------------	---------------------------------

SubTotal
Total Expenses



STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

Office: Area III Alachua	Date of Complaint: 09/22/2019	Case Number: 201939402
Subject: DR. RONALD P SHELLEY PO BOX 127 BELLEVIEW, FL 34421 (352) 245-2288	Source: Department Of Health/ Prosecution Services Unit 4052 Bald Cypress Way Tallahassee, Florida 32399 850-245-4640	
Profession: 1901 Osteopathic Physician	License Number and Status: 1648/Clear, Active	
Related Case(s): 2018-02334	Period of Investigation and Type of Report: 05/01/2020-05/13/2020, Supplemental (2)	
Alleged Violation: §§ 456.072(1)(k)(q)(dd), 458.331(1)(x)(nn), F.S.		
Synopsis: This supplemental report is predicated upon receipt of a Prosecuting Services Unit (PSU) Request Form (S2-1) received on 05/01/2020 from Kimberly Marshall, Esq. of the Department of Health (DOH) requesting hand service of an Administrative Complaint (AC) packet to RONALD P. SHELLEY, DO.		
<p>On 05/04/2020, this Investigator traveled to 6108 SE Front RD Belleview, FL 34420 and there was no answer, so a business card was left in the door jamb. The Investigator then traveled to 5820 SE Lillian Cir Belleview, FL 34420 and the residence was enclosed with a gate and no trespassing sign. A business card was left on the mailbox flag for return contact. This Investigator attempted to call SHELLEY at (352) 245-2288 his phone number of record and the number posted on a sign at the Lillian St. property, there was no answer and no voice mail available.</p> <p>On 05/05/2020, this Investigator traveled to 6108 SE Front RD Belleview, FL 34420 and there was no answer, so another business card was left in the door jamb. The Investigator then traveled to 5820 SE Lillian Cir Belleview, FL 34420 and the residence was enclosed with a gate and no trespassing sign. Another business card was left on the mailbox flag for return contact. This Investigator attempted to call SHELLEY at (352) 245-2288 his phone number of record and the number posted on a sign at the Lillian St. property, there was no answer and no voice mail available.</p> <p>On 05/06/2020, this Investigator traveled to 6108 SE Front RD Belleview, FL 34420 and there was no answer, so another business card was left in the door jamb. The Investigator then traveled to 5820 SE Lillian Cir Belleview, FL 34420 and the residence was enclosed with a gate and no trespassing sign. Another business card was left on the mailbox flag for return contact.</p>		
<u>Exhibit:</u>		
*S2-1 PSU Request Form dated 5/1/20.....		P.2
S2-2 Affidavit of Diligent Search dated 5/12/20.....		P.3
Investigator/Date: 05/13/2020 <i>Bobby Smith</i> Bobby Smith Investigator II, GI-53	Approved By/Date: 05/14/2020 <i>David Senters</i> David Senters Investigation Manager, GI51	
Distribution: HQ/ISU		Page 1

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PSU REQUEST FORM

FROM: Pam Powell for Kimberly Marshall, Esq.	TO: ISU Alachua
Date: 5/1/2020	TO: CSU
Phone #: 850-558-9810	CC:

Case Number: 2019-39402	Board: Osteopathic Medicine	Status: 88
Subject: Ronald Shelley, D.O.	HL Code: HLL145A	
Requested Completion Date: 5/15/2020		

(PSU) TYPE OF REQUEST: (describe details below)

Process Service* (**Activity Code 160**)

Additional Information Requested (**Activity Code 145**)

Deficiency in Investigative Work (**Activity Code 150**)

Details: Please hand serve the attached Administrative Complaint on Respondent. If service is unsuccessful, please provide an Affidavit of Diligent Search to our office. Thank you.

*The following additional information is needed for each service request:
 Last Known Address:
 Last Known Name & Phone Number:
 Last Known Place of Employment & Address if Known:
 Has Contact Been Made With This Individual? YES No ; If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent? YES ** No NOTE: All process service requests need to be sent to appropriate field office.

****IF YES, please send a copy of the original Investigative Report without attachments.**

(ISU/CSU) RESPONSE:

Process Service Completed (Activity Code 161) Process Service NOT Completed (Activity Code 162)

Additional Info Sent to Legal (Activity Code 156)

Supp. Investigation Request Cancelled (Activity Code 157)

Email to:	Pensacola	Tallahassee	Alachua	Jacksonville	St. Pete	Tampa	Orlando	Ft. Myers	Jupiter	Ft. Lauderdale	Miami
	Consumer Services										



STATE OF FLORIDA

DEPARTMENT OF HEALTH



INVESTIGATIVE REPORT

Office: Area III - Alachua	Date of Complaint: 09/11/2019	Case Number: 2019-39402
Subject: RONALD P. SHELLY, DO P.O. Box 127 Bellevue, FL 34421 352-245-2288	Source: PROSECUTION SERVICES UNIT 4052 Bald Cypress Way Tallahassee, FL 32399 850-245-4640	
Profession: Osteopathic Physician	License Number and Status: 1648 Clear, Active	
Related Case(s): N/A	Period of Investigation and Type of Report: 01/28/2020-02/14/2020, Supplemental (1)	
Alleged Violation: S.S 456.072(1)(k)(q)(dd), 458.331(1)(x)(nn), FS		
<p>Synopsis: This supplemental report is predicated by the receipt of a PSU Request form (Exhibit *S1-1) received via email on 01/28/2019 from KIMBERLY MARSHALL Esq., PSU Attorney, requesting hand service of an ADMINISTRATIVE COMPLAINT(AC) to RONALD P. SHELLY, DO.</p> <p>On 01/31/2020 this Investigator ran David, Accurint, Department of Corrections and CCIS reports. This Investigator telephoned SHELLY's telephone number of record. The number, 352-245-2288, was SHELLY's former place of employment. The office manager, who declined to be identified stated that SHELLY was no longer employed at this location and was no longer practicing.</p> <p>On 02/07/2020 Investigator BOBBY SMITH traveled to 6108 SE Front Road, Bellevue, FL 34420. Investigator SMITH was told SHELLY was no longer employed there and was no longer practicing. Investigator SMITH then traveled to 5820 SE Lillian Circle, Bellevue, FL 34420. Considering no one was home, a business card with a message to call this investigator was left. Investigator then traveled to 11331 SE 73rd Court, Bellevue, FL 34420. Considering no one was home, a business card with a message to contact this investigator was left.</p> <p>As of the writing of this report there has been no contact from SHELLY.</p>		
Exhibits:		
*S1-1	PSU Request	pg. 2
Investigator/Date:  Andrew Singer, Investigator (GI-40)	02/14/2020	Approved By/Date:  Earl Taylor, Investigation Manager (GI-38)
Distribution: HQ/ISU	Page 1	

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PSU REQUEST FORM

FROM:	TO: ISU
DATE:	TO: CSU
Phone #:	CC:

Case Number:	Board:	Status:
Subject:	HL Code:	
Requested Completion Date:		

(PSU) TYPE OF REQUEST: (describe details below)

- Process Service* (**Activity Code 160**)
- Additional Information Requested (**Activity Code 145**)
- Deficiency in Investigative Work (**Activity Code 150**)

Details:

*The following additional information is needed for each service request:
 Last Known Address Last Known Name & Phone Number:
 Last Known Place of Employment & Address if Known:
 Has Contact Been Made With This Individual? YES NO If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent?
 YES ** No NOTE: All process service requests need to be sent to appropriate field office.
 **IF YES, please send a copy of the original Investigative Report without attachments.

(ISU/CSU) RESPONSE:

- Process Service Completed (Activity Code 161) Process Service NOT Completed (Activity Code 162)
- Additional Info Sent to Legal (Activity Code 156)
- Supp. Investigation Request Cancelled (Activity Code 157)

Email to:

[Pensacola](#) [Tallahassee](#) [Alachua](#) [Jacksonville](#) [St. Pete](#) [Tampa](#) [Orlando](#) [Ft. Myers](#) [West Palm](#) [Ft. Lauderdale](#) [Miami](#)
[Consumer Services](#)

Florida Department of Health

Office of General Counsel – Prosecution Services Unit
4052 Bald Cypress Way | C-65
Tallahassee, FL 32399-3265
(850) 245-4640

FloridaHealth.gov



CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
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pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.



STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

Office: Consumer Services Unit	Date of Complaint: 09.22.2019	Case Number: 2019-39402
Subject RONALD P. SHELLEY Post Office Box 127 Bellevue, Florida 34421 352-245-2288	Source: PROSECUTION SERVICES UNIT 4052 Bald Cypress Way Tallahassee, Florida 32399 850-245-4640	
Profession: Osteopathic Physician	License Number and Status: 1648/Clear, Active	
Related Case(s): 2018-02334	Period of Investigation and Type of Report: 09.12.2019-09.12.2019--FINAL	
Alleged Violation: §§ 456.072(1)(k)(q)(dd), 458.331(1)(x)(nn), F.S.		
Synopsis: This investigation is predicated upon receipt of information received from the Prosecution Services Unit reflecting RONALD P. SHELLEY was personally served with an Order Compelling an Examination on 05.22.2019. RONALD P. SHELLEY failed to present to the examination as ordered.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject responded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Patient Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/LEIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No Board certified? Name of Board: Date: Specialty:		
Law Enforcement <input type="checkbox"/> Notified Date: <input type="checkbox"/> Involved Agency:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject represented by an attorney? Attorney information:		
Investigator/Date: <i>Jasmine S. Davis</i> Jasmine S. Davis, GAI, HA209 09.12.2019	Approved By/Date: <i>Shondra Watson</i> Rachel Beam, Senior Management Analyst II 9/12/2019	
Distribution: CSU/PSU		Page 1

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I. INVESTIGATIVE REPORT COVER 1

II. TABLE OF CONTENTS 2

III. INVESTIGATIVE DETAILS 3

IV. EXHIBITS

1. Case Summary, Initiating Documents 4-17

2. Copy of Subject Notification, dated 09.12.2019 18

** Exhibits contain information which identifies patient(s) by name and are sealed pursuant to section 456.057(9)(a) Florida Statute.

***This exhibit contains confidential records concerning reports of abuse, neglect or exploitation of the vulnerable adult, including reports made to the central abuse hotline, and is sealed pursuant to section 415.107(1), Florida Statutes

INVESTIGATIVE DETAILS

STATEMENT OF PROSECUTION SERVICES UNIT—

This investigation is predicated upon receipt of information received from the Prosecution Services Unit reflecting **RONALD P. SHELLEY** was personally served with an Order Compelling an Examination on 05.22.2019. **RONALD P. SHELLEY** failed to present to the examination as ordered.

STATEMENT OF RONALD P. SHELLEY —

Upon receipt of **SHELLEY's** response, it will be forwarded to the Prosecution Services Unit.

CASE SUMMARY

CONFIDENTIAL

Case No: 201939402

Please use this number in all correspondence with the Department concerning this matter.

RESPONDENT INFORMATION

License: 1648 Profession: 1901 Osteopathic Physician
Name: DR. RONALD P SHELLEY
Address: PO BOX 127
BELLEVIEW, FL 34421
Home Phone: (352) 245-2288

SOURCE OF INFORMATION

Name: Department Of Health/ Prosecution Services Unit
Address:

Home Phone:

REPORTED INFORMATION

Receive Date: 09/11/2019 Source Code: 5 Form Code: 2
Responsible Party: ha209 Status Code: 35
Classification Code: Incident Date: 05/22/2019

Patient Name:

Possible Code(s): 15, 16, 18

Summary:

Possible Violations §§ 456.072(1)(k)(q)(dd), 458.331(1)(x)(nn), F.S.—Failing to perform legal/statutory obligation, Violating a Final Order of the Board, Violating statute/rule—

Information received from the Prosecution Services Unit reflecting Subject was personally served with an Order Compelling an Examination on 05.22.2019. Subject failed to present to the examination as ordered. Analyzed by: Jasmine S. Davis, HA209.

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INTEROFFICE MEMORANDUM

DATE: September 10, 2019

TO: Complaint Intake
Consumer Services and Compliance Management

FROM: Prosecution Services Unit

SUBJECT: Complaint Referral

Request initiation of a complaint file concerning the following individual licensee or permit holder:

Name: Ronald Shelley

Profession: Osteopathic Physician

License #: OS 1648

Address: 5820 SE Lillian Circle, Belleview, FL 34420

Patient Name: N/A

Basis for referral: Please see the included documents. Dr. Shelley was personally served with an OCE on May 22, 2018. Dr. Shelley did not present to the examination as ordered. Please initiate a complaint for failing to comply with a lawful order of the Department.

This matter is or is not related to other cases under investigation.

2018-02334

Confidential or privileged information should not be attached, with the exception of a signed patient release.



STATE OF FLORIDA

DEPARTMENT OF HEALTH
INVESTIGATIVE REPORT



Office: Area III - Alachua Date of Complaint: 03/21/2018 Case Number: 2018-02334
Subject: RONALD P. SHELLEY, DO Source: SGT. JODY BACKLUND
Profession: Osteopathic Physician License Number and Status: OS1648 Clear/Active
Alleged Violation: §§ 459.015 (1)(g)(w)(pp) and 456.072(1)(k)(z)(dd) F.S.
Synopsis: This supplemental report is predicated upon receipt of a Prosecuting Services Unit (PSU) Request Form (S1-1) received on 05/10/2018 from MELBA L. APPELLANIZ, RSII for KRISTEN M. SUMMERS, Esq. of the Department of Health (DOH) requesting hand service of an Order Compelling Examination (OCE) packet to RONALD P. SHELLEY, DO.
On 05/10/2018, Investigator JACQUILINE ROSKO conducted a diligent search and found the DOH address of record was incorrect. On this same date, this Investigator traveled to 6108 SE Front Road in Belleview, Florida and found that Belleview Medical Center where SHELLEY's practice was located, was vacant. This Investigator then traveled to 5361 SE 105th Place located in Belleview, Florida and the resident APPLGATE stated that SHELLEY had never lived there but that his girlfriend was an ex-employee of SHELLEY's.
On 05/11/2018, this Investigator attempted to contact SHELLEY via telephone number (352) 245-5958 and (352) 410-9943 and was prompted to leave a message at both telephone numbers. On this same date, this Investigator sent an e-mail to SHELLEY to his address skyking154@aol.com and received no return correspondence to date (Exhibit S1-2).
On 05/14/2018, this Investigator traveled to 9395 E 106th Place in Belleview, Florida and there was no answer so a business card was left in the door jamb. The Investigator then traveled to 5899 SE 140th Place in Summerfield, Florida and the residence was enclosed with a gate and no trespassing sign. A business card was left on the mailbox flag for return contact. Also on this date, this Investigator traveled to 5820 SE Lillian Circle in Belleview, Florida and this residence also had a closed gate on the front porch, a for sale sign on the lawn and a no trespassing sign. A business card was left on the flag of the mailbox here for return contact.
On 05/17/2018, PEGGY WALL contacted this Investigator via telephone number (352) 687-1420 and stated that she was SHELLEY's ex-wife and that SHELLEY had never lived at 9395 SE 106th Place in Belleview, Florida but that as far as she knew through mutual acquaintances that he still lived in the home on Lillian Circle in Belleview and had not yet sold the home.
On 05/22/2018, this Investigator traveled to 5820 SE Lillian Circle located in Belleview, Florida and successfully hand served the OCE packet to SHELLEY assisted by BELLEVIEW POLICE DEPARTMENT Officer STEPHANOS MICHAELIDES.
On 05/23/2018, an Affidavit of Service or Diligent Search was prepared (Exhibit S1-3).
Exhibits:
(S1-1) PSU Request Form with attachments (pp. 2-8)
(S1-2) Outgoing Electronic Correspondence directed to SHELLEY (pp. 10-11)
(S1-3) Affidavit of Service or Diligent Search (p.11)
Investigator/Date: 05/23/2018 Approved By/Date: 05/23/2018
Jacqueline E. Rosko, MQAI (GI-48) Tamra Doke, Investigation Manager (GI-24)
Distribution: HQ/ISU Page 1

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Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

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PSU REQUEST FORM

FROM: Melba L. Apellaniz, RS II for Kristen M. Summers, Esq.	TO: ISU-Alachua
Date: 5/10/2018	TO: CSU
Phone #: (850) 558-9811	CC:

Case Number: 2018-02334	Board: Osteopathic Medicine
Subject: Ronald P. Shelley, D.O.	HL Code:hl122b Status: 67
Requested Completion Date: 5/31/2018	

(PSU) TYPE OF REQUEST: (describe details below)

- Process Service* (**Activity Code 160**)
- Additional Information Requested (**Activity Code 145**)
- Deficiency in Investigative Work (**Activity Code 150**)

Details: Please hand serve scheduled Order Compelling Examination to Respondent. Please contact me by 5/31/2018 if you are unable to serve. Thank you.

*The following additional information is needed for each service request:

Last Known Address: **8368 SW 101st Place Road, Ocala, FL 34481**
 Last Known Name & Phone Number: **Ronald P. Shelley, D.O.; (352) 410-9943**
 Last Known Place of Employment & Address if Known:
 Has Contact Been Made With This Individual? YES No ; If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent?
 YES ** No NOTE: All process service requests need to be sent to appropriate field office.
****IF YES, please send a copy of the original Investigative Report without attachments.**

(ISU/CSU) RESPONSE:

- Process Service Completed (Activity Code 161) Process Service NOT Completed (Activity Code 162)
- Additional Info Sent to Legal (Activity Code 156)
- Supp. Investigation Request Cancelled (Activity Code 157)

Email to:	Pensacola	Tallahassee	Alachua	Jacksonville	St. Pete	Tampa	Orlando	Ft. Myers	West Palm	Ft. Lauderdale	Miami
		Consume									
		Services	ULA								

STATE OF FLORIDA
DEPARTMENT OF HEALTH

In Re: The Order Compelling Examination of
Ronald P. Shelley, D.O.
License Number DO 1648
Case Number 2018-02334

ORDER COMPELLING AN EXAMINATION

The Department of Health (Department) is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes (2017); Chapter 456, Florida Statutes (2017); and Chapter 459, Florida Statutes (2017).

For probable cause shown and pursuant to the authority vested in the Department by Chapter 459, Florida Statutes (2017), you are hereby ordered to report and submit to a mental and physical examination to be conducted by the following named physician at the date, time and place indicated.

**MENTAL/PHYSICAL EXAMINATION INCLUDING
NEUROCOGNITIVE TESTING**

**Benjamin Phalin, Ph.D.
4001 SW 13th Street
Gainesville, FL 32608
352-265-5549**

**ON
Thursday, June 7, 2018 @ 8:00 a.m.**

The above-directed mental and physical examination is for the purpose of obtaining examination reports and expert opinion testimony concerning your ability to practice as an osteopathic physician with reasonable skill and safety to patients pursuant to Section 459.015(1)(w), Florida Statutes (2017), and for introduction into evidence at any administrative hearing to be conducted on any administrative complaint filed against you which may allege a violation of Section 459.015(1)(w), Florida Statutes (2017). This Order is predicated upon the following Findings of Fact and Conclusions of Law.

FINDINGS OF FACT

1. At all times material to this Order, Ronald P. Shelley, D.O., (Dr. Shelley) was licensed in the State of Florida to practice osteopathic medicine, license number DO 1648, pursuant to Chapter 459, Florida Statutes (2017).
2. At all times material to this Order, Dr. Shelley practiced osteopathic medicine at the Belleview Medical Center, located in Belleview, Florida.
3. On January 31, 2018, a sergeant for the Belleview Police Department contacted the Department of Health regarding Dr. Shelley's

recent behavior.

4. The sergeant stated that he has known Dr. Shelley for many years and that recently, he noticed Dr. Shelley exhibiting symptoms indicative of neurological decline.

5. The sergeant indicated that over the past year, Dr. Shelley began repeatedly contacting the police department to report thefts from his office. When the police department responded to Dr. Shelley's office, they determined that the complaints were unfounded.

6. For example, on one occasion, Dr. Shelley accused his staff of stealing checks from him. However, after a brief investigation into the matter, it was revealed that Dr. Shelley's staff were writing checks for Dr. Shelley's personal expenses.

7. The sergeant additionally stated that near the end of January 2018, Dr. Shelley had a difficult time remembering who the President of the United States or what the date was.

8. Dr. Shelley's staff have also expressed concern over his recent increase in forgetfulness.

9. Dr. Shelley's apparent neurological decline and odd behavior

indicates that he may be unable to practice osteopathic medicine with reasonable skill and safety to patients. Because of that potential risk, a thorough and complete mental and physical examination of Dr. Shelley is necessary to protect the public and to ensure that he is able to practice osteopathic medicine with reasonable skill and safety to patients.

CONCLUSIONS OF LAW

1. The Department of Health, by and through the State Surgeon General, has jurisdiction over this matter pursuant to Chapters 456 and 459, Florida Statutes (2017).

2. Section 456.015(1)(w), Florida Statutes (2017), states, in pertinent part, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice osteopathic medicine by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition, the department shall have the authority to compel a licensee to submit to a mental or physical examination by a physician designated by the department.

3. Based on the foregoing Findings of Fact, the State Surgeon General, through her designee, concludes that probable cause exists to believe that Dr. Shelley is unable to practice osteopathic medicine with reasonable skill and safety to patients, pursuant to Section 456.015(1)(w), Florida Statutes (2017).

4. In accordance with the authority vested in the Department of Health under Chapters 456 and 459, Florida Statutes (2017), the State Surgeon General, through her designee, concludes that Section 456.015(1)(w), Florida Statutes (2017), should be enforced.

[Signatures Appear on Following Page]

DONE and ORDERED by the Department of Health on this 3
day of May, 2018.

Celeste Philip, MD, MPH
Surgeon General and Secretary



Michele Tallent
Deputy Secretary for Operations

COUNSEL FOR DEPARTMENT:
Kristen M. Summers
Assistant General Counsel
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399-3265
Florida bar Number 112206
(T) 850-558-9909
(E) Kristen.Summers@flhealth.gov

CONFIDENTIAL 456.073(10) DEPARTMENT OF HEALTH MATTER

Rosko, Jacqueline E

Fri 5/11/2018 1:30 PM

To:skyking154@aol.com <skyking154@aol.com>;

Dr. Ronald Shelley DO,

I would like to speak with you concerning urgent correspondence from the Florida Department of Health . We requested a response from you, which you have not provided. Please contact me at 386-853-6002 at your earliest convenience so we can discuss this very important matter.

You are required by Florida law to update the Department of Health when you change your address (F.S. 456.035.)

Please visit the MQA web site at <http://doh.state.fl.us/mqa/howdoi.htm> and follow the "Update my Address" link to complete your update.

Thank you for your cooperation in this matter.

Sincerely,

Jacqueline Rosko

*Medical Quality Assurance Investigator
Department of Health/MQA-Bureau of Enforcement
Investigation Services Unit
Alachua ISU Office
14101 NW Hwy 441 #S700
Alachua, FL. 32615
PH: (386) 853-6002*



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~~~~~

**Vision:** *To Be The Healthiest State in the Nation*

~~~~~

Values: *(ICARE)*

Innovation: *We search for creative solutions and manage resources wisely.*

Collaboration: *We use teamwork to achieve common goals & solve problems.*

A ccountability: We perform with integrity & respect.

R esponsiveness: We achieve our mission by serving our customers & engaging our partners.

E xcellence: We promote quality outcomes through learning & continuous performance improvement.

~~~~~

***Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.***

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**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT OF SERVICE OR DILIGENT SEARCH**

Department of Health  
Petitioner  
vs  
RONALD P. SHELLEY, DO  
Respondent

Case No. 2018-02334

COMES NOW, the affiant, who first being duly sworn, deposes and states:

- 1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.
- 2) That on 05/10/2018, 05/11/2018, 05/14/2018 and 05/22/2018, Affiant made a diligent effort to locate Respondent, to serve XX Order compelling examination(s);        Subpoena(s);        Final order;        Notice to cease and desist.

3) Check applicable answer below:

- XX Affiant made personal service on Respondent on 05/22/2018 at 5820 SE Lillian Circle, Belleview, FL 34420.
- Affiant made personal service on [name], a person residing with Respondent at Respondent's place of abode over the age of 15, as verified by [identify the type of identification verified], on [date] at [address]. The recipient was informed of the contents of the document(s) served.
- Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent shown in the DOH investigation of the case; (b) all official addresses for Respondent shown in his licensing records on the computer terminal or Board office; (c) Local telephone company for the last area Respondent was known to frequent; (d) Division of Drivers Licenses; and (e) Utilities (electric, cable, etc.).

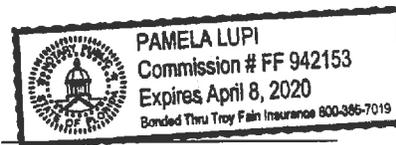
Jacqueline E Rosko  
Affiant - Jacqueline E. Rosko

State Of Florida  
County Of Alachua

Before me, personally appeared Jacqueline E. Rosko whose identity is known to me by coworker and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 23rd day of May 2018.

Pamela Lupi  
Notary Public-State of Florida  
Pamela Lupi  
Type or Print Name



My Commission Expires

**Florida Department of Health**  
**Division of Medical Quality Assurance**  
14101 NW Highway 441, Suite 700 • Alachua, FL 32615  
PHONE: 386-853-6002  
**FloridaHealth.gov**  
INV FORM 321, Revised 8/14



# INVOICE

Department of Psychiatry / Addiction Medicine Division  
 Florida Recovery Center  
 4001 SW 13th Street  
 Gainesville, FL 32606

DATE | 8/24/2018  
 INVOICE # | A-19038  
 CASE ID | 2018-02334

**Florida Department of Health**

4052 Bald Cypress Way, BIN C-5  
 Tallahassee FL 32399-3265  
 via email: melba\_apellaniz@flhealth.gov

SERVICE PROVIDER | Phalin  
 TAX IDENTIFICATION NO. | 59-1680273

DOH Case #2018-02334

| SERVICE DATE                                                  | DESCRIPTION                                                                    | RATE     | AMOUNT          |
|---------------------------------------------------------------|--------------------------------------------------------------------------------|----------|-----------------|
|                                                               | Safety to Practice, Independent Medical Evaluation<br>No Show Case #2018-02334 | \$250.00 | \$250.00        |
| <b>Payment due upon receipt of statement</b>                  |                                                                                |          |                 |
| <b>Do Not Make the Check Payable to the Faculty Physician</b> |                                                                                |          |                 |
|                                                               |                                                                                |          | SUBTOTAL        |
|                                                               |                                                                                |          | \$250.00        |
|                                                               |                                                                                |          | \$ 250.00       |
|                                                               |                                                                                |          | PAY THIS AMOUNT |

**DIRECT ALL INQUIRIES TO:**  
 Jessica Hemingway  
 (352) 265-5549  
 email: hemingway@ufl.edu

**MAKE ALL CHECKS PAYABLE TO:**  
 Florida Clinical Practice Association  
 Department of Psychiatry / Addiction Medicine Division  
 PO Box 103424  
 Gainesville, FL 32606

**THANK YOU FOR YOUR BUSINESS!**

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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September 12, 2019

**CONFIDENTIAL**

Dr. Ronald P Shelley  
PO Box 127  
Bellevue, FL 34421

Complaint #: 2019-39402

Dear Dr. Shelley:

The Consumer Services Unit received the enclosed complaint. We have determined you may have violated the practice act regulating your profession. Therefore, we have opened an investigation. Please submit a written response within 45 days of receipt of this letter. Please include the complaint number 2019-39402 on any correspondence you provide to our office.

You may make a written request for a copy of the investigative file. This complaint and all investigative information will remain confidential until 10 days after the probable cause panel has determined a violation has occurred or you give up the right to confidentiality.

Sincerely,

Jasmine S. Davis  
Government Analyst I

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Enforcement  
4052 Bald Cypress Way, Bin C-76 • Tallahassee, FL 32399-3276  
PHONE: (850) 245-4268 • FAX: (850) 488-0796



**Accredited Health Department**  
Public Health Accreditation Board

Exhibit 2  
018

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Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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---

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2019-39402

RONALD P. SHELLEY, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Ronald P Shelley, D.O.  
P.O. Box 127  
Bellevue, FL 34421

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. You are **NOT REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

**The purpose of the hearing is to consider a motion for: Determination of Waiver**

**Note:** Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you call in promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Sarah Corrigan at (850) 245-4444 or by e-mail at [Sarah.Corrigan@flhealth.gov](mailto:Sarah.Corrigan@flhealth.gov).

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at <http://floridasosteopathicmedicine.gov/meeting-information/>

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address(es) this 28<sup>th</sup> day of July 2020.

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161





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Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2019-39402

RONALD P. SHELLEY, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Ronald P Shelley, D.O.  
5820 SE Lillian Circle  
Bellevue, FL 34421

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Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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PHONE: (850) 245-4161



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STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2019-39402

RONALD P. SHELLEY, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Ronald P Shelley, D.O.  
11331 SE 73<sup>rd</sup> Court  
Bellevue, FL 34420

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*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
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State Surgeon General

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## MEMORANDUM

**TO:** Kama Monroe, Executive Director, Board of Osteopathic Medicine  
**FROM:** William Walker, Assistant General Counsel  
**RE:** **Recommended Order**  
**SUBJECT:** DOH v. John Joseph Im, D.O.  
 DOH Case Number: 2018-07389  
 DOAH Case Number: 19-4724PL  
**DATE:** December 30, 2019

Enclosed you will find materials in the above-referenced case to be placed on the agenda for final agency action for the August 21, 2020 meeting of the board. The following information is provided in this regard.

**Subject:** John Joseph Im, D.O.  
**Subject's Address of Record:** 11950 County Road 101, Ste.101  
 The Villages, FL 32162  
 (352)-391-5200  
**Enforcement Address:** **13940 US highway 441, Suite 501**  
 Lady Lake, Florida 32159  
**Subject's License No:** 8729      **Rank:** DO  
**Licensure File No:** 7776  
**Initial Licensure Date:** 6/10/2002  
**Board Certification:** No  
**Required to Appear:** No  
**Current IPN/PRN Contract:** No  
**Allegation(s):** 459.015(1)(x), Florida Statutes (2017)  
**Prior Discipline:** None  
**Probable Cause Panel:** June 19, 2019  
 Glen Moran, D.O.; Valerie Jackson  
**Subject's Attorney:** Pro Se  
**Complainant/Address:** KK  
**Materials Submitted:** Memorandum to the Board  
 Motion for Final Order  
 Recommended Order  
 Respondent's Written Exceptions to Recommended

Order

Petitioner's Response to Respondent's Exceptions

Administrative Complaint

Transcript of Hearing

Petitioner's Exhibits 1-3 and 5-9

Petitioner's Proffered Exhibit 4

Respondent's Exhibits 7 and 8

DOAH Pleading File

Motion to Assess Costs with attachments

Recommended Order Notification Letter

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOH Case Number 2018-07389  
DOAH Case Number 19-4724PL**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**MOTION FOR FINAL ORDER**

The Department of Health requests that this Honorable Board of Osteopathic Medicine enter a Final Order in the above-styled cause. As grounds therefore, the Petitioner would state:

1. Petitioner is the state department charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes, and Chapter 459, Florida Statutes.

2. On June 19, 2019, Petitioner filed an Administrative Complaint against Respondent alleging that Respondent violated Section 459.015(1)(x), Florida Statutes (2017).

3. On September 6, 2019, the case was filed with the Division of Administrative Hearings.

4. On November 7, 2019, a final hearing took place in Lady Lake, Florida.

5. On December 16, 2019, the Administrative Law Judge issued a Recommended Order in the above-styled cause.

6. Respondent has been advised by a copy of this motion that the Board will consider the record that includes the following documents, in this matter: the Administrative Law Judge's Recommended Order, Respondent's Exceptions to the Recommended Order, Petitioner's Response to Respondent's Exceptions, the Administrative Complaint, Petitioner's Proposed Recommended Order, Respondent's Proposed Recommended Order, the Transcript of the Formal Hearing with Petitioner's Exhibits 1-3 and 5-9, Petitioner's proffered Exhibit 4, Respondent's Exhibits 7 and 8, and the Pleadings file.

WHEREFORE, Petitioner would respectfully request that this Honorable Board enter a Final Order in this case.

Respectfully submitted,



---

William Walker  
Assistant General Counsel  
Florida Bar No. 0123716  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
(850) 558-9876  
(850) 245-4684 FAX

**CERTIFICATE OF SERVICE**

I CERTIFY that a true and correct copy of the foregoing has been provided to Respondent, John Joseph Im, at 13940 US Hwy 441, Suite 501, Lady Lake, FL 32159 by U.S. Certified Mail, this 30th day of December, 2019.



William Walker  
Assistant General Counsel

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH,  
BOARD OF OSTEOPATHIC MEDICINE,

Petitioner,

Case No. 19-4724PL

vs.

JOHN JOSEPH IM, D.O.,

Respondent.

\_\_\_\_\_ /

RECOMMENDED ORDER

On November 7, 2019, Administrative Law Judge Yolonda Y. Green of the Florida Division of Administrative Hearings ("Division"), conducted a final hearing pursuant to section 120.57(1), Florida Statutes, in Lady Lake, Florida.

APPEARANCES

For Petitioner: Virginia Edwards, Esquire  
William Edward Walker, Esquire  
Department of Health  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399

For Respondent: John Joseph Im, D.O., pro se  
Exceptional Urgent Care Center  
13767 U.S. Highway 441  
Lady Lake, Florida 32159

STATEMENT OF THE ISSUES

Whether Respondent failed to meet the prevailing professional standard of care by failing to counsel J.K.

regarding the risks of, or alternatives to, taking Levaquin with Tikosyn in violation of section 459.015(1)(x), Florida Statutes, as alleged in the Administrative Complaint; and, if so, what sanction is appropriate.

PRELIMINARY STATEMENT

On June 19, 2019, Petitioner, the Department of Health, Board of Osteopathic Medicine ("Petitioner" or the "Department"), filed an Administrative Complaint against Respondent, Dr. John Joseph Im, D.O. ("Respondent" or "Dr. Im"), alleging that he violated section 459.015(1)(x). On July 24, 2019, Respondent filed an Election of Rights seeking a final hearing pursuant to section 120.57(1), and on September 6, 2019, the case was referred to the Division for assignment of an administrative law judge.

The undersigned issued a Notice of Hearing scheduling the final hearing to take place on November 7, 2019, which commenced on the scheduled date. At hearing, Petitioner presented the testimony of patient J.K. (by deposition), K.K. (Patient J.K.'s wife), and Dr. Anthony Davis (Petitioner's expert). Petitioner's Exhibits 1 through 3, and 5 through 9 were admitted. Petitioner proffered Exhibit 4. Respondent testified on his own behalf. Respondent's Exhibit 7 was admitted over objection, and Exhibit 8 was admitted without objection.

At the hearing, the undersigned considered Respondent's Motion for Sanctions as it related to his assertions regarding the conduct of Petitioner's counsel during the deposition of K.K. After hearing argument from both parties, the undersigned denied Respondent's request for sanctions.<sup>1/</sup>

The one-volume Transcript of the hearing was filed with the Division on December 4, 2019. The Petitioner timely filed its Proposed Recommended Order in this matter, which has been carefully considered in the preparation of this Recommended Order. Respondent did not file a post-hearing submittal.

Unless otherwise indicated, all references to the Florida Statutes are to the 2017 codification, and all references to the Florida Administrative Code are to the 2016 version.<sup>2/</sup>

#### FINDINGS OF FACT

The following Findings of Fact are based upon the testimony and documentary evidence presented at hearing, the demeanor and credibility of the witnesses, and on the entire record of this proceeding.

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to section 20.43, and chapters 456 and 459, Florida Statutes.

2. At all times material to these proceedings, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 8729.

3. Respondent's address of record at the time of filing the Administrative Complaint was 11950 County Road 101, Suites 101, 102, and 103, The Villages, Florida 32162. Respondent's current address of record is 13767 U.S. Highway 441, Lady Lake, Florida 32159.

4. Respondent currently holds no board certification in any specialty area, and did not complete any residency other than in emergency medicine. Respondent attended Michigan State University, College of Osteopathic Medicine. In 2002, he began full-time practice as an emergency room physician at Munroe Regional Medical Center in Ocala, Florida. He worked as an emergency room physician until he opened Exceptional Urgent Care Center ("EUCC").

5. At all times material to this complaint, Respondent owned and operated EUCC.

Treatment Provided to Patient J.K.

6. On March 15, 2018, J.K., along with his wife, presented to EUCC with complaints of a sore throat and fever. This was the first of two visits to the clinic.

7. J.K. reported his medications as Amlodipine, Warfarin, Tamsulosin, and Dofetilide (unless otherwise indicated, hereinafter referred to by its trade name "Tikosyn").

8. J.K. was prescribed these medications by his cardiologist at the William S. Middleton Memorial Veterans Hospital ("V.A. Hospital") in Wisconsin, his home state.

9. Relevant to this matter, Tikosyn helps patients maintain a normal heartbeat rhythm. Tikosyn was prescribed to keep J.K.'s heart in rhythm as he had atrial fibrillation.

10. J.K. was treated by a nurse practitioner, who ordered a chest x-ray and a flu swab. The flu swab returned negative, and the chest x-ray showed no focal pneumonia. J.K. was prescribed Tamiflu and Naproxen. J.K. elected not to fill the Tamiflu due to the "expensive cost." Respondent was not involved in J.K.'s treatment on this date.

11. On March 16, 2018, J.K. and his wife K.K. returned to EUCC as J.K.'s symptoms had not improved. On this visit, J.K. saw Dr. Im. Dr. Im evaluated J.K. and ordered two tests. Dr. Im ordered a Prothrombin Time International Normalized Ration ("PT INR") test to determine J.K.'s coagulation and he ordered a CT scan of the chest. The PT INR results were within the therapeutic range. The CT scan showed shattered ground-glass opacification in the posterior right lower lobe and the medial left upper lobe. The CT scan findings were interpreted as "non-specific, may represent hypoventilatory change or an infectious inflammatory process (acute or chronic)."

12. Respondent advised J.K. and K.K. that the CT scan appeared to show the start of pneumonia, and he was going to prescribe three medications: Levaquin 750 mg, Prednisone 20 mg, and Zyrtec 10 mg.

13. K.K. testified that she asked Respondent if the Levaquin, Prednisone, or Zyrtec were contraindicated with any of J.K.'s current prescriptions, specifically Tikosyn. K.K. recalls that Respondent replied that he was not familiar with Dofetilide (Tikosyn), and advised them to check with the pharmacist to see if there were any contraindications.

14. Although Respondent initially advised J.K. and K.K. that he was not familiar with Tikosyn, Respondent testified that he advised J.K. and K.K. of the possible interactions between Levaquin and Tikosyn and told her that the interaction was very rare. He testified that he advised J.K. and K.K. that the pharmacist is a safety net, and the pharmacist would call him to discuss the prescriptions if he missed anything.

15. K.K. credibly testified that Respondent did not counsel J.K. or K.K. on any risks regarding the medications Dr. Im prescribed or provide them with any alternatives during the visit on March 16, 2018.

16. J.K. and K.K. left EUCC and went to Publix to fill the prescriptions. K.K. asked the pharmacist if any medications would interfere with any of J.K.'s prescribed medications. Upon

advice of the pharmacist that Levaquin was contraindicated with Tikosyn, K.K. declined to fill the prescription for Levaquin.

17. On behalf of J.K., K.K. then called EUCC and asked for a different antibiotic that would not interact with Tikosyn. However, she was instructed to contact J.K.'s cardiologist.

18. K.K. then contacted the cardiology staff of the V.A. Hospital in Wisconsin, who instructed K.K. to follow the advice of the pharmacist and (tell J.K.) not to take the Levaquin.

19. K.K. called EUCC a second time to confirm whether J.K. had an infection and she was told that J.K. did not have an infection.

20. Respondent recalls that he had a personal conversation with K.K. during a courtesy telephone call placed the next day (March 17, 2018). Respondent testified that during that call, he explained Levaquin was the drug of choice, other medications would not cover J.K.'s pneumonia, the potential interactions were very rare, and J.K. needed to take the Levaquin. By his own admission and his medical records, Respondent did not provide J.K. or K.K. with any specific alternative antibiotics and insisted that J.K. needed to take the Levaquin.

21. K.K. disputes that Dr. Im spoke with her or J.K. at any point after the March 16, 2018, visit. She clearly recalled that she spoke with a woman each time she spoke with staff at Dr. Im's office. Overall, J.K. and K.K. clearly and

convincingly testified that Respondent never advised them of the risks of using Levaquin with Tikosyn or provided any alternatives to the Levaquin.

#### Expert Testimony

22. Petitioner offered the testimony of Dr. Anthony Davis, who testified as an expert. Dr. Davis has been licensed as an osteopathic physician in Florida since 1995. Dr. Davis attended Kirksville College of Osteopathic Medicine and completed an internship in family practice. He has been board certified in family medicine by the American Board of Osteopathic Family Physicians since 2001, and board certified in emergency medicine by the American Association of Physician Specialists since July 2003. He is also affiliated with professional organizations including the American College of Family Practice and Florida Osteopathic Medical Association.

23. Dr. Davis was accepted as an expert in emergency and family medicine.

24. Dr. Davis relied upon his work experience, his training, and his review of the medical records for J.K. to render his opinion regarding the standard of care related to treating J.K.

25. The standard of care requires an osteopathic physician treating a patient similar to J.K. to: (1) provide and document their justification for why Levaquin was the appropriate drug of

choice; (2) note the patient's acknowledgment that there are interactions with Tikosyn; (3) ensure the patient understands the risks and benefits of combining Tikosyn and Levaquin; (4) explain to the patient that there are limited alternatives to Levaquin; and (5) provide the reason for prescribing a potentially dangerous drug.

26. Levaquin is a medication that comes with a black box warning that requires physicians to counsel patients on the risks associated.

27. When a drug is designated as contraindicated and has a category X for interaction, the standard of care requires that the physician clearly explains to the patient why they are using the drug and defend how it is going to be safe. Tr., p. 70.

28. Dr. Davis opined there were multiple treatment options available for J.K., such as supportive care or an antibiotic with a lower risk of interaction with J.K.'s existing medication. Moreover, Dr. Davis testified that there were safer alternatives to Levaquin that would effectively treat pneumonia, such as doxycycline, if J.K. actually had pneumonia and an antibiotic was necessary.

29. Respondent provided literature from the Infectious Diseases Society of America related to community-acquired pneumonia in an attempt to prove that X-Ray or other imaging techniques are required for the diagnosis of pneumonia and to

support his claim that Levaquin was the drug of choice for J.K. However, Dr. Davis credibly pointed out that the article, published in 2007, is no longer accurate.

CONCLUSIONS OF LAW

30. The Division has jurisdiction of the subject matter and the parties to this action pursuant to sections 120.569 and 120.57(1), Florida Statutes (2019).

31. This is a proceeding in which the Department seeks to revoke Respondent's license to practice medicine. The Department has the burden to prove the allegations in the Administrative Complaint by clear and convincing evidence.

Dep't of Banking & Fin. v. Osborne Stern and Co., 670 So. 2d 932 (Fla. 1996); Ferris v. Turlington, 595 So. 2d 292 (Fla. 1987). As stated by the Supreme Court of Florida,

Clear and convincing evidence requires that the evidence must be found to be credible; the facts to which the witnesses testify must be distinctly remembered; the testimony must be precise and lacking in confusion as to the facts at issue. The evidence must be of such a weight that it produces in the mind of the trier of fact a firm belief or conviction, without hesitancy, as to the truth of the allegations sought to be established.

In re Henson, 913 So. 2d 579, 590 (Fla. 2005) (quoting Slomowitz v. Walker, 429 So. 2d 797, 800 (Fla. 4th DCA 1983)). This burden of proof may be met where the evidence is in conflict; however, "it seems to preclude evidence that is ambiguous."

Westinghouse Elec. Corp. v. Shuler Bros., 590 So. 2d 986, 988 (Fla. 1st DCA 1991).

32. Disciplinary statutes and rules "must always be construed strictly in favor of the one against whom the penalty would be imposed and are never to be extended by construction." Griffis v. Fish & Wildlife Conser. Comm'n, 57 So. 3d 929, 931 (Fla. 1st DCA 2011); Munch v. Dep't of Prof'l Reg., Div. of Real Estate, 592 So. 2d 1136 (Fla. 1st DCA 1992).

33. Petitioner charged Respondent under section 459.015(1)(x), which provides in pertinent part: "Notwithstanding s. 456.072(2) but as specified in s. 456.50(2): 1. Committing medical malpractice as defined in s. 456.50. The board shall give great weight to the provisions of s. 766.102 when enforcing this paragraph. Medical malpractice shall not be construed to require more than one instance, event, or act."

34. The Administrative Complaint alleged that Respondent committed medical malpractice. Section 456.50(1)(g), Florida Statutes, defined "medical malpractice," in relevant part, as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

35. Section 766.102(1), Florida Statutes, provided in part, that the prevailing professional standard of care for a given health care provider shall be that level of care, skill,

and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar healthcare providers.

36. Petitioner alleged that Respondent committed medical malpractice by failing to advise J.K. of the contraindication of Levaquin and Tikosyn. Dr. Davis testified that the applicable standard of care required that an osteopathic physician advise a patient of the interactions between Levaquin and Tikosyn and provide any alternatives to taking Levaquin. Dr. Davis' expert testimony was credited. Petitioner proved this allegation.

37. Even had Levaquin not been contraindicated with Tikosyn, the standard of care required that Respondent advise J.K. of the additional risks, including death, involved in taking the two drugs together. The more compelling evidence demonstrates that Respondent did not advise J.K. of these risks, and Respondent's testimony to the contrary is rejected as not credible.

38. Petitioner established by clear and convincing evidence that Respondent committed medical malpractice in violation of section 459.015(1)(x), as charged in the Administrative Complaint.

#### Penalty

39. Petitioner imposes penalties upon licensees consistent with disciplinary guidelines prescribed by Florida

Administrative Code Rule 64B15-19.002. See Parrot Heads, Inc. v. Dep't of Bus. & Prof'l Reg., 741 So. 2d 1231, 1233-34 (Fla. 5th DCA 1999).

40. Penalties in a licensure discipline case may not exceed those in effect at the time the violation was committed. Willner v. Dep't of Prof. Reg., Bd. of Med., 563 So. 2d 805, 806 (Fla. 1st DCA 1990), rev. denied, 576 So. 2d 295 (Fla. 1991).

41. At the time of the incidents, rule 64B15-19.002(28) provided that for a first-time offender, committing medical malpractice, as described in section 459.015(1)(x), the prescribed penalty range was "letter of concern, up to one (1) year probation and \$1,000 fine to denial or revocation and \$10,000 fine."

42. Rule 64B15-19.003 provided that, in applying the penalty guidelines, Petitioner may deviate from the penalties recommended above when there is evidence of aggravating and mitigating factors present in the individual case. Petitioner shall consider aggravating or mitigating factors as follows:

- (1) The danger to the public;
- (2) The length of time since the violations;
- (3) The number of times the licensee has been previously disciplined by the Board;
- (4) The length of time the licensee has practiced;
- (5) The actual damage, physical or otherwise, caused by the violation;

- (6) The deterrent effect of the penalty imposed;
- (7) The effect of penalty upon the licensee's livelihood;
- (8) Any effort of rehabilitation by the licensee;
- (9) The actual knowledge of the licensee pertaining to the violation;
- (10) Attempts by the licensee to correct or stop violations or refusal by licensee to correct or stop violations;
- (11) Related violations against licensee in another state, including findings of guilt or innocence, penalties imposed and penalties served;
- (12) The actual negligence of the licensee pertaining to any violations;
- (13) The penalties imposed for related offenses; and
- (14) The pecuniary gain to the licensee;
- (15) Any other relevant mitigating or aggravating factors under the circumstances. Any penalties imposed by the board may not exceed the maximum penalties set forth in Section 459.015(2), F.S.

43. A significant aggravating factor was that Respondent's actions exposed J.K. to potential serious injury or death. While there was potential for harm, J.K. did not suffer harm as he did not fill the prescription or take the Levaquin.

44. On the other hand, Respondent was not under any legal restraints at the time of the incident. There was no evidence of any prior disciplinary history in any jurisdiction over a 15-year successful career. Respondent received no special pecuniary benefit or self-gain from his actions. While these

factors do not serve as a legal defense to the proven charges, they are relevant in determining an appropriate penalty.

45. Taken as a whole, the evidence presented does not warrant deviation in penalty from the disciplinary guidelines contained within the rule.

#### RECOMMENDATION

Based on the foregoing Findings of Fact and Conclusions of Law, it is RECOMMENDED that the Board of Osteopathic Medicine enter a Final Order as follows:

a) Finding that John Joseph Im, D.O., violated section 459.015(1)(x), by committing medical malpractice, as defined in section 456.50, as alleged in the Administrative Complaint;

b) Issue a letter of concern against Respondent's license to practice osteopathic medicine;

c) Requiring completion of a prescribing practices course;  
and

d) Imposing an administrative fine of \$2,500.

DONE AND ENTERED this 16th day of December, 2019, in  
Tallahassee, Leon County, Florida.



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YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
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Filed with the Clerk of the  
Division of Administrative Hearings  
this 16th day of December, 2019.

ENDNOTES

<sup>1/</sup> The deposition in lieu of live testimony of K.K. was not admitted into evidence as Respondent successfully argued there were questions he desired to ask the witness that he was unable to ask during the deposition.

<sup>2/</sup> Unless otherwise noted, references to the statutory codification or rules are to those in effect at the time the alleged violation occurred.

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NOTICE OF RIGHT TO SUBMIT EXCEPTIONS

All parties have the right to submit written exceptions within 15 days from the date of this Recommended Order. Any exceptions to this Recommended Order should be filed with the agency that will issue the Final Order in this case.

CLERK: *Angel Sanders*  
DATE: **DEC 27 2019**

Department of Health, Petitioner v. John Joseph Im, D.O., Respondent.

DOAH Case no.: 19-4724PL  
DOH Case No. 2018-07389

Written Exceptions to the Recommended Order

1. On December 16, 2019, Judge Yolanda Green, the Administrative Judge, found that Dr. John Im violated section 459.015 (1) (x), by committing medical malpractice, as defined in section 456.50, as alleged in the Administrative Complaint and recommended that the Board of Osteopathic Medicine issue a letter of concern against Dr. Im's license to practice osteopathic medicine. The Judge also recommended completion of a prescribing practice course and imposing an administrative fine of \$2,500.
2. The standard of care requires an osteopathic physician treating a patient similar to patient J.K. to: (1) provide and document their justification for why Levaquin was the appropriate drug of choice; (2) note the patient's acknowledgment that there are interactions with Tikosyn; (3) ensure the patient understands the risks and benefits of combining Tikosyn and Levaquin; (4) explain to the patient that there are limited alternatives to Levaquin; and (5) provide the reason for prescribing a potentially dangerous drug. Which were all satisfied in the care of patient J.K.
3. There are time in the practice of medicine, especially in the treatment of pneumonia (the number 6 killer of Americans today) that patients with comorbidity such as patient J.K., Levaquin was the drug of choice, which I thoroughly explained to both the patient and his wife. During the face to face encounter, I explained that the potential drug to drug interaction between Levaquin and Tikosyn is extremely rare. (Exhibit)
4. I strongly advised, both the patient and his wife, that the benefits far outweighs the risks and that not taking the antibiotic can lead to serious injury and even death.
5. I also assured the patient and his wife that the pharmacist is an additional safety net and that pharmacist would call the doctor if she came across an absolute contraindication.
6. The medication Levaquin was dispensed by the pharmacist but was refused by the patient's wife.
7. When the patient's wife called asking for a different antibiotic, I explained to her for the second time that the alternative antibiotics would not cover sufficiently her husband's presentation based on the CT findings. It was noted in the H&P (exhibit) that the patient's wife became irate and abruptly ended the call.
8. The patient's wife displayed reckless behavior by refusing the recommended antibiotic and put her husband in harm's way.

9. The Department has the burden to prove the allegations in the Administrative Complaint by clear and convincing evidence. Judge Yolanda Green solely based her decision on the testimony of the patient's wife when the patient himself admitted that he was counseled by me on the benefits and risks of the medication prescribed.
10. An expert witness is a person who is permitted to testify at a trial because of special knowledge or proficiency in a particular field that is relevant to the case. During the trial, the expert witness testified that he has not worked in an outpatient setting, in particular an urgent care center, since 2001.
11. Judge Green's decision was solely based on patient's wife testimony when in fact it was proven beyond any reasonable doubt that the patient and patient's wife contradicted themselves on numerous statements.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOH Case Number 2018-07389  
DOAH Case Number 19-4724PL**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

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**PETITIONER'S RESPONSE TO RESPONDENT'S EXCEPTIONS TO  
THE RECOMMENDED ORDER**

Petitioner, Department of Health, by and through the undersigned counsel, pursuant to Rule 28-106.217(3), Florida Administrative Code, hereby files this Response to Respondent's Exceptions to the Recommended Order. In support thereof, Petitioner states the following:

**I. BACKGROUND**

1. Respondent, John Joseph Im, is a licensed osteopathic physician in the State of Florida, having been issued license number OS 8729. Recommended Order, para. 2.

2. A formal administrative hearing of the instant matter was held November 7, 2019 in Lady Lake, Florida.

3. The administrative hearing was held to determine whether Respondent violated Section 459.015(1)(x), Florida Statutes (2017) by committing medical malpractice as alleged in the Administrative Complaint. Recommended Order, p. 1-2.

4. On December 16, 2019, the presiding Administrative Law Judge ("ALJ") entered her Recommended Order. The ALJ found that there was clear and convincing evidence that Respondent violated Section 459.015(1)(x), Florida Statutes (2017) by committing medical malpractice as defined in Section 456.50 Florida Statutes, as alleged in the administrative complaint.

5. The ALJ recommended that the Board of Osteopathic Medicine enter a final order finding that Respondent violated Section 459.015(1)(x), Florida Statutes by committing medical malpractice as defined in Section 456.50 Florida Statutes, as alleged in the administrative complaint, and impose discipline including the issuance of a letter of concern against Respondent's license to practice osteopathic medicine; requiring Respondent

to complete a prescribing practices course; and imposing an administrative fine of \$2,500. Recommended Order, p. 15.

6. On December 27, 2019, Respondent filed exceptions to the Recommended Order with the Board of Osteopathic Medicine.

## **II. APPLICABLE STANDARD OF REVIEW**

7. The ALJ and the Board of Osteopathic Medicine ("Board") have distinct roles in formal administrative hearings.

8. It is the function of the ALJ to consider all of the evidence presented, resolve conflicts in the evidence, assess the credibility of witnesses, draw permissible inferences from the evidence, and complete a recommended order consisting of findings of fact, conclusions of law, and a recommended penalty. See, Section 120.57(1)(k), Florida Statutes (2017); Heifetz v. Dep't. of Bus. Regulation, 475 So. 2d 1277, 1281 (Fla. 1st DCA 1985) (citing State Beverage Dep't v. Ernal, Inc., 115 So. 2d 566 (Fla. 3d DCA 1959)); Goss v. District Sch. Bd. of St. John's Cty., 601 So. 2d 1232, 1234 (Fla. 5th DCA 1992); and Bejarano v. Dep't of Educ., Div. of Vocational Rehab., 901 So. 2d 891, 892 (Fla. 4th DCA 2005). If the evidence presented supports two inconsistent findings, it is the ALJ's role to decide the issue one way or the other. Heifetz, 475 So. 2d at 1281.

9. Parties may file exceptions to findings of fact and conclusions of law contained within the ALJ's recommended order. Section 120.57(1)(k), Florida Statutes (2017). Exceptions shall identify the disputed portion of the recommended order by page number or paragraph, shall identify the legal basis for the exception, and shall include any appropriate and specific citations to the record. Fla. Admin. Code R. 28-106.217(1) (2017).

10. The Board cannot reject or modify the ALJ's findings of fact unless it first determines from a review of the entire record, and states with particularity in the order, that the findings of fact were not based on competent substantial evidence or that the proceedings on which the findings were based did not comply with essential requirements of law. Section 120.57(1)(l), Florida Statutes (2017).

11. Competent evidence is evidence that is sufficiently relevant and material to the ultimate determination "that a reasonable mind would accept it as adequate to support the conclusion reached." City of Hialeah Gardens v. Miami Dade Charter Found., 857 So. 2d 202, 204 (Fla. 3rd DCA 2003) (citing DeGroot v. Sheffield, 95 So. 2d 912, 916 (Fla. 1957)). Substantial evidence is evidence that provides a factual basis from which a fact at issue may reasonably be inferred. Id.

12. The Board may only reject or modify an ALJ's conclusions of law and interpretations of administrative rules if the Board has substantive jurisdiction. See, e.g., Section 120.57(1)(l), Florida Statutes (2017); Barfield v. Dep't of Health, 805 So. 2d 1008 (Fla. 1st DCA 2001); Deep Lagoon Boat Club, Ltd. v. Sheridan, 784 So. 2d 1140 (Fla. 2nd DCA 2001). "Jurisdiction" has been interpreted to mean "administrative authority" or "substantive expertise." See Deep Lagoon Boat Club, Ltd., 784 So. 2d at 1142.

13. While the ALJ recommends interpretations of law and/or administrative rules, the Board has ultimate discretion over matters of substantive jurisdiction. However, the Board may only reject or modify the ALJ's conclusions of law if the Board:

- a. states with particularity its reasons for rejecting or modifying such conclusions of law or interpretation of administrative rule; and
- b. makes a finding that the substituted conclusions of law or interpretation of administrative rule is as reasonable or more reasonable than that which was rejected.

Section 120.57(1)(l), Florida Statutes (2017); Barfield, 805 So. 2d at 1011.

14. If a finding of fact in an ALJ's Recommended Order is improperly labeled, the label should be disregarded and the item treated as though it

were properly labeled as a conclusion of law. Battaglia Props. v. Fla. Land & Adjudicatory Comm'n, 629 So. 2d 161, 168 (Fla. 5th DCA 1994).

### III. PETITIONER'S RESPONSE TO RESPONDENT'S EXCEPTIONS

15. Rule 28-106.217(1), Florida Administrative Code, provides:

Parties may file exceptions to findings of fact and conclusions of law contained in recommended orders with the agency responsible for rendering final agency action within 15 days of entry of the recommended order except in proceedings conducted pursuant to Section 120.57(3), Florida Statutes. **Exceptions shall identify the disputed portion of the recommended order by page number or paragraph, shall identify the legal basis for the exception, and shall include any appropriate and specific citations to the record.** (emphasis added).

16. Furthermore, section 120.57(1)(k), Florida Statutes, provides in pertinent part:

The final order shall include an explicit ruling on each exception, but an agency need not rule on an exception that does not clearly identify the disputed portion of the recommended order by page number or paragraph, that does not identify the legal basis for the exception, or that does not include appropriate and specific citations to the record.

17. Respondent's exceptions do not provide a sufficient, specified framework which would allow the Department or the Board to properly or adequately rule on the issues in dispute.

18. Petitioner submits that all of Respondent's exceptions fail to specify a legal basis for the exceptions, and none of them contain appropriate or specific citations to the record.

19. Should this Board disagree with Petitioner's position, and wish to consider all of the exceptions, Petitioner has responded to each "exception" specifically below.

### **Paragraph One**

20. Respondent's paragraph one is not an exception, and serves only to summarize the recommendation of the ALJ.

21. Petitioner respectfully requests the Board not rule on paragraph one of Respondent's exceptions, as no specific exception is noted or provided.

### **Paragraph Two**

22. Respondent's paragraph two restates the standard of care found by the ALJ, and simply asserts that Respondent met the standard of care in his treatment of J.K.

23. Respondent's paragraph two contains no cites to the record, nor does it provide any legal basis for the argument that Respondent met the standard of care in his treatment of J.K.

24. Conclusions of law are within the purview of the ALJ, and Respondent's exception in paragraph two should be denied for that reason as well. Respondent did not state with particularity any reason why the Board should reject the ALJ's conclusion that he failed to meet the standard of care.

25. Petitioner respectfully requests the Board deny Respondent's exception in paragraph two, as no specific exception is noted or provided.

### **Paragraphs Three through Nine**

26. Respondent's paragraphs three through nine are nothing but an attempt to relitigate his case. Respondent refers generally to the facts of the case, but provides no citations to specific pages or paragraphs with which he takes issue.

27. The lack of specificity of Respondent's exceptions forces Petitioner to speculate as to the exact portions of the Recommended Order to which Respondent takes exception. Such speculation prejudices Petitioner's ability to respond appropriately.

28. Petitioner contends these paragraphs do not comply with Rule 28-106.217, Florida Administrative Code, or Section 120.57(1)(k), Florida Statutes, and that the Board is not required to rule on those exceptions to the extent such exceptions make no particular page or paragraph reference.

29. Further, as discussed above, issues of credibility are within the purview of the ALJ and not of the Board. The findings of fact in this case are based on competent substantial evidence, and Respondent has provided no argument to the contrary.

30. Petitioner respectfully requests the Board deny Respondent's exceptions in paragraphs three through nine, as no specific exceptions are noted or provided.

### **Paragraph Ten**

31. In paragraph ten of his exceptions, Respondent takes issue with Petitioner's expert witness. Respondent has failed to provide any citation to the record or legal basis for his argument, and Petitioner is therefore unable to meaningfully respond.

32. Respondent moved to Strike Petitioner's expert witness at the final hearing, however, the ALJ denied his motion and accepted the expert's testimony. It would be inappropriate for the Board to find that Petitioner's expert witness was not qualified to testify at the final hearing, as such evidentiary rulings are the ALJ's responsibility.

33. Petitioner respectfully requests the Board deny Respondent's exception in paragraph ten, as no specific exception is noted or provided.

## **Paragraph Eleven**

34. Respondent claims that the ALJ based her decision solely on the testimony of K.K. However, he again fails to provide any citation to the record or legal basis for this assertion.

35. Furthermore, Respondent's assertion is patently false. The ALJ's decision was based on "the testimony and documentary evidence presented at hearing, the demeanor and credibility of the witnesses, and on the entire record of this proceeding." Recommended Order, pg. 3.

36. Petitioner respectfully requests the Board deny Respondent's exception in paragraph eleven, as no specific exception is noted or provided.

## **IV. CONCLUSION**

For the foregoing reasons, Petitioner respectfully urges the Board of Osteopathic Medicine to deny each of Respondent's Exceptions, and accept the ALJ's Recommended Order in its entirety.

Respectfully submitted,



William Walker  
Assistant General Counsel  
Florida Bar No. 0123716  
4052 Bald Cypress Way, Bin C-65  
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**CERTIFICATE OF SERVICE**

I CERTIFY that a true and correct copy of the foregoing has been provided to Respondent, John Joseph Im, at 13940 US Hwy 441, Suite 501, Lady Lake, FL 32159 by U.S. Certified Mail, this 30th day of December, 2019.



William Walker

Assistant General Counsel

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**RESPONDENT.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

COMES NOW Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, John Joseph Im, D.O., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 8729.

3. Respondent's address of record is 11950 County Road 101, Ste. 101, The Villages, Florida 32162.

4. At all times material to this Complaint, Respondent was a Florida-licensed osteopathic physician.

5. At all times material, Respondent was employed by Exceptional Urgent Care Center (EUC) located in Clearwater, Florida.

6. At all times material, J.K. was a patient at EUC under Respondent's care.

7. On or about March 16, 2018, Respondent treated patient J.K. for symptoms associated with pneumonia by prescribing Levaquin 750 milligrams.

8. Levaquin is a drug with contraindications for use with Tikosyn.

9. Respondent was aware, before prescribing Levaquin, that J.K. was currently prescribed Tikosyn.

10. Respondent failed to counsel J.K. on the risks of, or alternatives to, using Levaquin in combination with Tikosyn.

11. The prevailing professional standard of care required Respondent to counsel J.K. on the potential risks and alternatives to Levaquin before prescribing Levaquin.

12. Respondent fell below the prevailing standard of care in his treatment of patient J.K.

13. Section 459.015(1)(x), Florida Statutes (2017), allows the Board of Osteopathic Medicine to impose discipline for committing medical malpractice as defined in Section 456.50, Florida Statutes.

14. Medical malpractice is defined in Section 456.50(1)(g), Florida Statutes (2017), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

15. For purposes of Section 459.015(1)(x), Florida Statutes (2017), the Board shall give great weight to the provisions of Section 766.102, Florida Statutes (2017), which provides that the prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

16. Respondent failed to meet the prevailing professional standard of care in his care and/or treatment of J.K. by failing to counsel J.K. on the risks of, or alternatives to, using Levaquin in combination with Tikosyn.

17. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2017), by committing medical malpractice as defined in Section 456.50, Florida Statutes.

WHEREFORE, Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

[Signature appears on next page]

SIGNED this 19th day of June, 2019.

**FILED**

DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: *Annex Morris*  
DATE: JUN 19 2019

*Virginia Edwards*

Virginia Edwards  
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PCP: June 19, 2019

PCP Members: Glen Moran, D.O.; Valerie Jackson

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

**A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.**

**Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

CASE NO.: 19-4724PL

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DEPARTMENT OF HEALTH,  
BOARD OF OSTEOPATHIC MEDICINE,

Petitioner,

vs.

JOHN JOSEPH IM, D.O.,

Respondent.

---

PROCEEDINGS BEFORE: HON. J. YOLANDA GREEN  
ADMINISTRATIVE LAW JUDGE

DATE: THURSDAY, NOVEMBER 7, 2019

TIME: 9:34 A.M. - 3:38 P.M.

LOCATION: LADY LAKE TOWN HALL  
COMMISSION CHAMBERS  
409 FENNELL BOULEVARD  
LADY LAKE, FLORIDA 32159

REPORTED BY: Courtney L. Wear, RMR, CRR  
Stenographic Court Reporter  
Notary Public, State of Florida

OWEN & ASSOCIATES COURT REPORTERS  
P.O. BOX 157, OCALA, FLORIDA 34478  
352.624.2258 owenassocs@aol.com

APPEARANCES:

**VIRGINIA EDWARDS, Esquire**

**WILLIAM WALKER, Esquire**

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APPEARING ON BEHALF OF PETITIONER

**JOHN JOSEPH IM, D.O., Pro Se**

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Lady Lake, Florida 32159

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APPEARING ON BEHALF OF RESPONDENT

\* \* \* \* \*

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P R O C E E D I N G S

1  
2 THE COURT: We can go on the record.

3 Today is November 7th, it is approximately  
4 9:34 a.m., and pursuant to notice we are here in the  
5 case of Department of Health versus Dr. John Im,  
6 Dr. Im, D.O., Division of Administrative Hearings  
7 case number 19-4724PL.

8 I am Yolanda Green, the Administrative Law  
9 Judge presiding over this matter. Would the parties  
10 please enter an appearance.

11 MS. EDWARDS: Virginia Edwards with Florida  
12 Department of Health.

13 MR. WALKER: William Walker with Florida  
14 Department of Health.

15 DR. IM: Dr. John Im.

16 THE COURT: Thank you.

17 Will either party be ordering a copy of the  
18 transcript today?

19 MS. EDWARDS: Yes, Your Honor, the Department  
20 will be ordering a copy.

21 THE COURT: Thank you.

22 Dr. Im, am I correct in that you're still not  
23 represented by counsel?

24 DR. IM: Correct.

25 THE COURT: So a couple of these comments

1 will be directed to you, and you may have heard  
2 these before during a previous motion hearing. But  
3 as it relates to this particular proceeding I wear  
4 two different hats. So I serve as fact-finder and I  
5 also serve as judge and rule on any objections. As  
6 it relates to any admission of evidence, I will make  
7 those ultimate decisions. I can answer any  
8 questions regarding the procedure, how things will  
9 work, how things will flow, how they will go  
10 throughout the hearing. I cannot advise you  
11 regarding the merits of the case. But, again, if  
12 you have questions please just let me know and then  
13 I'll answer those questions as we proceed through  
14 the proceeding.

15 And ultimately what will happen is I will  
16 enter a recommended order which will be my  
17 recommendation of the facts, my recommendations  
18 regarding the conclusions of law, as well as my  
19 recommendations regarding the ultimate resolution of  
20 this case. And then, of course, the case will go  
21 back to the Department and then they will ultimately  
22 enter through, of course, the Board of Osteopathic  
23 Medicine, enter a final order. We'll talk a little  
24 bit more about that as we go further into those and,  
25 of course, those rights will be included in the

1 recommended order.

2 I know that the Department provided -- or  
3 just provided a binder with all of their exhibits.  
4 Do you have a copy of your exhibits?

5 DR. IM: Yes. Do I have extra copies? I  
6 submitted it prior to coming here. I didn't know I  
7 was supposed to bring extra copies today.

8 THE COURT: Let me ask the Department. Have  
9 you received a copy of Dr. Im's exhibits?

10 MS. EDWARDS: We printed a copy because he  
11 was pro se.

12 THE COURT: Thank you.

13 Dr. Im, during this case, of course, the  
14 Department having the burden of proof they will  
15 present their case first, they will present their  
16 evidence. You'll have an opportunity to ask  
17 questions regarding -- ask questions of your  
18 witnesses, as well as ask questions regarding the  
19 evidence, or even object to the evidence that's  
20 being offered in the hearing today. Likewise, the  
21 Department will have also the opportunity to --  
22 whether it be cross-examine any witnesses that you  
23 offer, you, if you do decide to testify, and also  
24 regarding any exhibits that you intend to offer.  
25 Okay?

1           Do you have any questions about anything that  
2 I've explained thus far?

3           DR. IM: No, it's very clear.

4           THE COURT: Okay. So regarding the issue in  
5 this case, pursuant to the notice we are here to  
6 determine whether the respondent failed to meet the  
7 prevailing professional standard of care by failing  
8 to counsel J.K. -- Is it J.K.? -- requesting the  
9 risk of or alternative to using Levaquin and Tikosyn  
10 in violation of section 459.015(1)(x) of the Florida  
11 statutes; and, if so, what sanction is appropriate.

12           Department, is that the issue as you see it?

13           MS. EDWARDS: Yes, your Honor.

14           THE COURT: And Dr. Im?

15           DR. IM: Yes.

16           THE COURT: Thank you.

17           And, again, the Department has the burden of  
18 proof and as the burden of proof the allegations  
19 that -- excuse me -- to prove this case by clear and  
20 convincing evidence.

21           Department, you understand that as being your  
22 burden?

23           MS. EDWARDS: Yes, Your Honor.

24           THE COURT: Dr. Im, do you have any questions  
25 about the burden?

1 DR. IM: No, I do not.

2 THE COURT: Okay. So a couple things I'm  
3 going to put on the record, so if you have any  
4 questions feel free to let me know.

5 But regarding evidence, the procedural rules  
6 will be governed by the Division of Administrative  
7 Hearings Uniform Rules of Procedure, which are found  
8 in Rule 28-106 of the Florida Administrative Code,  
9 Chapter 120 and as modified by the Florida Rules of  
10 Evidence as modified by those two different rules.  
11 Any hearsay evidence may be used as a supplement or  
12 to explain other evidence, but will not be  
13 sufficient in itself to support a finding unless it  
14 would be admissible over objection of the Court. If  
15 you have any objections regarding hearsay you may  
16 note it for the record and I will address those  
17 objections before that evidence is admitted, or not,  
18 given -- depending upon the case.

19 As far as any other evidence that is  
20 relevant, I intend to admit evidence that's  
21 relevant. However, any irrelevant or immaterial,  
22 repetitious or cumulative evidence will not be  
23 admitted.

24 Any questions from the Department?

25 MS. EDWARDS: No.

1 DR. IM: No.

2 THE COURT: So would the parties wish to  
3 invoke the rule of sequestration at this time?  
4 Dr. Im -- the Department likely knows what I am  
5 referring to, but in general the rule of  
6 sequestration is any witnesses who will be  
7 testifying in the hearing will be asked to be  
8 excluded from hearing testimony of other witnesses.  
9 And so at this time either party, if they wish to  
10 invoke the rule -- I don't see that you have any  
11 other witnesses, Dr. Im, so this question is more  
12 directed to you.

13 DR. IM: Directed to me?

14 THE COURT: Yes.

15 DR. IM: I don't need sequestration.

16 THE COURT: So you're fine with witnesses  
17 remaining in the room during the entire proceedings?

18 DR. IM: I am, yes.

19 THE COURT: Perfect.

20 Are there any preliminary matters that we  
21 need to address before we begin?

22 MS. EDWARDS: Yes, Your Honor.

23 THE COURT: Okay. Ms. Edwards.

24 MS. EDWARDS: Thank you. Based on the order  
25 that came out, I believe two days ago, regarding the

1 witnesses, we will still be attempting to enter that  
2 into evidence. However, we did secure a room in the  
3 hotel where they were with the prior engagement,  
4 there's a court reporter and we have a phone number  
5 that we can call into. The witnesses are not there  
6 as evidence in their prior witness letters, which is  
7 also Petitioner's Exhibit N, that they did have a  
8 prior engagement. But that room is available and  
9 they were advised to get in there -- that they would  
10 be available for the hearing after that engagement,  
11 if absolutely necessary. And so we wanted you to be  
12 aware that the Court Reporter verified she is there  
13 and we can call in a conference number if Your Honor  
14 chooses to allow that.

15 THE COURT: Okay. What time is the  
16 engagement?

17 MS. EDWARDS: I am not sure. They were  
18 unable to provide me the exact time as it is an  
19 awards ceremony in honor of her recently deceased  
20 brother, and there wasn't a timeframe on it. I know  
21 that it started this morning, and Wisconsin is one  
22 hour behind. But we did have the room available  
23 from 8:00 a.m. till 5:00 p.m., Wisconsin time, which  
24 would be 9:00 a.m. to 6:00 p.m. our time.

25 THE COURT: Thank you. Is there a way for

1 you to contact the witnesses to determine what time  
2 they would be available, so if they need to we can  
3 schedule a specific time for that?

4 MS. EDWARDS: Yes, your Honor. She is  
5 supposed to send me an email as soon as it's over.  
6 She does not know -- as of this morning I received  
7 an email before I came into court and she advised  
8 she did not know the time, but she thought it would  
9 be before lunch.

10 THE COURT: Great. And so are you referring  
11 to potentially offering the depositions in lieu of  
12 live testimony today?

13 MS. EDWARDS: Yes, Your Honor.

14 THE COURT: Let's go ahead and take that up  
15 before we begin.

16 Dr. Im, I know that you filed a motion for  
17 sanctions, and some of the argument that was  
18 presented during the teleconference on that motion.  
19 I am, of course, fully aware and I did take note of  
20 those things.

21 But what I will do is give the parties  
22 another opportunity to present argument on a motion  
23 for sanctions and then, of course, make a ruling.  
24 And specifically we're speaking to the depositions  
25 in lieu of live testimony and any objections to

1 those needed.

2 So, Dr. Im, I will let you begin and then, of  
3 course, Ms. Edwards, I'll let you follow up.

4 Dr. Im, go ahead.

5 DR. IM: So my first question on the record  
6 is if I'm hearing it correctly, the case is, for me,  
7 very dependent on my ability to cross-examine  
8 Mrs. K.K., especially, because she was the one that  
9 was doing the majority of the complaining, written  
10 and verbal format. So if I'm hearing the Department  
11 correctly, she may or she may not be able to  
12 testify -- or give me an opportunity to  
13 cross-examine. Are you saying that I will get an  
14 opportunity to cross-examine?

15 THE COURT: Dr. Im, of course any questions  
16 you have you can direct those to me and I'll answer  
17 that question. The witness is currently under  
18 subpoena, and so she is -- she's under subpoena,  
19 she's required to attend, if she does not attend  
20 we'll cross that bridge once we get there.

21 As of now, are there questions that you  
22 desired to ask Ms. K.K. and were not able to ask  
23 during the deposition?

24 DR. IM: Yes, absolutely.

25 THE COURT: Are those questions related to

1 the issue as I presented it today?

2 DR. IM: Absolutely. Yes.

3 THE COURT: Okay. Is there any particular  
4 reason why you weren't able to ask those questions?

5 DR. IM: Well, for me, I think going into it  
6 I had all the questions written down and then I  
7 think -- Mr. J.K. was more straightforward, where  
8 Mrs. K.K., for whatever reason, I guess it may be  
9 personality conflict, even over the phone. And then  
10 when Ms. Virginia Edwards objected, quite often it  
11 kind of threw me off -- the procedure, I guess --  
12 because I'm not used to that.

13 And so there were times -- after I got the  
14 copy of the deposition I read it and I realized  
15 there were a good number of questions that I would  
16 like to have asked that was pertinent to the two  
17 visits, March 15th of 2018 and March 16th, 2018 that  
18 I feel that the deposition would not suffice without  
19 the actual live testimony of the main plaintiffs  
20 here, and without me being able to cross-examine  
21 them with particulars.

22 THE COURT: Okay. Is that all you would like  
23 to offer regarding --

24 DR. IM: For Mr. and Mrs. K.K.?

25 THE COURT: Yes.

1 DR. IM: Yes. The questions, I can't ask  
2 right now, so... But I do have a question for the  
3 witness when we get to that.

4 THE COURT: Okay. Ms. Edwards, would you  
5 like to respond?

6 MS. EDWARDS: Thank you, Your Honor.

7 During the deposition respondent asked  
8 several questions, we did object multiple times on  
9 the record, but we do believe that our objections  
10 were appropriate. There were several asked and  
11 answered questions, the respondent did say he chose  
12 not to continue asking those questions during the  
13 deposition. A lot of critical issues did come out  
14 in the questioning. And we feel that a lot of the  
15 information on his cross-examination did come out.  
16 We understand that he may have additional questions,  
17 but at no time was he limited from not asking those  
18 questions during deposition.

19 Our direct examination of both witnesses was  
20 roughly 30 minutes per witness and his  
21 cross-examination was over an hour, I believe, for  
22 each one. So we did give him leeway and yes, Your  
23 Honor, we did object appropriately as we intended to  
24 offer these in lieu of live, but we do feel that he  
25 had sufficient time to cross-examine each witness as

1 it related to those issues directly related to the  
2 case.

3 Again, this is a very straightforward issue,  
4 there's not a lot of facts in dispute. It's whether  
5 or not they received risks -- counseling on risks or  
6 alternatives to the medications prescribed, and  
7 those issues were addressed during both depositions.

8 Further, it sounds based on what he's saying  
9 today in the prior motions. There were issue with  
10 J.K., it's more so K.K. So we would ask that J.K.'s  
11 be accepted. If you are going to consider not  
12 accepting both, we would ask that at least J.K.'s be  
13 accepted, and that if we need to we can accept K.K.  
14 and maybe limit questioning, if he feels like they  
15 are absolutely relevant questions and Your Honor  
16 believes he needs to ask a few more that we would  
17 limit the question to a very limited number of  
18 cross-examination questions.

19 THE COURT: Okay.

20 DR. IM: May I ask a question, or --

21 THE COURT: Well, first, let me ask you this  
22 question: Do you have any objection to using J.K.'s  
23 deposition being accepted in lieu of live testimony?

24 DR. IM: Procedure-wise, my question would  
25 be: If it gets accepted I don't get to

1 cross-examine.

2 THE COURT: J.K.

3 DR. IM: Mr. J.K.

4 THE COURT: Right.

5 DR. IM: If I don't get to cross-examine  
6 Mr. J.K., then whatever was in the deposition,  
7 written form, would be submitted as evidence? I do  
8 not have a problem with that, if that's the  
9 question.

10 But my issue here would be she states that I  
11 had an opportunity to ask most of my questions, but  
12 she never got to see my questions or read my  
13 questions ahead of time. And there were many times  
14 where she was leading, in my opinion. The  
15 leading -- leading of the plaintiff, of both J.K.  
16 and K.K., I got the impression that not only through  
17 the objections but through -- Mrs. K.K. especially  
18 refused to answer a good number of questions, and  
19 Ms. Edwards never intervened to try to ask her to  
20 answer.

21 So there were questions that I was going to  
22 ask her today in front of you, Your Honor, where I  
23 thought maybe she would be able to -- or she would  
24 be ordered or directed to answer those questions  
25 that were pertinent to the case, which is her word

1 versus my word in many ways.

2 THE COURT: Okay.

3 So if I understand you correctly, you would  
4 have no objection to the admission of  
5 Patient J.K.'s testimony in lieu of live testimony.  
6 Is that correct?

7 DR. IM: That's correct.

8 THE COURT: And I do understand your concerns  
9 regarding Patient J.K.'s testimony. And based on  
10 your concerns and my review of the transcript, it  
11 would be most appropriate for Patient J.K. to  
12 present testimony today, as live as possible due to,  
13 of course, it's by phone, which I did permit --  
14 excuse me -- I did permit Patient K.K. to appear by  
15 telephone.

16 So with that said, Patient J.K.'s deposition  
17 in lieu of live testimony will be admitted into  
18 evidence.

19 And as it relates to Patient K.K., I do  
20 understand that K.K. is in Wisconsin, that's a  
21 distance over a hundred miles, and that's a hundred  
22 miles -- over a hundred miles from the location of  
23 this hearing. And that they will not be returning  
24 to this location, this area in The Villages, until  
25 January.

1           But one of the concerns that I saw in the --  
2           rather with the motion, also with the arguments  
3           presented by Dr. Im, and then from my review of the  
4           transcript that it did appear that Dr. Im may have  
5           had some questions that he would have wanted to ask  
6           the witness, albeit this is not his chosen field.  
7           And so we do understand that Dr. Im is proceeding  
8           pro se. However, there are still some questions  
9           that seemed to me, and based on his argument seems  
10          to me specifically regarding the deposition  
11          transcript, and based on his argument that there are  
12          questions that he would have wanted to ask the  
13          witness.

14                 So I'll point out specifically there are  
15          areas where the witness declined to answer, there  
16          were numerous questions on the basis of objection  
17          raised by the Department's counsel, which appeared  
18          based on the transcript impacted and had influence  
19          on the witness' desire to answer certain questions,  
20          and potentially influence her ability to --  
21          influence the respondent's ability to obtain the  
22          answers to those questions.

23                 Now, I don't believe that Department's  
24          counsel had any intent to do such a thing, I don't  
25          think that there was bad faith in the objections,

1 their objections were objections to form. While  
2 some of those objections did get very close to the  
3 line of causing some interference, it did not cross  
4 that line of bad faith and rise to the level where  
5 sanctions would be appropriate.

6 But with that said, based on the arguments  
7 from the respondent, it is reasonable to have the  
8 witnesses' live testimony so that the respondent is  
9 able to ask questions that it deems necessary to  
10 defend the allegations against him.

11 With that said, motion for sanctions is  
12 denied. But the deposition in lieu of live  
13 testimony will not be accepted today, we will hear  
14 the live testimony of Patient K.K.

15 MS. EDWARDS: Thank you, Your Honor.

16 So to clarify, if K.K. is not going to come  
17 in at all in deposition then we are able to question  
18 her live today?

19 THE COURT: Correct.

20 MS. EDWARDS: Thank you, Your Honor.

21 And for the deposition of J.K., can we go  
22 ahead and enter that into evidence as Petitioner's  
23 Exhibit 1?

24 THE COURT: It's been admitted, but we'll  
25 mark it as Petitioner's Exhibit 1.

1 MS. EDWARDS: Thank you. Just for  
2 clarification on the record.

3 (Petitioner's Exhibit No. 1 received in  
4 evidence.)

5 MS. EDWARDS: One more question, are we  
6 entering the transcript alone, or would you like the  
7 associated video, as well?

8 THE COURT: If the video is a part of the  
9 entire transcript, then both should be in. So both  
10 should be in.

11 MS. EDWARDS: We have the videos as well.  
12 Doctor, did you receive those in the mail?

13 DR. IM: Yes, I did.

14 MS. EDWARDS: Your Honor, if I may approach  
15 and provide those.

16 THE COURT: Yes, that's fine. Thank you very  
17 much.

18 MS. EDWARDS: Your Honor, if we may.

19 THE COURT: Yes.

20 MS. EDWARDS: I know that the deposition for  
21 K.K. is not coming in based on your ruling. We  
22 would like to proffer it just for the record.

23 THE COURT: Okay. The written transcript as  
24 well as the video?

25 MS. EDWARDS: Yes, Your Honor.

1 THE COURT: Okay.

2 MS. EDWARDS: Thank you.

3 THE COURT: Now, if K.K. testifies -- are you  
4 still asking for K.K. to testify? Or are you asking  
5 that that not be the case and you just proffer?

6 MS. EDWARDS: Can I have one moment to think  
7 about that?

8 THE COURT: Yes. You can go ahead.

9 While you're thinking about that, I'm just  
10 going to quickly streamline the record. Regarding  
11 Petitioner's Exhibit 1, that's the deposition  
12 transcript and video of Patient J.K., and as it  
13 relates to that particular exhibit it is admitted  
14 with no objection. Is that correct?

15 DR. IM: No objection.

16 THE COURT: Thank you.

17 MS. EDWARDS: Thank you, Your Honor. At this  
18 time we would not like to proffer. If for some  
19 reason K.K. is not available to testify at that time  
20 we'll address that issue, if that is okay with the  
21 Court.

22 THE COURT: Perfect. Absolutely.

23 MS. EDWARDS: Thank you very much,  
24 Your Honor.

25 THE COURT: No, thank you.

1           Dr. Im, I just want to make sure I clarify  
2           how this will work as it relates to Patient K.K.  
3           The reason the depositions are not being accepted at  
4           this time is because there's a question as to  
5           whether you were able to fully develop the testimony  
6           of Patient K.K., which is important, of course,  
7           through this proceeding as she is a named witness  
8           and pretty much at the center of the interaction  
9           between yourself and as it related to the treatment  
10          provided to Patient J.K. So it is reasonable to  
11          have her witness live, and -- so that you can  
12          develop that testimony. But that is the only reason  
13          that it's being -- that she will be testifying live,  
14          to develop that testimony as it relates to the  
15          treatment at issue today.

16                 So we have addressed the motion for sanctions  
17                 and depositions in lieu -- as it relates to the  
18                 deposition in lieu of live testimony.

19                 I know that there's a motion for official  
20                 recognition pending. Dr. Im, do you have any  
21                 objections to that motion for official recognition?

22                 DR. IM: No, I do not.

23                 THE COURT: Okay. I will point out that the  
24                 motion for official recognition, of course, is  
25                 pretty standard as it relates to the Uniform Rules

1 and Rules of Evidence. I'll point out that the  
2 disciplinary guidelines that would apply in this  
3 case would be the guidelines that were in existence  
4 at the time in which the incident occurred, which  
5 was March 16th of -- is it 2017 or 2018?

6 MS. EDWARDS: 2018.

7 THE COURT: With that said, it would be the  
8 disciplinary guidelines that were in effect at that  
9 time. The copy that was attached to the motion was  
10 for August of 2018, and so the -- of course the  
11 disciplinary guidelines that were in effect at the  
12 time, those would be the ones that were officially  
13 recognized, and I believe those are from a different  
14 date. So the disciplinary guidelines that apply in  
15 this case are officially recognized. But, of  
16 course, the ones that were attached to the motion  
17 were not the correct -- they weren't the most  
18 updated guidelines.

19 MS. EDWARDS: Thank you.

20 THE COURT: So that motion is granted with a  
21 modification that they would be the guidelines that  
22 were in effect.

23 Are there any other preliminary matters that  
24 we need to address before we begin?

25 MS. EDWARDS: Yes, Your Honor, just one more.

1 If patient has allegations to maintain  
2 confidentiality, we would like to refer to the  
3 patient and the wife, because the wife is -- has the  
4 same last name -- as their initials. And we would  
5 ask that the Court's permission for the  
6 court reporter to redact if anyone uses their name.

7 Further, there were some exhibits submitted  
8 by the respondent that were not redacted, and we ask  
9 that they either be maintained for confidentiality  
10 or that redacted copies be provided after the trial  
11 to be attached to a copy of the transcript.

12 THE COURT: Okay. Thank you very much.

13 Madam Court Reporter, did you hear all that?

14 THE REPORTER: I did.

15 THE COURT: It's possible that the patient  
16 will say her name, and we'll try to refrain from  
17 using her name, and most of the time we'll refer to  
18 K.K., so hopefully that won't get too confusing.

19 All right. Anything else that we need to  
20 address, Dr. Im?

21 DR. IM: Not at this time.

22 THE COURT: All right. Would either party  
23 wish to make an opening statement?

24 MS. EDWARDS: Yes, Your Honor, just a brief  
25 one.

1 THE COURT: You may go ahead.

2 OPENING

3 MS. EDWARDS: Thank you, Your Honor. May it  
4 please the Court.

5 Your Honor, we are here today because the  
6 Department filed a one-count administrative  
7 complaint against Dr. Im. The complaint alleges  
8 respondent violated section 459.015(1)(x) Florida  
9 Statutes by committing medical malpractice, by  
10 failing to meet the prevailing professional standard  
11 of care in his care and treatment of Patient J.K.

12 Many of the facts alleged in the  
13 administrative complaint are not in dispute today.

14 The respondent's facility provided treatment  
15 to Patient J.K. over a two-day period. And  
16 Patient J.K. was currently prescribed Tikosyn, also  
17 known as dofetilide. Based on his diagnosis of  
18 March 16th, 2018 respondent prescribed Patient J.K.  
19 Levaquin.

20 The facts that are in dispute are whether  
21 respondent failed to counsel Patient J.K. on the  
22 risks of or alternatives to using Levaquin in  
23 conjunction with Tikosyn, two medications that are  
24 contraindicated, and; whether a reasonably prudent  
25 osteopathic physician would have provided the risks

1 or alternative to Patient J.K.

2 The evidence will demonstrate that K.K.,  
3 Patient J.K.'s wife attempted to get alternatives to  
4 the Levaquin from respondent after she was advised  
5 by both the Publix pharmacy and the Madison  
6 Wisconsin VA not to take the medications as they  
7 were contraindicated, but no alternatives were  
8 provided.

9 The Department believes that it will prove  
10 the allegations to the administrative complaint by  
11 clear and convincing evidence.

12 Thank you very much.

13 THE COURT: Thank you.

14 Dr. Im, would you like to make an opening  
15 statement at this time?

16 DR. IM: Sure, I didn't have one  
17 prepared but -- mine won't sound as formal.

18 THE COURT: That's fine. Trust me, we're  
19 pretty informal here.

20 DR. IM: I think the issue here is the  
21 Department of Health has the burden of proof. There  
22 are two main areas of contradictions between myself  
23 and Mrs. K.K. I did -- clearly I have a protocol  
24 that I follow -- I've been practicing medicine since  
25 2002, post-residency emergency medicine from 1999 to

1 2002.

2 I was trained well and to follow the protocol  
3 to document correctly when there are addendums after  
4 official reports, et cetera, lab results, go over  
5 everything with the patient, and never break the  
6 protocol.

7 And when you have a difficult patient or a  
8 patient's family member, especially -- especially  
9 when I was doing pediatric emergency medicine in  
10 St. Joseph's in the past in New Jersey, I was  
11 trained very well to understand sometimes it's not  
12 the patient but it's going to be the patient's  
13 family.

14 When I realized that a patient's wife was  
15 going to be challenging in the room on the 16th,  
16 March 16th -- it was after the fact that me going  
17 over everything with the patient, Mr. J.K. And her  
18 final question when I said, are there any questions,  
19 I usually turn to the significant other after I go  
20 over everything with the patient, because my  
21 relationship -- the doctor/patient relationship is  
22 with the patient first and foremost. And I always  
23 allow significant others, I always ask, how are you  
24 related to the patient? If they're not within the  
25 primary family sometimes I will ask them to step out

1 as I go over very -- sometimes very serious and very  
2 lots of times bad news.

3 So during my resident training there was a  
4 lot of medical/legal aspects that we were taught  
5 during our training years. And so my opening  
6 statement would be the Department of Health has two  
7 things that they need to prove today, which is that  
8 I did not go over the results -- I'm sorry. I did  
9 not go over the benefits and risks of using Levaquin  
10 with Tikosyn. And, two, that I fell below the  
11 standard of care for other physicians in my  
12 specialty, I think that's what Dr. Anthony Davis,  
13 their expert witness. I think after today, I  
14 hopefully get to cross-examine Mrs. K.K. After I  
15 get to cross-examine the expert witness I think it  
16 will be clear, Your Honor, that I not only met the  
17 standard, but I went above and beyond the standard  
18 of care in explaining both the risks.

19 And then when Mrs. K.K. was upset and asked  
20 for an alternative, I explained to her why the  
21 alternatives would not be safe. And that the  
22 alternatives would not cover the bacteria -- the  
23 bacterias that's in question based on the CT  
24 findings.

25 So that would be my opening statement.

1 THE COURT: Thank you.

2 Department, are you ready to present your  
3 first witness?

4 MS. EDWARDS: Your Honor, we would like to  
5 enter some exhibits prior to calling the first  
6 witness, if that's all right with the Court.

7 THE COURT: Okay. Are those exhibits in the  
8 notebook that you provided?

9 MS. EDWARDS: Yes, Your Honor.

10 THE COURT: And Dr. Im has a copy?

11 MS. EDWARDS: Yes, Your Honor.

12 THE COURT: Okay. You can begin with the  
13 exhibits you'd like to offer.

14 MS. EDWARDS: At this time the Department  
15 would like to offer Petitioner's proposed Exhibit A,  
16 the patient records for Patient J.K. for the two-day  
17 treatment period at Exceptional Urgent Care into  
18 evidence as Petitioner's Exhibit 1.

19 THE COURT: Okay.

20 MS. EDWARDS: Those are found at tab one.

21 THE COURT: Dr. Im, do you have any  
22 objections?

23 DR. IM: Tab one, let me see... No  
24 objections, Your Honor.

25 THE COURT: Thank you.

1 MS. EDWARDS: I apologize, would that be  
2 Exhibit 2, as we already entered the depos as  
3 Exhibit 1? It would be -- tab one in our Exhibit A,  
4 but as we already entered the deposition as  
5 Exhibit 1, would this be Exhibit 2, for the record?

6 THE COURT: So are you changing all of your  
7 exhibit numbers, or just want to go back to the  
8 number that you offered for J.K.? Or do we want to  
9 just change the number for J.K. back to the  
10 original?

11 MS. EDWARDS: We have J.K. as Exhibit E and F  
12 in the notebook, and we entered those together as  
13 Exhibit 1. So do we want to change the numbering  
14 and change them numerically from this point on as  
15 they're entered in? However Your Honor would  
16 prefer, whatever is the easiest for you.

17 THE COURT: Okay. So before I accept  
18 Exhibit 1, these records are hearsay, they -- are  
19 you offering a witness with which these records will  
20 come through?

21 MS. EDWARDS: Your Honor, we would like to --  
22 excuse me. The deposition of the respondent, which  
23 is Exhibit M, through his testimony, pages 20 and 23  
24 of that, he verified that these are business records  
25 that are kept in the ordinary conduct of the

1 business, therefore his testimony and admission on  
2 there would authenticate those records.

3 THE COURT: Okay. Dr. Im?

4 DR. IM: Yes, I have no objection to that.

5 THE COURT: Okay. So the patient records  
6 from the respondent -- that's pages one through  
7 nine.

8 MS. EDWARDS: Yes, Your Honor, of tab one.

9 THE COURT: -- are being offered as one  
10 exhibit?

11 MS. EDWARDS: Yes, Your Honor.

12 THE COURT: And then I also see directly  
13 after that another set of records.

14 MS. EDWARDS: Yes, Your Honor, that would be  
15 a separate -- those were -- if you'd like me to  
16 clarify. Those were records that were provided to  
17 us from the patient, and some slight differences  
18 between the two, that's why we have them as two  
19 separate exhibits. But the first one is the one  
20 that was authenticated in full by the respondent  
21 during his deposition testimony.

22 DR. IM: I'm a little confused. Are you  
23 saying --

24 THE COURT: Just a second, Dr. Im.

25 DR. IM: I'm sorry.

1           THE COURT:  If you could clarify why we're  
2 offering two different sets of records and there's  
3 not a fraud allegation.

4           MS. EDWARDS:  Based on the second set of  
5 records there was some differences in the diagnosis  
6 code listed between one and two, which may have an  
7 effect on the medications prescribed.  But the  
8 Department had that in there as the records that the  
9 patient had seen and received, and those were the  
10 records that they used to refer to as those are the  
11 records they had seen, but the tab one of the  
12 records that were provided from the respondent and  
13 verified by the respondent during his deposition.  
14 So those are the ones that we're entering at this  
15 time.

16           We had the second ones, as well.  Again, very  
17 minor differences.  Purely just the diagnosis code  
18 and the signatures are the only differences between  
19 the two sets of records.

20           So the Department would not be opposed to the  
21 second set not coming in at this time.

22           THE COURT:  Okay.

23           MS. EDWARDS:  Just looking to enter the first  
24 set.

25           THE COURT:  Okay.  So the patient records

1 from the respondent are Exceptional Urgent Care  
2 Center, pages one through nine, are admitted as  
3 Exhibit 2. That's Petitioner's Exhibit 2.

4 MS. EDWARDS: Thank you.

5 (Petitioner's Exhibit No. 2 received in  
6 evidence.)

7 THE COURT: And the next exhibit you would  
8 like to offer, Department?

9 MS. EDWARDS: We would like to offer in  
10 Exhibit G, Petitioner's proposed Exhibit G. That is  
11 in tab six -- sorry, tab seven. This is a business  
12 record from the Publix pharmacy. We would like to  
13 enter this into evidence as Petitioner's Exhibit 3.

14 THE COURT: Dr. Im, do you have any  
15 objections?

16 DR. IM: No, I've seen those. I have copies  
17 of those. No objection.

18 THE COURT: Okay. The records from Publix  
19 are admitted as Exhibit No. 3.

20 (Petitioner's Exhibit No. 3 received in  
21 evidence.)

22 DR. IM: Maybe I should bring to your  
23 attention. The pharmacist that's in question, there  
24 was a deposition set up for her -- she's not listed  
25 as a witness today, but she did not show up to the

1 deposition. I don't know if you were aware of that,  
2 since we're talking about Publix pharmacy. I was  
3 able to trace down the name of the pharmacist,  
4 Ms. Virginia Edwards set up a deposition for the  
5 pharmacist and she was a no-show.

6 THE COURT: That's noted for the record and I  
7 will take that into consideration when considering  
8 this particular exhibit, and that is Exhibit No. 3.

9 Now, there are two sets of records for  
10 Publix.

11 MS. EDWARDS: Yes, Your Honor. We would like  
12 to go ahead and enter -- Petitioner's proposed  
13 Exhibit H, which is a business record that came  
14 separate from Publix certified as -- these are notes  
15 from the pharmacy section. Again, it's a properly  
16 authenticated business record under 90.803(6), into  
17 evidence as Petitioner's Exhibit 4. That is tab  
18 eight, Dr. Im.

19 DR. IM: Tab eight?

20 MS. EDWARDS: Yes, sir.

21 THE REPORTER: Eight or A?

22 MS. EDWARDS: Eight.

23 DR. IM: Eight. Sorry. No objections,  
24 Your Honor.

25 THE COURT: Okay. Exhibit 4 is admitted at

1 this time.

2 (Petitioner's Exhibit No. 4 received in  
3 evidence.)

4 THE COURT: Any other exhibits, Ms. Edwards?

5 MS. EDWARDS: Yes, Your Honor. The  
6 Department would like to offer Petitioner's proposed  
7 Exhibit I as a business record from the Wisconsin VA  
8 into evidence as Petitioner's Exhibit 5. And this  
9 is also authenticated under 90.803 as well as  
10 90.802, which was noted in the notice of intent to  
11 admit business records.

12 THE COURT: Just one moment.

13 Just very quickly, regarding the exhibits  
14 that are being offered, specifically the records,  
15 the patient's name is redacted which, of course, I  
16 understand that relates to the record being -- or in  
17 the event that there's a public records request.  
18 However, I can't verify that this is indeed the  
19 patient with regard to.

20 MS. EDWARDS: Yes, Your Honor, I have  
21 original copies, as well, if the Court would like to  
22 review, we wanted to redact to maintain patient  
23 confidentiality. If you would like, I have the  
24 originals if you would like me to approach to  
25 verify.

1 THE COURT: Yes, ma'am.

2 MS. EDWARDS: Just a moment. Let me get them  
3 out.

4 Would you prefer I show Dr. Im and then  
5 approach? Or would you like to see them?

6 THE COURT: The appropriate thing would be to  
7 show Dr. Im before you show me.

8 DR. IM: No problem.

9 MS. EDWARDS: May I approach, Your Honor?

10 THE COURT: Yes.

11 MS. EDWARDS: These are all of them.

12 THE COURT: Thank you.

13 Ms. Edwards, on the screenshot of the  
14 pharmacy notes, can you show me where it shows that  
15 this relates to Patient J.K.?

16 MS. EDWARDS: Yes, Your Honor. May I  
17 approach?

18 THE COURT: Yes.

19 MS. EDWARDS: It looks like it's cut off,  
20 unfortunately. Unfortunately the second page  
21 doesn't show it, only the first page shows it, and  
22 this was the original document that I received from  
23 Publix with the name on the front. The respondent  
24 is -- has a copy of this, as well. It's not a clear  
25 copy, but that copy is the same as this and it has a

1 name up here. It appears to have been cut off on  
2 this copy that Publix sent to us.

3 THE COURT: When you say up here you're  
4 referring to the top corner of the screenshot?

5 MS. EDWARDS: Yes, Your Honor.

6 THE COURT: So for now, based on the fact  
7 that I don't see anything on this, what you  
8 provided, the screenshot that you provided that  
9 shows that it relates to Patient J.K., I can't admit  
10 it at this time because it's not clear that it's  
11 related to this proceeding, or even the patient in  
12 this case. However, you know, depending on what  
13 Dr. Im offers, of course we can address that at this  
14 time. But as it relates to this particular exhibit  
15 that I have in front of me I'm going to -- I can't  
16 admit it because it doesn't have anything related to  
17 this witness, to that particular patient.

18 MS. EDWARDS: May I take a look one more  
19 time, Your Honor?

20 THE COURT: And without that I wouldn't be  
21 able to admit it because it wouldn't be relevant to  
22 these proceedings.

23 MS. EDWARDS: I'm showing the judge a copy of  
24 the redacted one. See up here where we have it  
25 redacted. This is a copy that we mailed -- right

1 here (indicating), I can barely see it. If you look  
2 right here, his name's half cut off, but that's  
3 where his name is. I apologize, it's very difficult  
4 to read.

5 THE COURT: I understand. And I know you  
6 would like this to come in, but it's just not clear.  
7 It's not a clear record of -- showing that it is for  
8 Patient J.K., so I can't admit this at this time.  
9 If you do have a better copy of it or something that  
10 specifically states it is for the patient, that  
11 would be different. But based on what I have before  
12 me I can't admit it because, again, there's no  
13 indication that it relates to Patient J.K., and as a  
14 result there's no indication that it's relevant to  
15 this case.

16 Of course, the potential that it is related  
17 to a different patient would be, of course, a  
18 concern, as well.

19 So I'm going to exclude the pharmacy notes.

20 MS. EDWARDS: Your Honor, if we may, may I  
21 proffer that exhibit?

22 THE COURT: Yes, you may proffer the exhibit.

23 MS. EDWARDS: Thank you, Your Honor.

24 THE COURT: Subject to all of the concerns  
25 related to this particular exhibit and even the

1 potential that it's related to another patient that  
2 is not at issue in this proceeding.

3 MS. EDWARDS: Thank you.

4 THE COURT: Going to give you the other  
5 original copies that you gave me.

6 DR. IM: Your Honor, I have a procedural  
7 question.

8 THE COURT: Yes.

9 DR. IM: She said proffer, can you explain  
10 that in English?

11 THE COURT: It's not admitted into evidence,  
12 but they can proffer it for potentially appellate  
13 purposes. But as far as this proceeding I will not  
14 consider it. It's as if it did not exist for my  
15 consideration, if that helps.

16 DR. IM: Yes, it does.

17 THE COURT: Okay. Sorry, Ms. Edwards, I'll  
18 give you this copy back, too.

19 Any other exhibits that you would like to  
20 offer?

21 MS. EDWARDS: Was the Veterans Affairs, was  
22 that accepted in, Your Honor?

23 THE COURT: No, it has not been. You're  
24 showing me a copy with the unredacted?

25 MS. EDWARDS: Yes. Did you need to see it

1 again?

2 DR. IM: No, I don't.

3 THE COURT: Dr. Im, did I ask you if you  
4 objected to that cardiology note as Petitioner's  
5 Exhibit 5?

6 DR. IM: No objection, Your Honor.

7 THE COURT: Okay. Petitioner's Exhibit 5 is  
8 admitted.

9 (Petitioner's Exhibit No. 5 received in  
10 evidence.)

11 THE COURT: Any other exhibits?

12 MS. EDWARDS: Yes, Your Honor. We would like  
13 to offer proposed Exhibit K, which is tab 11. This  
14 is the respondent's completed interrogatories, and  
15 enter those as admission by party opponent as  
16 Petitioner's Exhibit 6.

17 THE COURT: Dr. Im, any objection?

18 MS. EDWARDS: Tab 11.

19 DR. IM: No objection.

20 THE COURT: Okay. Petitioner's Exhibit 6 is  
21 admitted.

22 (Petitioner's Exhibit No. 6 received in  
23 evidence.)

24 THE COURT: Ms. Edwards, any other exhibits?

25 MS. EDWARDS: Yes, Your Honor. The

1 Department would like to offer Petitioner's proposed  
2 Exhibit K, which is the respondent's completed  
3 admissions, as admission by a party opponent into  
4 evidence as Petitioner's Exhibit 7. Sorry, L. And  
5 that is at tab 12.

6 THE COURT: Is there a reason that there are  
7 exhibits marked with alphanumeric characters and  
8 then there are tabs that are different?

9 MS. EDWARDS: Unfortunately, Your Honor,  
10 there's -- in full disclosure, we ran out of  
11 lettering tabs and I believe that's what happened  
12 there.

13 THE COURT: Okay.

14 MS. EDWARDS: Just to be very forthright with  
15 the Court.

16 THE COURT: That's fine. It probably would  
17 be a little less confusing for everyone if it were  
18 all consistent, but we can work with it. I just  
19 wondered why.

20 MS. EDWARDS: I think it was printed prior to  
21 the tabs, we ran out of the alphabet --

22 THE COURT: Understood. Any objections?

23 DR. IM: No objection.

24 THE COURT: Okay. So Petitioner's Exhibit  
25 No. 7 is admitted.

1 (Petitioner's Exhibit No. 7 received in  
2 evidence.)

3 THE COURT: Any other exhibits, Ms. Edwards?

4 MS. EDWARDS: Yes. In tab 13, the Department  
5 would like to offer Petitioner's proposed Exhibit M,  
6 the respondent's deposition, as admission by party  
7 opponent as Exhibit No. 8.

8 THE REPORTER: M or N?

9 MS. EDWARDS: It is proposed Exhibit M.  
10 Thank you.

11 THE COURT: Let's do this, because I think  
12 this record is going to -- we want to make it as  
13 clear as possible.

14 MS. EDWARDS: Yes. I apologize.

15 THE COURT: Of course when everyone has to  
16 review it, at least for the, you know, the PROs and  
17 the like. So instead of referring to what the  
18 Department has marked as the exhibit, you can just  
19 indicate what you propose the exhibit to be. So if  
20 this is proposed Exhibit 8, just refer to it  
21 proposed Exhibit 8 at tab 13. Is that right?

22 MS. EDWARDS: Yes, Your Honor.

23 THE COURT: Okay. Dr. Im?

24 DR. IM: No objection.

25 THE COURT: So Petitioner's Exhibit 8 is

1 admitted.

2 (Petitioner's Exhibit No. 8 received in  
3 evidence.)

4 THE COURT: All right. Any other exhibits?

5 MS. EDWARDS: That is all the exhibits we  
6 have for now, Your Honor.

7 THE COURT: Thank you very much.

8 Dr. Im, we'll wait until your case in chief  
9 to address your exhibits. Is that fair?

10 DR. IM: That's fair.

11 THE COURT: Okay. Ms. Edwards, would you  
12 like to call your first witness?

13 MS. EDWARDS: Yes, Your Honor. We would like  
14 to call Dr. Anthony Davis to the stand, please.

15 THE COURT: Okay. Dr. Davis, if you can come  
16 forward. There's a chair that way to the left of  
17 the court reporter. There should be a microphone  
18 there, so you can pull it down so she can hear you.

19 THE WITNESS: Okay.

20 THE COURT: Raise your right hand, please.

21 Whereupon,

22 ANTHONY J. DAVIS, D.O.,  
23 a witness herein, having been first duly sworn,  
24 was examined and testified as follows:

25 THE WITNESS: Yes, I do.

1 THE COURT: Did you hear that?

2 THE REPORTER: Yes.

3 THE COURT: Thank you. Can you please state  
4 your full name and spell it for the record.

5 THE WITNESS: Anthony Jerome Davis,  
6 A-N-T-H-O-N-Y, middle initial J, D-A-V-I-S, D.O.

7 THE COURT: Thank you. Ms. Edwards?

8 DIRECT EXAMINATION

9 BY MS. EDWARDS:

10 Q. Hello, Dr. Davis.

11 A. Good morning.

12 Q. Good morning. What is your current  
13 profession?

14 A. I'm an emergency medicine physician.

15 Q. Are you licensed in the state of Florida?

16 A. Yes, I am.

17 Q. Do you know your license number?

18 A. 106461, I believe. I can tell you. Missouri  
19 and Florida. OS6986.

20 Q. And how long have you been licensed in  
21 Florida?

22 A. Since 1994, I believe.

23 Q. Have you ever had a lapse in licensure?

24 A. No, I have not.

25 Q. Have you ever been disciplined?

1 A. No, I have not.

2 Q. Are you licensed in any other states?

3 A. Licensed in Missouri.

4 Q. How long were you licensed in Missouri?

5 A. Since 1994.

6 Q. Have you ever been disciplined in Missouri?

7 A. No.

8 Q. Have you ever had any lapse in license in  
9 Missouri?

10 A. No, I've not.

11 Q. And are there any other states where you have  
12 licenses?

13 A. No, ma'am.

14 Q. I would like to turn your attention,  
15 everyone's attention to tab ten.

16 MS. EDWARDS: May I approach the witness?

17 THE COURT: Yes.

18 BY MS. EDWARDS:

19 Q. I have a copy of your CV, and I would like to  
20 direct everyone's attention to tab N.

21 Dr. Davis, would you please review the CV.

22 A. Looks accurate. That is my CV.

23 Q. Was this CV authored by you?

24 A. Yes, ma'am.

25 Q. Does the CV detail your background, education,

1 training and experience in the practice of osteopathic  
2 medicine?

3 A. Correct. It does.

4 Q. Is it a true and accurate copy?

5 A. Yes, it is.

6 MS. EDWARDS: At this time, Your Honor, I  
7 would like to offer Petitioner's proposed Exhibit 9,  
8 Dr. Davis's curriculum vitae, into the record as  
9 Petitioner's Exhibit 9.

10 DR. IM: No objection.

11 THE COURT: Petitioner's Exhibit 9 is  
12 admitted.

13 (Petitioner's Exhibit No. 9 received in  
14 evidence.)

15 BY MS. EDWARDS:

16 Q. Thank you. I would like to go through your  
17 educational background, Dr. Davis.

18 Where did you go to undergrad?

19 A. Northeast Missouri State University.

20 Q. When did you graduated?

21 A. I graduated with my bachelor's in biology in  
22 '87.

23 Q. After that did you go to graduate school?

24 A. I did. Time in graduate school was exercise  
25 physiology.

1 Q. Did you graduate?

2 A. I did not because I started medical school.

3 Q. Where did you go to medical school?

4 A. Kirksville College of Osteopathic Medicine.

5 Q. When did you start medical school? What year?

6 A. 1989.

7 Q. Did you graduate from medical school?

8 A. I did, in 1993.

9 Q. Did you obtain your degree?

10 A. Yes, I did.

11 Q. After medical school did you have any  
12 internships?

13 A. I did an internship and training program at  
14 Peninsula Medical Center.

15 Q. How long was that?

16 A. One year.

17 Q. Do you have any other training?

18 A. With --

19 Q. After medical school, any other training --

20 A. Any formal direct training, such as  
21 fellowships, no. Other than ATLS and advanced courses.

22 Q. What is ATLS?

23 A. Advanced Trauma Life Support.

24 Q. Now moving to your work experience.

25 After medical school where did you first work?

1           A.     Missouri, Texas County Memorial, which was a  
2 rural hospital.

3           Q.     How long were you there?

4           A.     Around 18 months.

5           Q.     What type of practice was that?

6           A.     Emergency medicine.

7           Q.     Where did you work next?

8           A.     Came back to Florida and went to Peninsula  
9 Medical Center, which is where I trained. And worked --  
10 had an office which was primary care, urgent care and  
11 worked the ER.

12          Q.     How long were you there?

13          A.     From '95 until 2013.

14          Q.     Did you work full time?

15          A.     Yes.

16          Q.     After the Peninsula Medical Center, where did  
17 you work next?

18          A.     Just like emergency medicine, we do bounce  
19 around some. So that hospital went through six  
20 cylinders.

21                   And then I did split time between -- that was  
22 Peninsula, then Columbia, then Memorial System, all the  
23 same -- two campuses. Then went to New Smyrna Beach,  
24 Florida.

25          Q.     Where did you work in New Smyrna?

1 A. At the Bert Fish Medical Center.

2 Q. How long were you there?

3 A. Three years, from 2004 until 2007.

4 Q. Were you full time?

5 A. Yes, ma'am.

6 Q. Where did you work after that?

7 A. Then I was back -- I split time between the  
8 Memorial Florida Hospital, which was the Memorial  
9 campus, and started part time over on the coast at  
10 St. Pete, Edward White Hospital.

11 Q. What were your duties at the St. Pete Edward  
12 White Hospital?

13 A. Emergency medicine.

14 Q. How long did you work there?

15 A. Until the hospital closed, November 2014.

16 Q. Okay. Where did you work after that?

17 A. I worked there in South Bay Hospital, actually  
18 been at South Bay since 2010. So I split time between  
19 those.

20 Q. What were your duties at South Bay Hospital?

21 A. Emergency medicine.

22 Q. How long did you work at South Bay?

23 A. From 2010 until 2019.

24 Q. At South Bay what kind of conditions did you  
25 treat?

1           A.     It was emergency medicine.  And everything  
2 from pediatrics to trauma.

3           Q.     Did you see walk-in patients?

4           A.     We saw walk-in patients, we see ambulance.  
5 Regular emergency department.

6           Q.     During that time did you treat patients with  
7 conditions such as the flu?

8           A.     Yes, ma'am.

9           Q.     How about bronchitis?

10          A.     Yes, ma'am.

11          Q.     And pneumonia?

12          A.     Correct.

13          Q.     Did you see patients during that time  
14 prescribed Tikosyn, also known as dofetilide?

15          A.     Correct.

16          Q.     During that time did you ever prescribe  
17 Levaquin, or levofloxacin?

18          A.     To any patient?  Clarification.

19          Q.     Levofloxacin.  Yes, any patient.

20          A.     Have I ever prescribed that medication?  Yes,  
21 ma'am.

22          Q.     Do you prescribe any alternatives to that?

23          A.     I do.

24          Q.     Is that still your -- is that still your  
25 current job at South Bay?

1           A.     I went -- I was part time at the VA, from 2011  
2 till present. And last January I went full time at the  
3 VA, of this year, and just resigned my privileges at  
4 South Bay in September.

5           Q.     So at the VA, what type of conditions do you  
6 treat there?

7           A.     It's a full-service ER, so all the things we  
8 just talked about. There's more patients on Tikosyn at  
9 the VA than at South Bay.

10          Q.     The VA, is that your current job?

11          A.     Yes, ma'am.

12          Q.     Do you hold any board certifications?

13          A.     I'm board certified in family practice through  
14 the AOA, American Board of Osteopathic Family  
15 Physicians. And I'm board certified in emergency  
16 medicine through AAPS, which is their board  
17 certification, emergency medicine.

18          Q.     And when did you first obtain board  
19 certification in family practice?

20          A.     It should say right here. Family medicine  
21 certified initially 2001.

22          Q.     What was required to become board certified in  
23 family medicine or family practice?

24          A.     So many years of experience, and I don't  
25 remember the exact details. But so many years of

1 experience and then I was able to sit for the boards.

2 Q. Are there any renewal requirements?

3 A. Yes. Mandatory CME and recertification every  
4 eight years.

5 Q. Have you had to renew?

6 A. I renewed in 2009 and 2016.

7 Q. Are your certifications still current?

8 A. Correct.

9 Q. Were there any lapses in the certification?

10 A. No.

11 Q. For emergency medicine, what was required to  
12 be board certified in that?

13 A. Since I missed the window for ABEM by a year,  
14 since they closed that grandfather clause, I went to  
15 board certification emergency medicine, and that  
16 certification required over 7,000, I believe, hours of  
17 ER experience, and case submissions, recommendations,  
18 and then sit for oral and written boards. And that I  
19 first certified July of 2003.

20 Q. Are there any renewal requirements?

21 A. Mandatory CME, as well. I renewed in that in  
22 2011 and just retook that board last month.

23 Q. Is that certification still current?

24 A. It is.

25 Q. Any lapses in your emergency medicine?

1 A. No, ma'am.

2 Q. Is emergency medicine is a nationally  
3 recognized specialty in the practice of --

4 A. Yes, it is.

5 Q. Is family practice a nationally recognized  
6 profession and practice in osteopathic medicine?

7 A. Yes, ma'am.

8 Q. You stated you currently work at the VA. What  
9 is your practice address?

10 A. 10000 Bay Pines Boulevard, St. Petersburg,  
11 Florida.

12 Q. In your current practice, do you maintain  
13 staff privileges at the hospital?

14 A. Yes.

15 Q. Do you maintain courtesy or staff privileges  
16 anywhere else at this point in time?

17 A. No.

18 Q. Did you maintain courtesy or staff privileges  
19 anywhere else in 2018?

20 A. South Bay. Yes, I was on staff at South Bay.

21 MS. EDWARDS: At this time, Your Honor, I  
22 would like to tender Dr. Davis as a medical expert  
23 in the area of emergency medicine and family  
24 medicine.

25 THE COURT: Dr. Im, any objections?

1 DR. IM: No objections.

2 THE COURT: So, Dr. Davis is accepted as an  
3 expert in family medicine and emergency medicine.

4 MS. EDWARDS: Thank you.

5 BY MS. EDWARDS:

6 Q. Now, turning to the current case in this  
7 matter.

8 Are you aware of who the respondent is in this  
9 case?

10 A. Yes.

11 Q. Do you know what his specialty is?

12 A. Emergency medicine.

13 Q. It's alleged that Patient J.K. presented to  
14 the respondent at Exceptional Urgent Care with symptoms  
15 associated with pneumonia.

16 Do you diagnose and treat patients with  
17 similar conditions?

18 A. Yes, I do.

19 Q. Did you diagnose and treat patients with  
20 similar conditions in 2018?

21 A. Yes, ma'am.

22 MS. EDWARDS: If I may approach. I would  
23 like to show Petitioner's Exhibit 2, patient's  
24 records from respondent.

25 THE COURT: Okay.

1 BY MS. EDWARDS:

2 Q. Dr. Davis, based on your review when was the  
3 first day Patient J.K. reported to Exceptional  
4 Urgent Care?

5 A. March 15th, 2018.

6 Q. What were Patient J.K.'s complaints up there?

7 A. Fever, sore throat.

8 Q. What medications was Patient J.K. prescribed  
9 at the time he reported to Exceptional Urgent Care?

10 A. First visit he was prescribed naproxen and  
11 Tamiflu.

12 Q. What was he prescribed prior to reporting to  
13 Exceptional Urgent Care?

14 A. His home medications included Amlodipine,  
15 dofetilide, Warfarin and Tamsulosin.

16 Q. Is dofetilide the same thing as Tikosyn?

17 A. Tikosyn. Correct.

18 Q. Based on your review of the records for  
19 Patient J.K., did Dr. Im see Patient J.K. on March 15th?

20 A. No, he did not.

21 Q. What testing was ordered for Patient J.K. on  
22 March 15th?

23 A. Patient had a flu swab and a strep screen and  
24 a chest X-ray.

25 Q. What were the results of those tests?

1           A.     Strep screen was documented as negative.  
2     Influenza screen was documented as negative.   Chest  
3     X-ray was documented as Chronic Obstructive Pulmonary  
4     Disease, and no focal pneumonia identified on X-ray.

5           Q.     Based on those testings when was the diagnosis  
6     given on March 15th?

7           A.     Chart documented fever and other physiologic  
8     disturbances of temperature regulation.

9           Q.     What was the treatment plan?

10          A.     On that first visit he was prescribed naproxen  
11     and Tamiflu.

12          Q.     Did that alleviate Patient J.K.'s symptoms?

13          A.     No, because the patient as instructed did come  
14     back the next day, but he did not fill the Tamiflu.

15          Q.     Okay.

16          A.     Because he said it was too expensive.

17          Q.     When the patient returned back the next day  
18     what were his complaints?

19          A.     Documented chief complaint of fever recheck,  
20     and that did not start the Tamiflu.   And he had a  
21     presumptive diagnosis in the complaint written as  
22     presumptive influenza.

23          Q.     Were there any changes to the home medications  
24     Patient J.K. indicated as being prescribed?

25          A.     I did update the record and put dofetilide and

1 added naproxen.

2 Q. When a patient is prescribed two -- multiple  
3 medications, does it affect the recommended treatment  
4 plan?

5 A. Can you clarify? Multiple medications, does  
6 it change the treatment plan?

7 Q. Yes. When you --

8 A. For drug interactions and potential  
9 interactions, yes, it does change the treatment plan.

10 Q. How does it change?

11 A. We need to consider what the underlying  
12 conditions are, the past medical history, existing  
13 medications and what we prescribe, how it will have an  
14 effect on the other medications the patient regularly  
15 takes.

16 Q. What are potential complications if the  
17 medications are not taken into consideration?

18 A. That's a huge list, so... Depending on the  
19 medicine it can have bleeding, you can have heart rhythm  
20 problems, you can have electrolyte issues. You can have  
21 a multitude of problems. It's a long list of  
22 potentials.

23 Q. And what is your basis for this opinion?

24 A. My common program I use is Epocrates and/or  
25 UpToDate for drug interactions and reference.

1 Q. And is Epocrates a persuasive source in the  
2 field of osteopathic medicine?

3 A. It's a standard prescription database with  
4 drug interactions for all practices of medicine.

5 Q. Thank you.

6 Now, back to the records. What test did  
7 Dr. Im order for Patient J.K. on March 16th?

8 A. The visit on the 16th, patient underwent a PT  
9 INR, since he was on Warfarin. And underwent a CT scan  
10 of the chest.

11 Q. And what were the results of those tests?

12 A. The INR was 2.1, which is within the  
13 therapeutic range. And the CT of the chest was done and  
14 showed scattered ground-glass opacification, posterior  
15 right lower lobe, medial left upper lobe. These  
16 findings are nonspecific, may represent hypoventilatory  
17 change and/or infectious/inflammatory process, acute or  
18 chronic.

19 Q. What does it mean when it says it's  
20 nonspecific finding?

21 A. Just that. It does not clearly indicate a  
22 single diagnosis.

23 Q. Based on, I believe you said, the ground-glass  
24 opacity, what were the possible --

25 A. Ground-glass opacification on a CT can be

1 edema, poor ventilation, early infection, scar tissue,  
2 early tumor. It can be a long list of multiple  
3 conditions.

4 Q. So there's no conclusive result based on that  
5 finding?

6 A. Correct. Ground-glass does not correlate to  
7 acute infection.

8 Q. Okay. And in 2018, what were the treatment  
9 options available to Patient J.K. based on Dr. Im's  
10 findings?

11 A. What treatment options? It could range from  
12 supportive care on that visit, his fever had broken, his  
13 respirations were normal, his lungs were documented as  
14 clear. It could have just been supportive care, or if  
15 he felt antibiotics were indicated he could use an  
16 antibiotic that had less interaction with his existing  
17 medications.

18 Q. And when you say supportive care, what is  
19 supportive care?

20 A. Tylenol. Guaifenesin, like Robitussin for  
21 cough and mucous. See if he gets progressively worse,  
22 or if he just spontaneously clears, because 24 hours  
23 earlier it was thought to be influenza and then it was  
24 deemed -- documented as bronchitis, and then in  
25 subsequent notes said it was documented as pneumonia.

1 Q. And based on your review of Dr. Im's records,  
2 what treatment plan did Dr. Im create for Patient J.K.?

3 A. The record I have in front of me listed  
4 bacterial pneumonia, and he prescribed Levaquin  
5 750 milligrams, Zyrtec and Prednisone.

6 Q. And in 2018 how does a doctor order these type  
7 of prescribed medications?

8 A. They can be written or they can be  
9 electronically sent to the pharmacy.

10 Q. How does an electronic ordering work?

11 A. If the physician's linked in with the pharmacy  
12 then they electronically prescribe and sign and send for  
13 the designated pharmacy of the patient's choice.

14 Q. When you enter a medication into an electronic  
15 ordering system, do you receive any type of alert if  
16 there are any contraindications?

17 A. As a rule I can't say, that's dependent on  
18 each system and how the medical record works.

19 Q. Do some systems provide a notice, to your  
20 knowledge?

21 A. A lot do.

22 Q. Were there any contraindications between the  
23 medications Dr. Im prescribed Patient J.K. with his  
24 already prescribed medications?

25 A. In my opinion, yes.

1 Q. And what were they?

2 A. The interaction between Levaquin and Tikosyn.  
3 I was concerned about naproxen and Warfarin, but as a  
4 short course that's reasonable and acceptable. It does  
5 have a little bit of GI risk, but that's not a  
6 contraindicated drug. When you look at Tikosyn and  
7 Levaquin, it is a contraindicated drug due to risk of  
8 interaction, and especially without a baseline QTc.

9 Q. And what is a baseline QTc?

10 A. In drugs that we're going to prescribe that  
11 have risks, it's appropriate to get a baseline EKG so  
12 that you know what your QTc interval is because the drug  
13 that you're prescribing, the risk is that if it  
14 increases it then they may have the risk. And it's a  
15 question of whether they risk ventricular fibrillation  
16 and torsades.

17 Q. And can you explain a little bit more what  
18 that is.

19 A. Electrical disturbance of the heart where it  
20 basically becomes erratic and heart stops.

21 Q. And what is the basis for your opinion?

22 A. Basis for that opinion is when you plug those  
23 two drugs into Epocrates, UpToDate drug interaction  
24 programs, it says contraindicated, find alternative.

25 Q. Do any of these medications have black box

1 warnings?

2 A. Levaquin has several black box warnings. And  
3 the newest -- and I think that was 2008 or 2009 when it  
4 came out for the tendon rupture. The interaction with  
5 QTc has been around -- I could not find an exact date of  
6 when that was published, but I think it was even before  
7 2008.

8 Q. Before we get more specific, what is a black  
9 box warning?

10 A. It's a warning that the FDA basically puts  
11 into a medication which has either contraindications and  
12 risks that you need to counsel patients on specific to  
13 that drug.

14 Q. How are physicians put on alert of black box  
15 warnings?

16 A. Usually by mail, now email. Updates through  
17 prescribing programs. And/or when you put a -- write a  
18 prescription, depending on the hospital system it will  
19 pop up a flag. And one of the most common ways is the  
20 pharmacist will call you with a concern.

21 Q. Is the pharmacist required to call?

22 A. I don't know statute on that.

23 Q. Going back, you said that Levaquin got a black  
24 box warning around 2008 or 2009. What is your basis for  
25 that?

1           A.     I know it was around the -- there was  
2 black-boxed for tendon rupture.

3           Q.     And what does that mean?

4           A.     With the quinolone -- might have been later  
5 than that -- when you take the quinolones it has a risk  
6 of weakening the tendons and causing tendons to snap,  
7 pop, tear. Which was, interestingly, found after the  
8 Anthrax scare when so many people took quinolones. And  
9 the surge of -- they had over a thousand percent surge  
10 in tendon ruptures on insurance claims. So that's how.

11                   We had been using quinolones for years and  
12 never known that, then they black-boxed it for that.

13                   But Levaquin and cardiac meds was a warning  
14 before that, and I don't know if it's a black box, but  
15 it is a significant interaction and listed as a clear  
16 warning.

17           Q.     If a contraindicating combination is  
18 prescribed, does the doctor owe any additional duties to  
19 the patient?

20           A.     Comes down to documentation of risk/benefit.  
21 And a clear explanation in the record that it was  
22 acknowledged that there is a potential, and why you're  
23 using that medication.

24           Q.     Based on your review of Dr. Im's medical  
25 records, was he aware of the contraindications between

1       Levaquin and Tikosyn?

2             A.       In the note in this updated record, I do not  
3       see any explanation or documentation --

4             DR. IM:   Objection, Your Honor.

5             THE COURT:  Just a second, Doctor.

6             What's the objection?

7             DR. IM:  The objection is that she asked for  
8       an expert opinion.  And I think he's stating that  
9       because it's not in the notes that Dr. Im was not  
10      aware.  I think that's -- I don't know the legal  
11      term, hearsay or -- so the objection is that what is  
12      his expert opinion?  And so I think that he should  
13      be directed with a more specific question.

14            THE COURT:  Ms. Edwards, any response?

15            MS. EDWARDS:  Your Honor, it was a specific  
16      question regarding based on the review of the  
17      medical records.

18            Further, he was tendered as an expert, so he  
19      is able to render opinions.  But this question was  
20      specifically related to the review of the medical  
21      records.

22            DR. IM:  If I can clarify the objection.  The  
23      objection is based on she's not asking him to read  
24      the notes, she's asking -- the way I heard it was,  
25      how do you know that Dr. Im was not aware of the

1 potential interactions?

2 THE COURT: Based on that objection I'm going  
3 to overrule the objection.

4 MS. EDWARDS: Thank you.

5 THE COURT: Go ahead, Ms. Edwards.

6 BY MS. EDWARDS:

7 Q. Dr. Davis, based on your review of the medical  
8 records, was he aware of the contraindications between  
9 Levaquin and Tikosyn?

10 A. To clarify, whether he was aware or not, I do  
11 not see in the record that it was documented that he  
12 acknowledged that there was an interaction. Whether he  
13 knew, I can't say. I can say it was not documented in  
14 the record that the interaction was known.

15 Q. Based on your review of the records, did  
16 Dr. Im explain the risks associated with taking Levaquin  
17 to Patient J.K.?

18 A. Based on the review of the record, I do not  
19 see anything to suggest that the patient was counseled  
20 on the risks of Levaquin.

21 Q. Are there any alternatives to the medication  
22 Levaquin prescribed to Patient J.K.?

23 A. Yes.

24 Q. What are those alternatives?

25 A. Had the patient actually had pneumonia, were

1 there alternatives?

2 Q. Yes.

3 A. Yes. You could use doxycycline.

4 Q. And would that alternative be considered safer  
5 than Levaquin?

6 A. In my opinion, it would be safer than  
7 Levaquin.

8 Q. What is the basis for that opinion?

9 A. When you plug it into the drug indication  
10 calculator and look at risks/benefits with Warfarin --  
11 Levaquin also had significant interactions with  
12 Warfarin. So doxycycline has less interaction with  
13 Warfarin and with Tikosyn.

14 Q. Based on your review of Dr. Im's medical  
15 records, did Dr. Im offer any alternative treatment  
16 options to Patient J.K. other than Levaquin?

17 A. As far as antibiotics offered, the chart does  
18 not reflect that any other alternatives were offered.

19 Q. And we will be using the phrase standard of  
20 care. How do you define standard of care?

21 A. Standard of care is what a reasonable and  
22 prudent physician would do in a similar situation.

23 Q. What types of testing would a reasonably  
24 prudent osteopathic physician order to determine the  
25 cause of the patient's complaints similar to that of

1 Patient J.K.?

2 A. A little bit of that depends if you're in  
3 urgent care or an emergency department, I will  
4 acknowledge that. I think history and exam are the  
5 number one and key findings. Chest X-ray is  
6 appropriate. I also think basic labs are appropriate,  
7 including the complete blood count and chemistry. Then  
8 you get into optional tests, such as sputum...

9 Q. And what considerations were taken into  
10 account to decide which tests to order?

11 A. Basically how sick the patient is, how they  
12 look in front of you based on your review of systems,  
13 and how the physical exam seems.

14 Q. Why would it be important to get a basic lab  
15 or, I think you said, blood count chemistry?

16 A. If the patient has a high fever, you're  
17 wondering how elevated the white blood cell count is to  
18 see if you think it is a bacterial infection.

19 Chemistry is -- with atypical pneumonia you  
20 often get a low sodium.

21 Also with the patient's medications, you would  
22 want to look at potassium, basic electrolytes and kidney  
23 function because kidney function also affects which  
24 antibiotics and the dosing.

25 Q. Were the standards the same during 2018?

1           A.     Yes, ma'am, I believe they would be.

2           Q.     Once a diagnosis is formed, how does a  
3 reasonably prudent osteopathic physician decide which  
4 treatment modality to use?

5           A.     Some of that is experience. You also have the  
6 option of going through pathways, clinical pathways, and  
7 that can range from using up to date -- there's a lot of  
8 resources to say. If you think they have  
9 community-acquired pneumonia, bronchitis, influenza and  
10 pneumonia, a lot of experienced physicians just do what  
11 they feel they've been trained in. But it's easy to  
12 access resources to look at pathways that got antibiotic  
13 therapy.

14                     You can also use -- if you truly do think they  
15 have pneumonia, you can use the pneumonia severity index  
16 scoring, and other things on M.D. Calculator to help  
17 decide if this patient needs to be in the hospital, out  
18 of the hospital. But it's not really direct basic  
19 antibiotic therapy.

20           Q.     And you said that M.D. Calculator --

21           A.     M.D. Calculator is one of the most commonly  
22 used.

23           Q.     Most commonly used?

24           A.     One of the most commonly used resources that  
25 has pneumonia index and other guidance.

1 Q. In your opinion, what does the standard of  
2 care require a reasonably prudent osteopathic physician  
3 to do in the treatment of a patient similar to J.K.?

4 A. Can you restate that one more time, so I'm  
5 clear.

6 Q. Sure. In your opinion, what does the standard  
7 of care require an osteopathic physician to do in the  
8 treatment of a patient similar to J.K.?

9 A. I'm kind of mixed because based on review of  
10 both visits, one of my biggest issues was I don't see an  
11 accurate diagnosis of pneumonia. So I thought the  
12 Levaquin didn't seem quite appropriate. And if your  
13 clinical suspicion is high enough, the chart -- standard  
14 of care would say that despite the history, the exam,  
15 these are the reasons why I think this patient has  
16 pneumonia, and Levaquin is what I feel is appropriate.  
17 Yes, it has drug interactions with Tikosyn and Warfarin,  
18 and the way I'm going to handle that is baseline --  
19 well, he did a baseline INR. I think its standard would  
20 be to document a QTc. And say that the patient  
21 understands the risks/benefits, and there's limited to  
22 no alternatives, and that's why I am prescribing a  
23 potentially dangerous drug.

24 Q. Was there any change in that standard in 2018?

25 A. No.

1 Q. What's the basis for that opinion?

2 A. Basis for that opinion is when we have drugs  
3 with a contraindicated -- when they come up as  
4 contraindicated as an X category for interaction, the  
5 standard is to clearly explain why you are using it and  
6 to defend that it's going to be safe to use.

7 Q. How --

8 A. Such -- let me -- like yesterday, I had a case  
9 where I was using five medications for nausea, vomiting,  
10 all of which had QTc risks. And we did -- based on EKG  
11 and not a normal level, we gave all the medicines, and  
12 repeated an EKG before we admitted the patient to make  
13 sure we hadn't caused harm. That's kind of a reasonable  
14 approach when you're using potentially dangerous  
15 medications.

16 Q. How does a reasonably prudent osteopathic  
17 physician determine if there are any contraindications  
18 with medications?

19 A. Where I work now it's computer-based in  
20 pharmacy. The pharmacist often calls and says, hey,  
21 this is a contraindication. Drug interaction programs  
22 is how I typically -- often these patients are on so  
23 many medicines it's hard to -- you can't reasonably plug  
24 all their medicines in. But a pharmacist will catch and  
25 flag -- their programs are often better, and it will

1 flag that, for example, Tikosyn and Levaquin has a high  
2 risk interaction.

3 Q. Would it make a difference if the patient put  
4 you on awareness that they have a drug that they know  
5 might have contraindications?

6 A. One more time, please.

7 Q. Sure.

8 Would it make a difference if the patient let  
9 you know at the appointment that they're on a medication  
10 that they know can have potential contraindications with  
11 other medications?

12 A. Absolutely.

13 Q. And why would that make a difference?

14 A. Because we treat the whole patient, and we  
15 need to know what they're on. Even vitamins and other  
16 prescription medicines all have potential interactions.

17 Q. Without discussing -- I think we've already  
18 gone through -- have you formed opinions on whether  
19 Dr. Im met the standard of care in his treatment of  
20 Patient J.K.?

21 A. I did make the opinion that he did not with  
22 prescribing Levaquin with its interaction with Tikosyn.  
23 And little documentation to support its use, based on  
24 looking at the record with the review of systems,  
25 physical exam, the X-ray, what lab work was done and the

1 chest CT, in my opinion that did not justify Levaquin.  
2 And there was no risk/benefit documentation and  
3 counseling documented in the chart to say that he  
4 clearly explained the risks/benefits to the patient.

5 And of interest, I started my whole report on  
6 the case review to say the patient didn't fill it, and  
7 no physical harm was done. However, the interaction was  
8 very real and could be potentially fatal without  
9 documented risk to the patient.

10 Q. And what specifically did you review to form  
11 your opinion?

12 A. I reviewed the complaint sent to the State  
13 from the patient's wife. And I reviewed the medical  
14 records that were sent, which is the visit from the 15th  
15 and 16th office visits. Along with chest X-ray and a  
16 CT scan report.

17 Q. Did you review any pharmacy records?

18 A. I don't remember seeing Publix pharmacy  
19 records. I know there was some records from the VA.

20 Q. Did you rely on any medical literature in  
21 forming your opinion?

22 A. Medical literature, I relied on UpToDate.

23 Q. Is UpToDate considered persuasive in your  
24 field?

25 A. Yes.

1           Q.     In your opinion, did Dr. Im meet the  
2 prevailing standard of care in his treatment of Patient  
3 J.K.?

4           A.     No.

5           Q.     Why not?

6           A.     The way that the record is documented, the  
7 interaction between Levaquin and Tikosyn being category  
8 X or contraindicated, there's no documentation to  
9 justify its use without clear warning inpatient  
10 education.

11          Q.     Have you had the opportunity to review  
12 Dr. Im's deposition that was taken on October 3rd, along  
13 with the supporting exhibits?

14          A.     Yes, ma'am.

15          Q.     Did Dr. Im's deposition testimony in any way  
16 change the opinions that you formed since initially  
17 reviewing the case?

18          A.     No.

19          Q.     Are all of the opinions that you've expressed  
20 regarding Dr. Im's care and treatment of Patient J.K.  
21 made within a reasonable degree of medical certainty?

22          A.     Yes, ma'am.

23                 MS. EDWARDS: That's all the questions I have  
24 for now.

25                 THE COURT: Thank you. Dr. Im, would you

1           like to proceed with the cross-examination?

2           DR. IM: Yes. Thank you, Your Honor.

3           THE COURT: Okay.

4                                   CROSS EXAMINATION

5 BY DR. IM:

6           Q. Dr. Davis. Good morning. It's morning still.

7           A. Morning.

8           Q. First of all, I just want to, before I start,  
9 the field the emergency medicine has a long history, and  
10 it's a field that I'm very passionate about, it's a  
11 field that I trained in. And although when I had an  
12 opportunity in 2004 to open up my own urgent care  
13 center, I still have great friends who are --

14           THE COURT: Dr. Im, this is your opportunity  
15 to ask the witness questions.

16           DR. IM: I'm sorry.

17 BY DR. IM:

18           Q. So my first question is: After you graduated  
19 medical school in 1993, where did you do your  
20 internship?

21           A. Peninsula Medical Center in Ormond Beach,  
22 Florida.

23           Q. After your internship in 1994, what did you do  
24 your residency in?

25           A. I went to rural Missouri and did it the way

1 physicians used to do it there, which is baptism by fire  
2 in the emergency department. So I didn't do a formal ER  
3 residency.

4 Q. That was in --

5 A. '94.

6 Q. '94. Are you saying there was no residencies  
7 in emergency medicine?

8 A. I did not attend a residency.

9 Q. Why not?

10 A. Because I went to work.

11 Q. I'll rephrase the question. Did you know  
12 about emergency medicine residency programs?

13 A. Yes, I was actually offered a position through  
14 Brooke Army Medical Center for triple board in emergency  
15 medicine, internal medicine and master's in public  
16 health. But that program didn't fully exist, so I  
17 backed out of that and went to work.

18 Q. Did you try to apply anywhere else for  
19 emergency medicine?

20 A. I never applied at any emergency medicine  
21 residency.

22 Q. You said there was one that offered, or --

23 A. Verbal offer. So I knew about emergency  
24 medicine residencies, I just went down the clinical  
25 track and worked.

1           Q.     In the state of Missouri, are you allowed to  
2 work without a residency?

3           A.     Absolutely.

4           Q.     How long did you work at Texas County Medical  
5 Hospital?

6           A.     18 months.

7           Q.     Do you have any formal training in radiology?

8           A.     Through rotations in medical school and  
9 through my --

10          Q.     I'll rephrase the question.

11                   Do you have any post graduate, post medical  
12 school training in radiology?

13          A.     Yes. Formal documented, I trained with  
14 radiology, I study regularly and do CMEs.

15          Q.     Dr. Davis, I will try to rephrase this  
16 question, again.

17                   After internship or during internship did you  
18 get any formal training in radiology?

19          A.     Yes, I had a month of training in internship,  
20 as well.

21          Q.     And in what form was that?

22          A.     Same as most people in training programs, you  
23 follow the radiologist and --

24          Q.     You said you went to work after your  
25 internship. Is that not correct?

1 A. Correct.

2 Q. Okay. So where did you get your formal  
3 training in radiology?

4 A. I did a month of rotations in medical school  
5 and during internship.

6 Q. So do you have any formal training in  
7 pharmacology outside of medical school?

8 A. I am not a pharmacist.

9 Q. I know you said that you were aware of  
10 emergency medicine residency programs. For the Court,  
11 can you educate us on what a resident program is.

12 A. No, I think that's inappropriate.

13 THE COURT: Doctor, if you can answer based  
14 on what your understanding of a residency program  
15 is.

16 THE WITNESS: Okay. Emergency medicine  
17 residency is a subspecialty, which is a three-year  
18 program, which helps solidify and train physicians  
19 in the field of emergency medicine.

20 BY DR. IM:

21 Q. Thank you.

22 Are you familiar with the organization ABEM or  
23 AOBEM?

24 A. Yes, sir, I am.

25 Q. Can you in plain English define what --

1           A.     That's another licensed -- that's another  
2 certifying board that was the original boards, American  
3 Board of Emergency Medicine and then American  
4 Osteopathic Board of Emergency Medicine.

5           Q.     And you used the term grandfathering. I don't  
6 know if the Court understands what that means. Could  
7 you explain what grandfather -- you said you  
8 grandfathered.

9           A.     No, I missed the grandfather window for ABEM.  
10 A lot of peers did not do emergency medicine residency  
11 and/or certified through American Board of Emergency  
12 Medicine without doing an emergency medicine residency,  
13 and that window had closed. So that's why  
14 grandfathering in means you get into the board with  
15 clinical experience. And ABEM and AOBEM both closed  
16 their clinical tract first. So I am familiar with both  
17 those organizations.

18          Q.     Are you familiar with the organizations  
19 American Academy of Emergency Medicine and American  
20 College of Emergency Physicians?

21          A.     I was a member of the American College of  
22 Emergency Physicians for years.

23          Q.     Are you aware that they don't recognize your  
24 board certification?

25          A.     I don't know that because I resigned from that

1 organization.

2 Q. Are you aware that ABEM or AOBEM does not  
3 recognize your board certification?

4 A. The State of Florida recognizes my board  
5 certification in emergency medicine. I did not know  
6 about ABEM.

7 Q. Okay. Are you aware that many hospitals  
8 nowadays will not accept your board certification?

9 A. I know where I work in the state of Florida  
10 accepts my board certification.

11 Q. Is it fair to state that when you started your  
12 position at the Texas County Memorial -- you refer to it  
13 as baptism by fire. What does that mean?

14 A. Well, my first day out of training I dealt  
15 with a guy who was crushed by a tree and I had to put a  
16 chest tube in him and deal with a head injury and fly  
17 him out to a trauma center.

18 Q. Where did you learn to do a chest tube?

19 A. In my internship and my medical school  
20 training.

21 Q. I also did an internship --

22 THE COURT: Dr. Im.

23 DR. IM: I'm sorry. Yes, I'll move on with  
24 the questions.

25 THE COURT: Thank you.

1 BY DR. IM:

2 Q. Is it fair to state that when you started  
3 your -- sorry. Are you being compensated today,  
4 financially?

5 A. I will be paid for my time coming in as a  
6 witness, yes.

7 Q. Who pays you?

8 A. I should be paid by the State of Florida.

9 Q. Are you paid hourly?

10 A. Depends on how long I'm here, I'll be paid for  
11 either a half day or a day.

12 Q. If I may, you mentioned the word chest tube,  
13 so that kind of triggers my next two to three questions  
14 about training years.

15 How is one trained do a chest tube, in your  
16 opinion? When you were trained, how were you trained to  
17 do a chest tube?

18 A. Hopefully the way that everybody is, with a  
19 mentoring physician and practice and doing the skills.

20 Q. How many chest tubes did you do before working  
21 at Texas Memorial?

22 MS. EDWARDS: Objection, Your Honor.

23 THE COURT: Was there an objection? What's  
24 your objection?

25 MS. EDWARDS: Relevance. They're not

1 related, chest tube isn't related to matters at hand  
2 today or his emergency medicine testimony with  
3 regards to certifications.

4 THE COURT: Okay. Dr. Im, response?

5 DR. IM: If I could clarify. We're talking  
6 about his CV still, and I have some questions on his  
7 CV and training background. Unless  
8 Ms. Virginia Edwards and everybody understands the  
9 training in emergency medicine, I'm just asking  
10 questions that I'm learning now that you're usually  
11 not taught to do these types of high-risk  
12 procedures.

13 And so I thought it was fair that I get to  
14 probe his training background --

15 THE WITNESS: I'll be glad to --

16 THE COURT: Doctor -- just a second,  
17 Dr. Davis. I'll let you know when it's time for you  
18 to answer.

19 THE WITNESS: Yes, ma'am.

20 THE COURT: Based on Ms. Edwards' objection,  
21 I'm going to sustain it. You can move on with your  
22 next question.

23 DR. IM: I'll move on.

24 BY DR. IM:

25 Q. You stated in your Department of Health

1 interviews that you are familiar with the medications  
2 involved in this case. Is that correct?

3 A. That I'm familiar with the medications  
4 involved in this case, yes.

5 Q. How many times have you prescribed the  
6 medication Tikosyn?

7 A. I haven't started patients on that. I may  
8 have refilled that medication, but I feel with patients  
9 who are on it and --

10 Q. So is it fair to say you never prescribed  
11 Tikosyn?

12 A. I can honestly say I haven't initiated therapy  
13 with Tikosyn.

14 Q. It was a yes or no. Yes or no, have you ever  
15 prescribed Tikosyn medication? Initiated the --

16 A. There's a difference. Have I initiated  
17 Tikosyn therapy on a cardiac patient? No. Have I  
18 prescribed it? Probably as a refill.

19 Q. Okay. You said you're familiar with the term  
20 QT prolongation torsades?

21 A. Yes, sir.

22 Q. In plain English, what is QT prolongation?

23 A. It's electrical conduction delay between the  
24 cardiac complex as it widens out risks, development of  
25 of --

1 Q. What does letter Q stand for?

2 THE COURT: Dr. Im, I don't know if he was  
3 done.

4 DR. IM: I'm sorry.

5 THE WITNESS: So the QRS complex, the  
6 beginning of the QRS complex with how the heart  
7 polarizes, depolarizes, contracts...

8 DR. IM: Yeah, I don't want to get too  
9 technical so I'll move on.

10 Ms. Edwards, when I have Exhibit No. 5 --  
11 these are the exhibits I faxed to you. Is it in  
12 this folder here, or do I have to approach the  
13 witness?

14 MS. EDWARDS: Sorry. Can you clarify?

15 THE COURT: So what is your question?

16 DR. IM: The exhibits that I want to  
17 introduce, do I introduce it -- I want to introduce  
18 it, but do I -- I faxed the copies to  
19 Ms. Virginia Edwards, my exhibits that I need to  
20 introduce as I cross-examine Dr. Davis.

21 THE COURT: Okay.

22 DR. IM: May I enter it?

23 THE COURT: Well, Ms. Edwards has indicated  
24 that she has printed a copy of all your exhibits.

25 DR. IM: That's what I thought.

1           THE COURT:  So if you have a particular  
2 exhibit, state the exhibit number and, of course,  
3 Ms. Edwards can make sure she has a copy of it.

4           DR. IM:  Yes.

5           THE COURT:  Now, the question is:  Do you  
6 have a copy for me to view, as well for the witness?

7           DR. IM:  An actual copy?  I can give you my  
8 copy.

9           THE COURT:  Do you have a copy for the  
10 witness to review?

11          DR. IM:  I thought when I -- I assumed -- my  
12 fault.  I assumed that when I faxed it to  
13 Ms. Edwards that she would make a copy for  
14 Dr. Davis.  Wrongly assumed.  Sorry.

15          THE COURT:  So tell me what it is that you  
16 would like Dr. Davis to review.

17          DR. IM:  Exhibit No. 5, page 1367.

18          THE COURT:  And what is that?

19          DR. IM:  It's an article on QT prolongation  
20 that we're discussing and some of the medicines that  
21 are contraindicated.

22          THE COURT:  Okay.  I, too, made copies of the  
23 exhibit.  So if you want to take a look and confirm  
24 that this is the complete exhibit then you can just  
25 use yours for the witness.

1 DR. IM: Yes, that's the one. Thank you.

2 THE COURT: All right.

3 BY DR. IM:

4 Q. So, Dr. Davis, if you could look at Exhibit  
5 No. 5, page 1367.

6 THE COURT: Do you have that in front of you?

7 THE WITNESS: No, ma'am.

8 DR. IM: Can I show him mine?

9 THE COURT: Do you have a clean copy of it  
10 without --

11 DR. IM: No, I have my scribbles all over it.

12 THE COURT: Ms. Edwards, would you like to  
13 provide the witness your copy so that he can follow  
14 along?

15 MS. EDWARDS: Yes, Your Honor. We're not  
16 entering it at this time. Is that correct?

17 THE COURT: Well, he's about to testify  
18 regarding it. So if you have a question or  
19 objection about it before it gets admitted then you  
20 can address it once Dr. Im -- once Dr. Im offers it,  
21 then you can raise an objection. But I think right  
22 now he's just testifying regarding it.

23 MS. EDWARDS: Okay.

24 BY DR. IM:

25 Q. So Exhibit No. 5, page 1367.

1 A. Yes.

2 Q. I underlined it, hopefully the underlining is  
3 still there.

4 Do you see where it says, dofetilide also  
5 exhibits -- or is dose dependent on QT prolongation?

6 A. Yes.

7 Q. Do you see that table three where it lists  
8 some medications that can cause QT prolongation interval  
9 and torsades? That's the graph on the same page, table  
10 three.

11 A. Drugs that can prolong QT interval and  
12 torsades?

13 Q. Yes.

14 A. Yes.

15 Q. Do you see dofetilide on there?

16 A. Yes, I do.

17 Q. Do you also see the antihistamine  
18 diphenhydramine, which is Benadryl?

19 A. Yes, I do.

20 Q. If I can direct you to the next page, please,  
21 the next page, I've also underlined. On the next page  
22 do you see levofloxacin, which is Levaquin, did not  
23 alter the actual potential duration? Do you see that  
24 sentence there that I underlined?

25 A. I do see that underlined on page 16 -- or

1 1368.

2 Q. I think I put an asterisk just below that. It  
3 says, apart from the other fluoroquinolones, the  
4 fluoroquinolones that are currently on the market, such  
5 as -- I'll paraphrase, the newer fluoroquinolones, the  
6 drugs that can affect QT prolongation and torsades with  
7 the frequency average generally occurring at the rate of  
8 one per one million prescriptions.

9 Do you see that?

10 A. I do see that on the right.

11 DR. IM: If I could enter that as Exhibit  
12 No. 5.

13 THE COURT: Ms. Edwards?

14 MS. EDWARDS: Yes, I object to the entrance  
15 of that article. There's a foundation or  
16 authentication issue. It appears to have been  
17 modified with his underlines and things like that.

18 Also it appears -- I believe, and I  
19 apologize, I don't have a copy in front of me right  
20 now -- that it's not a -- may I get it?

21 THE COURT: Yes.

22 MS. EDWARDS: -- that it's not a complete  
23 copy of the article, as well.

24 THE COURT: Okay. Dr. Im, do you have the  
25 remaining portion of this article?

1 DR. IM: All these articles are -- anyone can  
2 get them. The reason why the -- I just brought the  
3 shorter version so I could highlight some of the  
4 things. I didn't want to bring in, like, a  
5 30-page -- that was the only reason why I did that.  
6 It's just to show that -- there's several ways to  
7 look for drug interactions, you know, and how much  
8 someone does research and how much someone looks  
9 into it. But, no, in front of me I do not have the  
10 whole -- it was a lot of pages.

11 THE COURT: Okay. So is your question to the  
12 witness, you know, is that there are multiple ways  
13 other than what he described to look at drug  
14 interactions?

15 DR. IM: No. I'm sorry.

16 BY DR. IM:

17 Q. So my question would be: After we looked at  
18 the medical article together, would you agree in your  
19 expert opinion, Dr. Davis, that dofetilide in itself is  
20 a risk factor for QT prolongation and torsades?

21 A. Would I agree that dofetilide is a risk alone?

22 Q. Yes. Yes-or-no question.

23 A. Yes.

24 THE COURT: Okay. Before you go on with your  
25 next question, I'm going to exclude Exhibit No. 5

1 over objection of Ms. Edwards.

2 DR. IM: Am I still allowed to ask questions  
3 on the topic?

4 THE COURT: Absolutely.

5 BY DR. IM:

6 Q. So if you were to read in a medical  
7 literature, peer-reviewed journal/article that a  
8 medication has a frequency of drug interaction one in  
9 one million, would you consider that low risk?

10 A. I would consider it one in one million a low  
11 probability, yes.

12 Q. And, again, I know we're both -- well, I was  
13 trained in emergency medicine. So let me just move on  
14 to the next question, I'll get to where it is, because  
15 I'm not a lawyer, it could take longer and I apologize.

16 Do you know -- you said you see trauma. Have  
17 you had any formal training in trauma, at a trauma  
18 center?

19 A. Yes.

20 Q. Which trauma center were you trained at?

21 A. I trained around two months at Brooke Army  
22 Medical Center in the ER.

23 Q. What year was that?

24 A. That was in, I believe, '93, before my -- it  
25 was in '93.

1 Q. When you were an intern?

2 A. I was in medical school.

3 Q. Oh, medical school. So what were your duties  
4 as a medical student at the trauma center?

5 A. Part of the treatment, case by case. It  
6 depended on what came in.

7 Q. So you didn't do a formal training in -- I'll  
8 move on. That's not -- you already said you didn't do  
9 formal training.

10 A. I did trauma life support several times.

11 Q. That's just multiple choice certification on  
12 mannequins.

13 A. No, sir. That's not accurate.

14 Q. I'll move on.

15 My question is going to be: Do you see auto  
16 accidents at your current ER where you work?

17 A. Yes, sir, I do.

18 Q. Do you know, just an estimate, how many auto  
19 accidents or deaths per day there are in the  
20 United States?

21 MS. EDWARDS: Objection.

22 THE COURT: What's your objection?

23 MS. EDWARDS: Relevancy.

24 THE COURT: You can state your objection, but  
25 in terms of arguing I'll ask whether there's

1 continuing argument.

2 So your objection's relevance?

3 MS. EDWARDS: Yes, Your Honor.

4 THE COURT: Okay. Dr. Im, what's your  
5 response?

6 DR. IM: I was just going to -- I can ask it  
7 many ways. But I just want to bring up the odds of  
8 somebody -- just the low risk, moderate risk,  
9 whether it's an auto accident or airplane. So I  
10 could ask him many ways. You would agree there's a  
11 lot of deaths from auto accidents a day? That's all  
12 I wanted to ask him.

13 THE COURT: Okay. Objection's overruled.  
14 You can ask.

15 BY DR. IM:

16 Q. Are there a lot of auto accidents per day in  
17 the United States?

18 A. Yes, there are.

19 Q. And we see quite a bit. Actually, there's  
20 over 3,000 deaths per day.

21 THE COURT: Okay. I'm giving him some  
22 leeway. Wherever you're going --

23 DR. IM: I'll get there quick.

24 BY DR. IM:

25 Q. Would you agree -- I already asked you that.

1                   Can you explain what a drug insert is, in  
2 plain English?

3           A.     A drug insert is -- I believe I can describe  
4 it. Would you like me to describe it?

5           Q.     Just in plain English, yeah. What is a drug  
6 insert?

7           A.     The package insert is what is the printed  
8 information probably mandated by the FDA that the drug  
9 company puts with its medication to clarify the drug,  
10 risks, side effects.

11          Q.     Do patients have access to that?

12          A.     Yes.

13          Q.     Just again, in plain English, can you define  
14 or help explain, what is an EMR, an electronic medical  
15 record? What is that?

16          A.     It's a software program used in medical and in  
17 healthcare in general to document encounters.

18          Q.     In 2016 it was required that all physicians  
19 transfer over to electronic medical records. Is that  
20 correct?

21          A.     That sounds correct.

22          Q.     Okay. And what is e-prescribing?

23          A.     E-prescribing, as I understand, stands for  
24 electronic prescribing.

25          Q.     And in plain English, when a doctor

1 participates and e-prescribes with a pharmacy, does he  
2 or she gets alerts about possible drug-to-drug  
3 interactions?

4 A. I can't --

5 Q. In your opinion.

6 A. I don't have an opinion because the last two  
7 places I worked did not do e-prescribing.

8 Q. Does the VA have e-prescribing, electronic  
9 prescribing? Yes or no?

10 A. Yes, we do.

11 Q. You get alerts?

12 A. Yes, we do.

13 Q. How quickly do you get those alerts?

14 A. They're in two phases. We get electronic  
15 warning the minute we put the prescription in.

16 Q. The minute you put it in, you said?

17 A. Before we sign the order it will put up flags.  
18 And then if there's a significant concern, the  
19 pharmacist often calls.

20 Q. Have you ever had conversations with  
21 pharmacists who have concerns about dosing or --

22 A. Daily.

23 Q. Daily. So do I. Okay. So I'll move on.

24 I think you just kind of helped define how a  
25 pharmacist -- in healthcare, do you agree, yes or no,

1 that it requires a team?

2 A. Medicine is a team sport.

3 Q. Would you agree that communication's very  
4 important?

5 A. Yes, I would.

6 Q. Whether it's verbal, face-to-face or  
7 electronic, would you agree that the communications is  
8 key in the practice of medicine today?

9 A. Communication is important.

10 Q. In your opinion, if a pharmacist gets a flag  
11 or is worried about a medication that you prescribed,  
12 let's say, Dr. Davis, in your experience, do you expect  
13 that pharmacist to call you?

14 A. If they're worried, yes, I expect the  
15 pharmacist to call me or flag it.

16 Q. In your experience, have you ever had a  
17 pharmacist tell a patient, don't take this medication --  
18 don't take this medication because it may kill you?

19 A. Not that I can recall.

20 DR. IM: Now I would like to go to Exhibit  
21 No. 9. I think Ms. Virginia Edwards has that -- I  
22 think she labeled it a little different. That is  
23 the Publix -- it's No. 8, I have it as 8. That's  
24 the Publix computer screenshot.

25 THE WITNESS: I have --

1 DR. IM: That's the one the Judge was looking  
2 over whether it's going to be admitted. I have the  
3 same, Publix pharmacy. This one here (indicating).  
4 I think you have the second page.

5 Would you be able to show that to Dr. Davis?

6 MS. EDWARDS: Are you asking for it to be  
7 entered right now, or --

8 DR. IM: For now we can just have him look at  
9 it.

10 MS. EDWARDS: Your Honor, may I?

11 THE COURT: Yes.

12 BY DR. IM:

13 Q. The same exhibit, Doctor, that  
14 Ms. Virginia Edwards submitted. Do you see in the  
15 middle of that screenshot -- I know it's small print,  
16 but can you read what the pharmacy tech wrote there.

17 A. On the (indicating) --

18 Q. Yes. Yes. That's the one. Very small print.

19 A. I see abbreviations, and it looks like  
20 patient's wife spoke with Tiffany, interaction, doesn't  
21 want this Rx.

22 Q. Correct. That's what I wanted to -- so in  
23 your expert opinion, how do you interpret patient  
24 doesn't want the Rx?

25 A. The way it's written, I would have to assume

1 that based on the interaction, she understands, she  
2 doesn't want to pick up the prescription.

3 Q. Have you had patients refuse to take  
4 medications that you prescribe?

5 A. I'm sure I have.

6 Q. Do you see the sentence right above that,  
7 looks like the same pharmacy tech typed in, profile from  
8 ready? Do you see that phrase there, right above --

9 A. Yes, sir, I do see that.

10 Q. Can you explain what that means?

11 A. I have no idea what that means.

12 Q. The profile from ready means that after the  
13 patient refuses --

14 MS. EDWARDS: I have an objection.

15 THE COURT: What's the objection?

16 MS. EDWARDS: That he is testifying.

17 THE COURT: Okay. Are you getting to the  
18 question, Dr. Im?

19 DR. IM: Yes.

20 BY DR. IM:

21 Q. The question is: So you do not know what that  
22 means?

23 A. That is correct, I do not know what that  
24 means.

25 Q. Do you know how long after a patient refuses a

1 prescription, can they change their mind and pick that  
2 prescription up?

3 A. I couldn't tell you what pharmacy policy is.

4 Q. Do you have any formal training in pharmacy?

5 A. I did not go to pharmaceutical school.

6 Q. So is it safe to say you're not an expert in  
7 the area of pharmacy?

8 A. I will say I'm not a pharmacist, but I think  
9 I'm an expert in my field with prescribing.

10 Q. Okay. I'll move on to the next question.

11 THE COURT: Before you do that, Dr. Im, are  
12 you offering --

13 DR. IM: Yes, I would like to --

14 THE COURT: -- Respondent's Exhibit 8?

15 DR. IM: Yes, please.

16 MS. EDWARDS: Your Honor, may I approach to  
17 take a look at it?

18 THE COURT: Just a quick moment. You mean  
19 approach the witness?

20 MS. EDWARDS: Yes.

21 THE COURT: Yes.

22 MS. EDWARDS: Thank you.

23 BY DR. IM:

24 Q. Dr. Davis --

25 THE COURT: Dr. Im, just a moment.

1 DR. IM: Sorry.

2 THE COURT: Ms. Edwards, any response to  
3 Exhibit 8?

4 MS. EDWARDS: I am not able to read the first  
5 page of it, so I -- because that first page isn't  
6 clear.

7 The second page, I mean, we have a clear copy  
8 of it. I would not be opposed to the second page  
9 coming in, that's something we saw as a business  
10 record was valid and it appears to be correct and  
11 not modified other than -- excuse me, underlining.

12 But the first page has the phone number, and  
13 I really can't tell what the first page is.

14 So no objection to the second page, but I  
15 would object to that first page, I just can't tell  
16 what it is.

17 THE COURT: Okay. Respondent's Exhibit 8  
18 will be admitted in part and deleted in part. We're  
19 going to call the first page, the top page, page  
20 number one. And then the second page is page number  
21 two, that is the full screenshot with information  
22 related to patient identification and the notes.

23 And before I admit this, this exhibit,  
24 Dr. Im, do you want to take a look at --

25 DR. IM: Sure.

1 THE COURT: Do you have your copy?

2 DR. IM: I do.

3 THE COURT: Do you want to take a look at  
4 that and determine whether you want to modify this  
5 exhibit --

6 DR. IM: No, that's fine. I don't need page  
7 one.

8 THE COURT: Okay. So then to make it a clean  
9 record --

10 DR. IM: Yes.

11 THE COURT: -- then we'll say Exhibit 8 is a  
12 screenshot from Publix pharmacy regarding the notes  
13 for Patient J.K., and that would be marked as  
14 Respondent's Exhibit No. 8.

15 MS. EDWARDS: Yes, Your Honor. Note for the  
16 record that there is confidential information on  
17 that exhibit.

18 THE COURT: Yes, that is noted for the  
19 record.

20 MS. EDWARDS: Thank you.

21 THE COURT: Okay. So Respondent's  
22 Exhibit No. 8 is admitted at this time subject to  
23 modifications, noting that there's confidential  
24 information on that record, which will be redacted.

25 (Respondent's Exhibit No. 8 received in

1 evidence.)

2 THE COURT: Okay, Dr. Im.

3 BY DR. IM:

4 Q. Dr. Davis, you said you see quite a bit of  
5 Tikosyn at the VA hospitals.

6 A. I do see a good bit of patients on Tikosyn and  
7 Sotalol.

8 Q. Have you ever admitted a patient to the  
9 hospital in the VA system with pneumonia?

10 A. Have I --

11 Q. Ever admitted a patient?

12 A. With pneumonia?

13 Q. Yes.

14 A. Yes.

15 Q. Have you ever admitted a patient with  
16 pneumonia to the hospital who was on Tikosyn?

17 A. I don't recall that.

18 Q. If you had a patient in your emergency  
19 department that you diagnosed with pneumonia who happens  
20 to be on Tikosyn, would you object to using Levaquin in  
21 the emergency department?

22 A. Yes, I would.

23 Q. Have you used Levaquin in the emergency  
24 department?

25 A. Yes.

1 Q. IV form or PO, or pills?

2 A. Both.

3 Q. Both. Can you explain just in plain English  
4 what the difference is, IV form and --

5 A. There's very little difference. Both are very  
6 bioavailable, whether you take a pill or IV, the  
7 bioavailability is very similar.

8 However, if the patient has other issues  
9 and/or is sicker and cannot take pills and you're  
10 admitting them to the hospital, you may choose to give  
11 it IV.

12 Q. So my follow-up question is: If you have to  
13 order the Levaquin IV, antibiotic IV, do you always  
14 counsel that patient before you order it?

15 A. A few years ago I did not. In this day and  
16 age my prescribing of quinolones is so extremely low --

17 Q. I'm not talking about prescribing. Talking  
18 about use in the emergency department.

19 A. Do I counsel every patient before I give a  
20 dose of Levaquin?

21 Q. Yes or no?

22 A. Before a single dose -- before a single dose  
23 IV, I would have to say no. Before I write a  
24 prescription --

25 Q. That wasn't the question.

1 A. Okay.

2 Q. As far as Tikosyn, what class of  
3 antiarrhythmia medication is Tikosyn?

4 A. Class III.

5 Q. Are you familiar with other classes, Class I,  
6 Class II, Class IV?

7 A. Class I, II, III, IV.

8 Q. Yes.

9 A. Class III, potassium channel, yes, sir, I am.

10 Q. And in your opinion, are you familiar with the  
11 other antiarrhythmia medications, other classes?

12 A. In general I'm familiar with them, absolutely.

13 Q. And in your opinion, in your expert opinion,  
14 are there medicines safer than Tikosyn?

15 A. I leave that up to the card -- to replace it  
16 or -- your statement -- your question is, are there  
17 medicines safer than Tikosyn?

18 Q. Yes. I didn't want to get too technical,  
19 there's Class I, II, III, IV, like you said, to treat  
20 dysrhythmias?

21 A. Yes, there are several --

22 Q. Are there medications that are safer than  
23 Tikosyn?

24 A. Yes, I believe there are.

25 Q. Can you give one example?

1           A.     Dronedarone.

2           Q.     That's one of my favorite medications,  
3 actually.

4                     If a cardiologist who initiates Tikosyn does  
5 not go over the benefits and risks of Tikosyn and the  
6 potential risk for torsades, would you consider that  
7 practice to be below the standard of care for that  
8 cardiologist?

9           A.     I'm not a cardiologist. I would not -- I  
10 don't know what their standard of care -- I don't -- I'm  
11 not an expert on standard of care in cardiology.

12          Q.     Do you have any formal training in cardiology?

13          A.     Like most emergency medicine physicians.

14          Q.     Most? I didn't understand your answer. Yes  
15 or no.

16          A.     I think it's a vague question.

17          Q.     Do you have any formal training in cardiology?  
18 Yes or no?

19          A.     Define formal. I've done a whole lot of CME  
20 on EKG, dysrhythmias. Do I do a subspecialty or  
21 fellowship in cardiology? No.

22          Q.     Would you consider yourself an expert in  
23 cardiology? Yes or no?

24          A.     I am not a cardiologist.

25          Q.     So, so far you're not a pharmacist, you're not

1 a cardiologist. Is that correct?

2 A. That's fair.

3 Q. Would you consider a cardiology with no  
4 residency training in cardiology an expert in  
5 cardiology?

6 A. If he's board certified and a quality  
7 physician.

8 Q. Would you consider a neurosurgeon without  
9 training in neurosurgery is expert in neurosurgery,  
10 without any residency training in neurosurgery?

11 A. I don't think that's -- if he's certified.

12 Q. Okay. Just one last -- this may sound  
13 redundant. Would you consider a radiologist with no  
14 formal training in radiology an expert in radiology?

15 A. If he has the skill and training and is  
16 certified -- doing three years of a program without  
17 certification doesn't guarantee --

18 Q. So you're not sure?

19 A. -- any.

20 Q. I can repeat the question.

21 A. Feel free to repeat it.

22 Q. Do you know if there's a grandfathering system  
23 in neurosurgeon, cardiology or radiology?

24 A. I don't know.

25 Q. There isn't, that's what makes emergency

1 medicine unique. I'll get to the next question.

2 THE COURT: Just a second. Is there an  
3 objection?

4 MS. EDWARDS: Dr. Im is testifying.

5 THE COURT: Do you want that to be a standing  
6 objection?

7 MS. EDWARDS: Yes, Your Honor. Thank you.

8 THE COURT: Thank you.

9 BY DR. IM:

10 Q. Have you had any formal training in reading CT  
11 images?

12 A. It's back to that definition of formal  
13 training. I've done several CMEs and do a lot of  
14 continuing ed on it.

15 Q. All right. Maybe not everybody's aware of  
16 what -- what's CME?

17 A. Continuing medical education.

18 Q. And what is that?

19 A. That's an accepted accrediting group that  
20 provides educational material to physicians in different  
21 specialties. So I have done and do regularly X-rays,  
22 CT, work on MRI, ultrasound, procedural ultrasound --

23 Q. Would you consider yourself an expert in  
24 radiology?

25 A. I consider myself an expert in radiology

1 related to emergency medicine.

2 Q. That wasn't -- it was a yes-or-no question.  
3 Do you consider yourself an expert in radiology?

4 A. To my field, yes. Am I a radiologist? Once  
5 again, no, I am not a radiologist.

6 Q. For the record, you're not a radiologist?

7 A. Correct.

8 Q. You're not a cardiologist and you're not a  
9 pharmacist?

10 A. That is true.

11 Q. You used the term ground-glass opacity in CT  
12 images. You stated that it can represent fluid, it  
13 could represent tumors. Do you believe, in your best --  
14 in your expert opinion that a ground-glass opacity can  
15 represent tumors or fluid?

16 A. Absolutely. It is a non-specific finding, it  
17 is not guaranteed to be infection, it can be any  
18 hypoventilation --

19 Q. No, my question --

20 A. For --

21 Q. I'll rephrase the question.

22 Can ground-glass opacity be a tumor? Yes or  
23 no?

24 A. It can be an early spot of a tumor, yes.

25 Q. Can a ground-glass opacity be pleural

1 effusion?

2 A. It can be edema, not pleural effusion,  
3 typically.

4 Q. Edema is a clinical finding, right? Not a  
5 radiologic terminology. Is that correct?

6 A. Peripheral edema is a physical finding --

7 Q. Not radiology terminology. Is that correct?

8 A. Edema?

9 Q. Yes.

10 A. Is a radiology finding.

11 Q. Edema is a radiology finding? In what format,  
12 what radiology field, may I ask?

13 A. Commonly reported on chest X-rays, pulmonary  
14 edema on CTs suggestive of fluid edema. Depends on if  
15 it's in the pleural lining or intraparenchymal.

16 Q. As far as the ground-glass opacity, are you  
17 aware that ground-glass opacity represents exudate?  
18 Were you aware of that?

19 A. It could. It could represent an exudative.

20 Q. In plain English, can you define the word  
21 exudate?

22 A. Exudate is an inflammatory fluid shift,  
23 basically. Transudate versus exudate, depends on the  
24 pH, the concentration of the fluid. So exudative fluid  
25 is a little thicker than a transudate.

1 Q. Thicker? Are there other words -- what is the  
2 main difference between exudate and transudate?

3 A. Specific gravity, probably protein load.

4 Q. The word exudate, can it represent infection?  
5 Yes or no?

6 A. Can you ask that again?

7 Q. The word exudate, can it represent an  
8 infection?

9 A. Could an infection present as an exudate?  
10 Yes.

11 Q. Can ground-glass opacity represent an  
12 infection?

13 A. It could.

14 Q. So if I heard you correctly, you don't have --  
15 you're not a radiologist, but you gave your expert  
16 opinion when you filled out the report to the Department  
17 of Health on the CT results. Is that correct? You gave  
18 your expert opinion on the CT images?

19 A. No, that's not --

20 Q. What --

21 A. I gave my opinion based on the radiologist's  
22 interpretation.

23 Q. So for the record, you're saying that you  
24 didn't give your expert opinion?

25 A. I gave my expert opinion on the case. In

1 reviewing the entire case --

2 Q. Talking about CT images of the CT chest.

3 A. My opinion related to the exam, history and  
4 the CT --

5 Q. Just the CT.

6 A. -- report that the radiologist provided.

7 Q. So you're saying that the expert opinion is  
8 upon the radiologist then and not the physician?

9 A. My expert opinion took into account the expert  
10 radiologist reading of the CT.

11 Q. Do you have an expert opinion on the findings  
12 on that CT of the chest?

13 A. I read the report of the radiologist and I had  
14 my opinion on the case, taking that radiologist read  
15 into account.

16 Q. So when the radiologist used the word, may be  
17 infectious, would you say there's a possibility there  
18 can be an infection? Yes or no?

19 A. Yes.

20 Q. And just in plain English, do you agree that a  
21 CAT scan is a lot more sensitive and specific than a  
22 plain chest X-ray?

23 A. In general, is a CT more detailed and specific  
24 to the chest X-ray? Absolutely.

25 Q. Did you in any of your formal training years

1 own or operate a CT machine? Yes or no.

2 A. No.

3 Q. During your formal training years did you get  
4 to -- during your internship year, I believe you said it  
5 was -- what was your internship year, again?

6 A. '93 to '94.

7 Q. '93 to '94. During the years '93 to '94,  
8 during your internship year, how many CT images did you  
9 get to read?

10 A. Did I get to review or --

11 Q. Yourself, yes.

12 A. -- or did I get to interpret?

13 Q. No. Read yourself, interpret yourself.

14 A. Probably -- probably well over a hundred --  
15 few hundred. I'd say a couple hundred.

16 Q. Couple hundred CT images that you gave the  
17 radiological impression on?

18 A. That I looked at myself and correlated with  
19 the radiologist finding. I don't provide formal final  
20 CT reports.

21 Q. That was my question.

22 Have you ever provided a formal final CT  
23 impression?

24 A. For the radiology department? A formal final,  
25 no. Preliminary findings, I state my preliminary

1 suggested findings. I do not put the -- I do not  
2 dictate the report for the radiologist.

3 Q. Do you -- do you get to read CT images today?

4 A. I look at CTs every day I'm at work.

5 Q. Okay. Images?

6 A. I look at CT images every day.

7 Q. And are you good at reading CT images?

8 A. Depends on which part of the body I'm looking  
9 at.

10 Q. How about the CT chest.

11 A. I'm above average to good on chest.

12 Q. Okay. Who are you -- what is your standard of  
13 care -- who are you comparing yourself to when you say  
14 you're above average, let's say, when reading CT images?

15 A. Other emergency physicians.

16 Q. Is it fair to say that emergency physicians  
17 are not radiologists?

18 A. Absolutely we're not.

19 Q. Were you aware that during emergency medicine  
20 residencies the residents are trained in their many  
21 subspecialties, like trauma surgery, general surgery,  
22 internal medicine, pediatric emergency medicine and  
23 radiology?

24 A. Yes.

25 Q. Okay. So my next question will be: Can you

1 explain the difference between the emergency  
2 department -- or inpatient, practice of inpatient  
3 medicine and outpatient medicine, in plain English?

4 A. Absolutely. Inpatient medicine is a patient  
5 that is deemed sick enough to be in the hospital and  
6 treated as an inpatient.

7 Outpatient care is provided with medical  
8 recommendations and maintained at home with follow-up.

9 Q. Okay. Well, I'll try to put it in a question  
10 format because you didn't understand my question: In  
11 the emergency department is it fair to say you have  
12 access to diagnostic testing that the outpatient setting  
13 does not have access to?

14 A. The emergency department does have some tests  
15 that outpatient and clinics do not have.

16 Q. Can you help differentiate the two, inpatient  
17 versus outpatient? Can you give an example of a few  
18 tests that you get to order and get the results of STAT  
19 within the emergency department that you don't get  
20 outside of the hospital? Can you give one or two  
21 examples?

22 A. MRI.

23 Q. Okay. How about some other diagnostic test.

24 A. A lot of -- I did some work on the side in  
25 urgent care and we had -- we did basic chemistry X-ray,

1 EKG, CBC, urines.

2 Q. What was the name of that urgent care center?

3 A. Medi-Quick.

4 Q. What year was that?

5 A. That was while I was still working ER on the  
6 side. That was two years -- from 2000 to 2001.

7 Q. 2001. Is it fair --

8 A. I'm familiar with outpatient.

9 Q. Okay. Is it fair to say you have not  
10 practiced in an urgent care setting since 2001?

11 A. I have not worked in an urgent care. I do  
12 fast track --

13 Q. That wasn't the question.

14 A. I have not worked in an urgent care facility  
15 since 2001.

16 Q. Thank you.

17 Are you familiar with the term CLIA? C-L-I-A.  
18 CLIA.

19 A. Yes, I am.

20 Q. Just plain English, what is CLIA?

21 A. The supervising organization for laboratory  
22 studies and what's required controls, and is CLIA waived  
23 for some tests.

24 Q. You said that you would have ordered -- in  
25 your report to the Department of Health that you would

1 have ordered a CBC. Correct?

2 A. I did say that.

3 Q. Okay.

4 A. I said it -- I believe in my report I said  
5 that would have been reasonable.

6 Q. Okay. Do you know how much a CBC machine  
7 costs?

8 A. No.

9 Q. Why is that?

10 A. Because I don't own an urgent care.

11 Q. Thank you. Have you ever owned a chemistry  
12 panel machine?

13 A. No.

14 Q. Do you know the cost of a chemistry panel  
15 machine?

16 A. No.

17 Q. Do you know how long it takes for you to get a  
18 CBC result in the emergency department?

19 A. Depends on the emergency department.

20 Q. Okay. What is considered a fast result?

21 A. 15 minutes.

22 Q. 15 minutes.

23 When you worked in 2001 in outpatient setting,  
24 how fast did you get the CBC results?

25 A. Probably 15 to 20 minutes.

1 Q. 15 to 20 minutes?

2 A. (Witness nodding head.)

3 Q. Okay. It sounds like you were working in a  
4 setting that was attached to a hospital --

5 A. No. We had a CBC machine, a chemistry  
6 machine, a troponin machine, EKG machine, X-ray, all --

7 Q. That's pretty -- is it fair to say most  
8 outpatient clinics and primary care offices do not have  
9 access to what you had access to in 2001?

10 A. I think the designation between walk-in versus  
11 urgent care, most walk-in clinics do not. I thought the  
12 majority of urgent cares had basic laboratory testing.

13 Q. Why did you assume that?

14 A. By its name, urgent care.

15 Q. By its name?

16 A. Most people -- urgent care -- the urgent cares  
17 I've dealt with often send people to us with abnormal  
18 lab work.

19 Q. Okay. Are you aware that a lot of times the  
20 outpatient setting, they have to order labs through  
21 other laboratories, like Quest?

22 A. Yes.

23 Q. I know you've been in the hospital since 2001.  
24 But do you know roughly how long the turnaround time is  
25 for a CBC or chemistry panel through Quest?

1           A.     24 hours.

2           Q.     Thank you.  Sometimes longer than 24 hours.

3                     So is it fair to say that if you saw this  
4 patient in an outpatient setting, you said you would  
5 order a CBC and a panel that would have taken over --  
6 maybe 24 hours or more.  Is that a fair assumption on my  
7 part?

8           A.     If I had clinical suspicion of pneumonia and  
9 illness, I think that's fair statement, yes, I would  
10 have ordered a CBC.

11          Q.     When you worked in the emergency department  
12 and through your training years, or baptism by fire,  
13 like you said, when you initiate an antibiotic IV for a  
14 person with pneumonia, do you rely on the CBC, always  
15 rely on the CBC?

16          A.     No.

17          Q.     Have you initiated antibiotics without a CBC  
18 or chemistry panel?

19          A.     Absolutely.

20          Q.     Is that prudent to assume on my part that when  
21 you suspect pneumonia you can initiate the antibiotics  
22 and we're actually encouraged, according to the  
23 guidelines, that first dose is very crucial.  Is that  
24 correct?

25          A.     If my review of systems and my physical exam

1 support it, and my patient is sick, I initiate  
2 antibiotics before I get lab work back.

3 Q. When you say a patient is sick, can you  
4 determine how sick a patient is by reading a chart?

5 A. Depends how good the documentation is.

6 Q. Would you say you're very good at  
7 documentation?

8 A. I think like most of us, it depends on how  
9 busy we are. Basically I'm good at documentation.

10 Q. You're good at documentation.

11 And are you -- I don't know if you made that  
12 point before, but are you electronic or do you still use  
13 paper charts?

14 A. Electronic.

15 Q. Is it all electronic?

16 A. Electronic and voice dictation.

17 Q. You use both?

18 A. I use voice dictation and templates.

19 Q. Okay. Currently you use both, templates and  
20 voice dictation?

21 A. Correct. But it's all electronic.

22 Q. And how long does it take for you to fill out  
23 a single patient chart?

24 A. Depends if it's level two or level five visit.  
25 Anywhere from five to 15 minutes.

1 DR. IM: Your Honor, am I allowed to object  
2 to my own question if he's answering away from what  
3 I was trying to ask? Or --

4 THE COURT: Well, usually an objection is  
5 raised by the opposing party. If you believe that  
6 the witness is not answering a question, however you  
7 redirect the witness is up to you.

8 DR. IM: Okay.

9 THE COURT: You may ask me to ask the witness  
10 to answer the question.

11 DR. IM: Okay.

12 THE COURT: But I can't decide for you how  
13 you choose to do that.

14 DR. IM: Okay.

15 BY DR. IM:

16 Q. You went over the charts and you mentioned  
17 that you had a little issue with naproxen and Naprosyn  
18 with the Warfarin, the blood thinner on Patient J.K. is  
19 that correct?

20 A. It's a mild concern, yes. It was documented  
21 as a concern.

22 Q. Do you take a patient's diet history?

23 A. I usually do not.

24 Q. You do not.

25 Are you aware of some of the food items that

1 can interfere with Warfarin, the blood thinner?

2 A. If they're on Warfarin, I'll correct that. I  
3 do ask about vegetables, vitamin K-containing products,  
4 yes.

5 Q. Just for the Court, why do you ask about  
6 vitamin K in Warfarin, in plain English?

7 A. Because those foods and diet changes do  
8 counteract and affect the medication.

9 Q. Foods such as grapefruit and other foods that  
10 maybe get metabolized to the liver to a degree  
11 can interfere with these medications -- medications, in  
12 general, but Warfarin, in particular?

13 A. Yes.

14 Q. In your opinion, have you seen  
15 life-threatening bad outcomes from people on Warfarin,  
16 either through unknowingly taking vitamin K supplements  
17 or food items have bleeding episodes?

18 A. Usually the other way around, usually the  
19 medicine -- the diet counteracts the Warfarin.

20 Q. Have you ever had a patient bleed from too  
21 much Warfarin, either accidentally or --

22 A. Commonly.

23 Q. Commonly.

24 And what is the most serious outcome of the  
25 Warfarin --

1 A. Death.

2 Q. Death.

3 When you were reviewing the chart on Mr. J.K.,  
4 were you aware that the VA had him on several  
5 medications such as amlodipine. I think you read that  
6 before. Amlodipine.

7 A. I don't know about several, but it was  
8 listed -- yes. Amlodipine.

9 Q. Diclofenac?

10 A. Diclofenac was not on --

11 Q. In the VA chart.

12 A. Not on your --

13 Q. It's in the VA chart. It's in exhibit --

14 DR. IM: Give me a second. Ms. Edwards, do  
15 you have that VA -- the health summary from the VA?

16 MS. EDWARDS: Wasn't that in the exhibit that  
17 you --

18 DR. IM: Pretty sure you submitted that.

19 MS. EDWARDS: The exhibit that --

20 DR. IM: I would like to introduce maybe  
21 Exhibit No. 13, the health summary that you gave to  
22 me, Ms. Edwards, from the VA, which was a list of  
23 all the patient's medications.

24 Do you have that? I guess show it to the  
25 Judge.

1 MS. EDWARDS: Exhibit 13 that you provided --

2 DR. IM: I labeled it 13. Yes. I faxed you  
3 that copy.

4 MS. EDWARDS: Yes.

5 DR. IM: Would you be able to present that to  
6 Dr. Davis?

7 MS. EDWARDS: Your Honor, may I --

8 THE COURT: Yes.

9 MS. EDWARDS: The exhibit that you're  
10 requesting has several of your personal notes, so I  
11 would not be comfortable with the review of this. I  
12 did bring a clean copy of it. I know that you  
13 marked this up, but I would not be comfortable with  
14 him looking at --

15 DR. IM: That's okay. Do you have a clean  
16 copy?

17 MS. EDWARDS: I do.

18 DR. IM: Would you be able to show that to  
19 Dr. Davis?

20 MS. EDWARDS: I would. Your Honor, would you  
21 like a clean copy, as well?

22 THE COURT: I would. Thank you.

23 DR. IM: Dr. Davis, I'll wait for you to  
24 review, if you haven't seen it yet.

25 MS. EDWARDS: Your Honor, may we take a brief

1 bathroom break? I'm sorry to interrupt.

2 THE COURT: No, that's fine.

3 MS. EDWARDS: Do you have multiple questions  
4 left, Dr. Im?

5 DR. IM: Yes.

6 MS. EDWARDS: May I take a bathroom break  
7 since they're having to review records.

8 THE COURT: Madam Court Reporter, do you need  
9 a break, as well?

10 THE REPORTER: I'm fine.

11 THE COURT: This would be a good time to  
12 break.

13 Let me ask you this, Dr. Im: Do you know  
14 about how much longer you'll be with this witness?

15 DR. IM: With this witness, I would guess  
16 about another 30 minutes.

17 THE COURT: Okay. So let's go ahead and  
18 take -- you said just a bathroom break?

19 MS. EDWARDS: Yes, Your Honor.

20 THE COURT: So then we'll take a break for --  
21 it's 12:16 now. If you can be back at 12:21, kind  
22 of a weird number. But let's just take five  
23 minutes.

24 THE WITNESS: Thank you, Your Honor.

25 (Recess taken at 12:16 p.m. Resumed at

1 12:23 p.m.)

2 THE COURT: Okay, Dr. Im.

3 BY DR. IM:

4 Q. Dr. Davis, you had a chance to look over that  
5 exhibit?

6 A. Yes, I have.

7 Q. Do you see that the patient was on a good  
8 number of medications? Like you said, a lot of VA  
9 patients, do you see the Amlodipine?

10 MS. EDWARDS: Objection. Before we get  
11 started on this, if I may.

12 THE COURT: Okay.

13 MS. EDWARDS: I have an objection to the  
14 relevancy of this line of questioning. This health  
15 summary was not available to Dr. Im at the time of  
16 treating Patient J.K., he received this information  
17 after the investigation. So this information would  
18 not have been something in his possession during the  
19 time of treatment. So it's not relevant to the case  
20 at hand or the issues that are before us today.

21 THE COURT: Okay. Did Dr. Davis review this  
22 health summary in forming his opinion?

23 MS. EDWARDS: Not to my knowledge,  
24 Your Honor.

25 THE COURT: Your response, Dr. Im?

1 DR. IM: Actually, some of these medications  
2 were on the notes that Ms. Virginia Edwards, during  
3 her questioning of Dr. Davis.

4 BY DR. IM:

5 Q. Do you remember, Doctor --

6 DR. IM: Well, a lot of these medications,  
7 Your Honor, was verbally given to my staff when they  
8 saw Mr. J.K. on the 15th and the 16th, because we  
9 always ask about prior medications.

10 So there's a lot of medications on there  
11 that's pertinent to this case.

12 THE COURT: How so?

13 DR. IM: Because even when we ask a question  
14 verbally to go off their memory, many times they're  
15 not able to recall other medications. So there were  
16 a few medications on the -- that was not recorded in  
17 the notes that was submitted, but that's actually --  
18 that the patient was currently taking. And it  
19 happens quite a bit in medicine, with polypharmacy  
20 with so many medications out there, including  
21 over-the-counter supplements.

22 THE COURT: Okay. How does that -- how does  
23 this list relate to that --

24 DR. IM: That was going to be my next  
25 question I was going to ask Dr. Davis, but I can --

1 a lot of these medications that we did record,  
2 including Amlodipine, has very similar interactions  
3 with Tikosyn. The heart medicine that Mr. J.K. was  
4 on.

5 THE COURT: Okay. Just a moment.

6 I'm going to give you some leeway here on  
7 this question, on the questioning, if it gets too  
8 far afield --

9 DR. IM: It won't.

10 THE COURT: If it gets far afield, I will  
11 advise you to redirect your questioning. Okay?

12 BY DR. IM:

13 Q. Dr. Davis --

14 THE COURT: So that objection is overruled  
15 for now.

16 BY DR. IM:

17 Q. Dr. Davis, do you recall when you stated if  
18 you reviewed the notes from Exceptional Urgent Care  
19 Center, when Ms. Edwards asked you one of the  
20 medications you read was Amlodipine. Is that correct?

21 A. That is correct.

22 Q. Also dofetilide, the Warfarin and the  
23 Tamsulosin. Is that correct? T-A-M-S-U-L-O-S-I-N.  
24 Tamsulosin? Were you aware prior to today that  
25 Amlodipine has very serious contraindications with

1 Tikosyn?

2 A. No, I'm not.

3 Q. Were you aware prior to today that the  
4 patient, Mr. J.K., was on vitamins, supplements,  
5 over-the-counter medication that had contraindications  
6 with Tikosyn?

7 A. I didn't see that documented in your notes.

8 Q. No, I didn't ask about my notes. Were you  
9 aware, did you get to review the Department's case?

10 A. Yes, I reviewed the case, and in your  
11 deposition you mentioned vitamins and questioned the  
12 relation of medicines and vitamins.

13 Q. So is it safe to say that you did not get to  
14 review for this case as an expert witness the patient's  
15 medications and medical history that the VA supplied,  
16 the VA hospital supplied?

17 A. My review is based on your record.

18 Q. Just my record? Yes?

19 A. My case review was based on your record.

20 Correct.

21 Q. I'll just move on for time's sake.

22 Did you get to read, Dr. Davis, the actual  
23 interview and the written complaint by Mrs. K.K. to the  
24 Department of Health?

25 A. Yes, I did.

1 Q. Do you remember where she stated that for his  
2 sore throat she gave him over-the-counter Cepacol?

3 A. I do not recall the details of that.

4 Q. Do you remember when she stated that she gave  
5 Tylenol for fever to her husband, J.K.?

6 A. Yes, I do.

7 Q. Does Tylenol help reduce fever? Yes or no?

8 A. Yes, it does.

9 Q. So is it fair to assume a patient who's on  
10 Tylenol and pneumonia may not have a fever?

11 A. Patient on Tylenol with pneumonia may not have  
12 a fever. Is that your question?

13 Q. Yes or no. Is that a possibility?

14 A. Yes, it is a possibility.

15 Q. You stated in your expert opinion that the  
16 oxygen level, 96 percent, is one of the criteria you  
17 would use to diagnose pneumonia. Is that correct?

18 A. Oxygen saturation is one of the components  
19 used in conjunction with many other things.

20 DR. IM: I realize that me introducing,  
21 myself, when I introduce these exhibits it just  
22 takes so long, I apologize.

23 I have Exhibit No. 7 that was used during the  
24 deposition, it was labeled No. 7 during the  
25 deposition. If I could show it to Ms. Edwards, she

1 probably has a clean copy -- because I didn't  
2 realize I had to provide all the copies, so I marked  
3 mine up. This one here (indicating). This is the  
4 one during deposition.

5 MS. EDWARDS: Okay.

6 DR. IM: Do you have a clean copy? Would you  
7 be able to show that to Dr. Davis?

8 MS. EDWARDS: Your Honor, may I approach the  
9 witness?

10 THE COURT: Yes. Okay.

11 BY DR. IM:

12 Q. Dr. Davis, do you need a minute to look at  
13 that over, or --

14 A. No, I've looked at this before. I'll be glad  
15 to answer any specific questions.

16 Q. If you turn to the second page, do you see  
17 what's underlined there? Would you be able to read  
18 that?

19 A. What's underlined on page two of this  
20 diagnostic testing?

21 Q. Sorry, the -- make sure you have the right  
22 exhibit. The infectious disease society, says  
23 guidelines, management --

24 A. Right. From 2007.

25 Q. Yeah. So I think -- it's a strange page

1 number, but I think it's S-28.

2 A. Correct.

3 Q. Okay. Can you read what's underlined there.

4 A. In addition to a constellation of suggestive  
5 clinical features, demonstrable infiltrate by chest  
6 X-ray or other imaging technique with or without  
7 supplement, supporting microbacterial data, is required  
8 for the diagnosis of pneumonia.

9 Q. Would you agree with that statement as an  
10 expert witness?

11 A. Level three evidence, I don't fully agree with  
12 that.

13 Q. Okay. If you turn to the very next page, I  
14 think it's S -- one second here -- S-29. Do you see the  
15 section where it says outpatient treatment?

16 A. I do.

17 Q. Okay. Once again, just to clarify, would you  
18 agree, yes or no, that outpatient treatment and  
19 inpatient treatment is very different?

20 A. I would agree.

21 Q. Okay. So in this guideline there, do you see  
22 where it says, presence of comorbidities? Can you  
23 define in plain English, what are comorbidities?

24 A. Chronic health issues, diabetes, heart  
25 failure.

1 Q. Would you say Mr. J.K. had comorbidities when  
2 you reviewed the chart?

3 A. I would, yes.

4 Q. Do you see on the same page where it says a  
5 respiratory fluoroquinolone, I have underlined,  
6 levofloxacin, which is Levaquin, strong recommendation  
7 of level one evidence.

8 Do you see that?

9 A. I do see that.

10 Q. Do you agree with that statement as an expert  
11 witness?

12 A. In this day and age, no. This is an article  
13 from 2007.

14 Q. Are you familiar with the Infectious Disease  
15 Society and the Thoracic Society?

16 A. Yes, I am familiar.

17 Q. Are you aware that it's the gold standard, and  
18 even though when you're saying is the year, are you  
19 stating that these guidelines are not current because of  
20 the year of the article?

21 A. They have been updated since this point in  
22 time.

23 Q. Would you share the update, if that's not an  
24 accurate statement?

25 A. I don't -- I don't have a printout of it. But

1 it has been updated. And I think it was this year. I  
2 don't use -- I don't use Infectious Disease Society  
3 Guidelines for my typical care. I think it is an option  
4 of care.

5 But this directly contraindicated -- this  
6 contradicts several other sources, like UptoDate, from  
7 this 2007.

8 Q. Are you familiar with the term gold standard  
9 in the practice of medicine?

10 A. I am.

11 Q. There are many standards, you agree?

12 A. Yes.

13 Q. In emergency are you familiar with the  
14 guidelines for community-acquired pneumonia put out by  
15 the American College of Physicians?

16 A. I look at ACP's policy statements and  
17 guidelines. I can't quote their pneumonia guideline.

18 Q. So is it safe to say you do not know the  
19 current guidelines from the American College of  
20 Emergency Physicians as far as treating  
21 community-acquired pneumonia?

22 A. Can I recite them right now? No I can't.

23 Q. So you can't refute or argue against the --  
24 that fluoroquinolones, Levaquin, in particular, is the  
25 drug of choice with comorbidities?

1           A.     Actually, I did look at ACP's policies and I  
2 do remember them referencing Intrathoracic Infectious  
3 Disease Society.

4           Q.     Correct.

5           A.     And I don't know the date when that policy was  
6 put out or when it was updated.

7                     I do know that my reference on UpToDate  
8 differs from this.

9           Q.     Can we turn to S-45, page S-45. You'll see on  
10 the top table two, outpatient treatment?

11          A.     Yes.

12          Q.     Do you see the underlined area, respiratory  
13 fluoroquinolone -- the dosages is wrong. Do you see  
14 that 750 milligram dosage?

15          A.     I do.

16          Q.     Are you familiar with the dosing of Levaquin?

17          A.     Yes, sir, I am.

18          Q.     Do you know if Levaquin is indicated for the  
19 treatment of acute bronchitis? Yes or no.

20          A.     No.

21          Q.     Okay. So, no, as in it's not indicated for  
22 bronchitis?

23          A.     In this day and age, standard would not be to  
24 use Levaquin for bronchitis.

25          Q.     That wasn't the question. My question was not

1 what you prefer. Do you know in the insert of Levaquin  
2 if acute bronchitis is an indication for treatment? Yes  
3 or no?

4 A. I don't know what the package insert says.

5 Q. Do you look at the package insert for  
6 Levaquin?

7 A. Have I ever?

8 Q. In the last two weeks.

9 A. No.

10 Q. The last year?

11 A. In the last year, yes.

12 Q. Do you recall if Levaquin was an indication  
13 for acute bacterial bronchitis?

14 A. I know it used to be.

15 Q. And it still is.

16 All right. Probably repetitive, but we're on  
17 the exhibit, the last page there. Look at S-47. It's  
18 just repeating a respiratory fluoroquinolone level --  
19 respiratory fluoroquinolone, levofloxacin,  
20 750 milligrams, strong recommendation level one  
21 evidence.

22 So I'm done with that exhibit. Yes, I'm done  
23 with that exhibit there.

24 If I could just ask a couple more questions?

25 THE COURT: Are you offering this exhibit

1 into evidence?

2 DR. IM: Yes, please.

3 THE COURT: Ms. Edwards, any objection?

4 MS. EDWARDS: May I approach the witness? I  
5 don't have my copy.

6 THE COURT: Yes.

7 MS. EDWARDS: Thank you.

8 I object, Your Honor. Again, this is an  
9 incomplete copy. If you look at the page numbers at  
10 the bottom, also there's underlines and markings in  
11 there. And I don't think that there's a proper  
12 foundation or authentication to get this article in.  
13 The expert testified that this is -- infectious  
14 disease article itself is not something that he  
15 reviewed based on his opinion. And I don't believe  
16 that it should come in.

17 THE COURT: Dr. Im, do you have a complete  
18 copy of this article?

19 DR. IM: This is available online. But, no,  
20 not today I do not.

21 THE COURT: Okay. With Exhibit No. 7 --  
22 Dr. Im, I'll explain this at the end of the hearing.  
23 But you'll need to provide a complete copy of this  
24 article.

25 DR. IM: Okay. I apologize, Your Honor, I

1 thought I was making it more simple for the Court  
2 and the original one that I showed Ms. Edwards  
3 during the deposition was literally, as you know, it  
4 can be 30 pages, I thought I was just simplifying  
5 it.

6 THE COURT: So you are to provide a complete  
7 copy of the article and I'll let you know at the end  
8 of the hearing how much time you have to do that.

9 DR. IM: That's fine. Thank you.

10 THE COURT: Ms. Edwards, your objection's  
11 noted. However, if I recall correctly the expert  
12 indicated that the society that produced this  
13 article is recognized as a -- I don't want to say --  
14 let me see exactly what he said -- that it is  
15 recognized as authoritative in the area of  
16 infectious disease and as it relates to this case  
17 there's a question whether there's pneumonia, and it  
18 is cross-examination of the Department's expert. So  
19 as it relates to the date of the article and what is  
20 the most updated copy, since we don't have any other  
21 copy or any other reference to review, which Dr. Im  
22 has indicated is the most recent article, then my  
23 review of that article and the testimony as it  
24 relates to that article will be considered -- in  
25 evidence will be considered as it relates to the

1 weight as opposed to whether it should be admitted.

2 So Exhibit No. 7 is admitted over the  
3 petitioner's objection.

4 And Dr. Im, you will have a date certain to  
5 provide a complete copy.

6 DR. IM: Absolutely.

7 THE COURT: Okay.

8 (Respondent's Exhibit No. 7 received in  
9 evidence.)

10 BY DR. IM:

11 Q. Dr. Davis, just on Levaquin. Are you familiar  
12 with the indications of Levaquin?

13 A. Yes.

14 Q. Could you name a few indications for Levaquin.

15 A. Resistant UTI that's sensitive to Levaquin,  
16 quinolone, pneumonia.

17 Q. Can you state the dosage?

18 A. It depends on the renal -- depends on their  
19 GFR --

20 Q. Normal renal function.

21 A. Typically 750 milligrams.

22 Q. Can you, in plain English, define the  
23 pathophysiology difference between bronchitis, acute  
24 bacterial bronchitis and pneumonia, not in radiological  
25 terms.

1           A.     Bronchitis is simple inflammation of the  
2     airways. Can be from many causes.

3           Q.     I said acute bacterial bronchitis?

4           A.     Bronchitis versus bacterial bronchitis.  
5     Bronchitis is the airways in a basic level, bronchitis  
6     bacterial is inflammation of the airways with secondary  
7     bacterial growth. Whereas pneumonia is consolidation,  
8     intraparenchymal, in the deeper tissues. How about  
9     that.

10          Q.     Right. The word consolidation is what I was  
11     hoping you would say. What is consolidation?

12          A.     Consolidation is noted with respect to  
13     pneumonia?

14          Q.     Yes.

15          A.     Consolidation with respect to pneumonia is a  
16     fluid shift related to bacteria that causes visible  
17     congestion in lung tissue and decreases airflow.

18          Q.     In plain English, is acute bacterial  
19     bronchitis and pneumonia, is that a continuum?

20          A.     Can be.

21          Q.     You stated in your interview to the Department  
22     of Health, and I quote, patient was not given inhalers.  
23     Can you clarify that statement?

24          A.     Sure. If a patient has a viral bronchitis or  
25     upper respiratory, I would prefer, even personally, an

1 inhaler over an antibiotic because opening the lung  
2 tissue, the body can clear mucous and clear congestion.  
3 So I think it's safer, number one. And more effective.  
4 And literature supports that.

5 Q. Which inhaler are you talking about?

6 A. That comes to physician choice.  
7 Bronchodilators are typical, like albuterol.

8 Q. Albuterol. Are you aware that albuterol has a  
9 severe interaction with Tikosyn?

10 A. It may, depending on the dose. So then I may  
11 go with ipratropium.

12 Q. That was my question. Are you aware yes or no  
13 that albuterol, which you mentioned as an inhaler, has  
14 serious, severe, as it says, possible interaction with  
15 Tikosyn?

16 A. Yes, it's a beta stimulant.

17 Q. Would you still give Mr. J.K. albuterol?

18 A. I would consider it at low dose depending  
19 on --

20 Q. Why would you still consider a medication that  
21 has such a severe contraindication to Tikosyn?

22 A. I'd run it through the drug checker and see  
23 the degree of risk. With patients on Tikosyn and  
24 other --

25 Q. Just talking about Tikosyn.

1 A. Tikosyn.

2 Q. Would you, yes or no, use albuterol on  
3 Mr. J.K. who was on Tikosyn?

4 A. I would consider it if it was short of breath  
5 and wheezing.

6 Q. Would you counsel Mr. J.K. and Mrs. K.K.  
7 before using albuterol?

8 A. If there's a warning, interaction warning,  
9 yes, I would.

10 Q. You stated in your interview to the Department  
11 of Health that Dr. Im did not counsel the patient. How  
12 did you come to that conclusion?

13 A. In reviewing this record, even with the  
14 addenda note --

15 Q. Which record?

16 A. Looking at your medical record from the 16th.

17 Q. Does it state on that record that I did not  
18 counsel the patient? Yes or no?

19 A. Doesn't state that you did.

20 Q. That wasn't my question. Does it state in the  
21 chart that I did not go over the results with the  
22 patient in the room, the CT results and the INR results?  
23 Does it state in the chart that I did not go over those  
24 results with the patient, yes or no?

25 A. There is no statement in this chart that says

1 you did not talk to the patient.

2 Q. Did you get to read Mrs. K.K.'s deposition or  
3 her letter of complaint to the Department of Health?

4 A. Yes, I did.

5 Q. Okay. Were you aware that she complained in  
6 written form and during the deposition her main premise  
7 was that I did not counsel the patient, Mr. J.K., her  
8 husband?

9 A. I know that was one of the -- in her written  
10 claim, yes.

11 Q. Can you define the word counsel?

12 A. Definition -- if I counsel the patient, I  
13 would expect it to include procedure of medicine-wise,  
14 risk of the medication with specifics, benefits and  
15 options.

16 Q. In the ER when you go over CT chest results  
17 with patients that you see with pneumonia, do you go  
18 over the results with the patient verbally,  
19 face-to-face?

20 A. Yes.

21 Q. Do you always document in your chart that  
22 you've reviewed the CT results with the patient in every  
23 chart?

24 A. In every chart? No.

25 Q. So is it fair to assume that even if you don't

1 document in every chart, that you went over the CT  
2 results with the patient, that you in -- in actuality  
3 you may have gone over the CT results with the patient  
4 verbally?

5 A. If I didn't document it I can't say I did it.

6 Q. That wasn't the question.

7 A. Then rephrase.

8 Q. So is it true for me to -- is it safe to  
9 assume that even if you did not document in your notes  
10 when you see patients with pneumonia in the ER,  
11 emergency department, even without the documentation is  
12 it safe to assume -- or is it correct to assume that you  
13 may have gone over the results verbally, but not have  
14 documented it in every chart?

15 A. No. If I say a patient has pneumonia, I've  
16 counseled them on their diagnosis.

17 Q. So the question before was: Do you in every  
18 chart, when you go over the results of the CT, chest  
19 results, do you document in every chart that you see  
20 that you counseled the patient on the CT results?

21 A. Specifically, I can't say I do in every chart.

22 Q. When you go over lab results, CBC, chemistry  
23 panels, do you document in your chart that you've gone  
24 over the results with the patient, every patient that  
25 you come across in the emergency department?

1 A. Every patient?

2 Q. Yes.

3 A. I'll say no.

4 Q. Okay. So is it safe to assume that most  
5 emergency department doctors, lots of things they say in  
6 the room, not everything gets documented verbatim into  
7 the chart. Is that correct?

8 A. I think important stuff is documented.

9 Q. Do you consider CT results important?

10 A. Yes.

11 Q. Do you document all CT reports that you've  
12 gone over with patients, do you document in every  
13 patient chart?

14 A. I document the CT report. Did I counsel every  
15 patient on that CT report? I can't say I did.

16 Q. Again, the -- when Dr. Im -- sorry, referring  
17 to myself in third person, if that's okay, it's just  
18 easier for me to present. Or should I just say me?

19 THE COURT: If you're asking me, you can  
20 present however you choose. Usually if you refer to  
21 yourself in third person, but it's up to you. But  
22 you don't need to do that.

23 DR. IM: All right.

24 BY DR. IM:

25 Q. Is it safe to assume, Dr. Davis, that when I

1 entered the room with Mr. J.K., the patient, he was very  
2 ill. In his deposition -- he's not here right now. In  
3 his deposition he stated he was so ill he doesn't recall  
4 my conversation with him?

5 MS. EDWARDS: Objection. Respondent's  
6 testifying.

7 DR. IM: Okay.

8 THE COURT: Are you leading up to a question,  
9 Dr. Im?

10 DR. IM: I was going to.

11 THE COURT: Okay. Overruled. Go ahead with  
12 your question.

13 BY DR. IM:

14 Q. If, if I entered the room with Mr. J.K. and  
15 went over the preliminary CT results, would you consider  
16 that counseling?

17 A. Counseled as to the results? Counseling on  
18 what, specifically?

19 Q. Would that be part of counseling the patient?

20 A. Going over CT report/results is a form of  
21 counseling.

22 Q. Thank you.

23 If I spoke to Mrs. K.K. on the phone and went  
24 over the importance of using Levaquin as a drug of  
25 choice, and that the other antibiotics would not work in

1 this situation because of the seriousness of his  
2 illness, would you consider that as an expert witness  
3 part of counseling?

4 A. If it was done?

5 Q. Yeah. If.

6 A. If it was done and documented, I guess it was.  
7 If it was done I would consider -- counseling can be  
8 done in person, on the phone...

9 Q. If I spent -- let me rephrase it.

10 If I spoke to Mrs. K.K. on the phone the day  
11 after she presented on March 16th, and tried to reassure  
12 her that the risk of Levaquin and Tikosyn is very rare,  
13 would you consider that part of counseling?

14 A. If you spoke with the patient on the phone or  
15 the patient's spouse, that can be considered counseling.

16 Q. Again, I apologize the plaintiffs are not  
17 here, so I think I'm down to my last question, actually.

18 The practice of medicine, would you agree,  
19 especially nowadays, there are newer and newer  
20 prescription medications, but specifically more what I  
21 want -- what I want to ask is there's so many  
22 over-the-counter medications. How do you stay up with  
23 all these over-the-counter medications in your practice  
24 of medicine today?

25 A. I use Epocrates and --

1 Q. I say over the counter.

2 A. Over the counter you can still pull up -- you  
3 can't keep up with all of them.

4 Q. How about verbal supplements?

5 A. What about them?

6 Q. How do you stay up with all these different  
7 herbal supplements that people are on nowadays?

8 A. Specific to whatever patients tell me they're  
9 on.

10 Q. No. I said, how do you stay current, is my  
11 question? How do you --

12 A. If a patient tells me they're on a specific  
13 herb, I go online and look it up.

14 Q. Do you go look up every herb that the patient  
15 brings up?

16 A. If it's in question related to their illness,  
17 I do.

18 Q. So I'll rephrase the question: Do you always  
19 look up, when you see a list on a patient's chart, do  
20 you look up every single herbal supplement --

21 A. No, I do not.

22 DR. IM: Thank you. I don't think I need to  
23 get specific with that. I'll skip that.

24 One more exhibit. Sorry. I have to  
25 introduce my last exhibit. It's a drug insert from

1 the medication Tikosyn. I think mine is marked up.  
2 I have it as Exhibit No. 10. And it is the drug  
3 insert from the medication Tikosyn. Yes, that's the  
4 one. Can you present it to Dr. Davis? That will be  
5 my last exhibit.

6 MS. EDWARDS: Can I approach?

7 THE COURT: Yes.

8 DR. IM: Would you like a minute to look that  
9 over? It's just the drug insert.

10 THE WITNESS: Okay.

11 BY DR. IM:

12 Q. Dr. Davis, is it -- well, let me show you the  
13 insert here. Hopefully I have a complete -- if you turn  
14 to page, I think it's page nine, do you see the warnings  
15 under ventricular arrhythmias?

16 A. Third page on mine?

17 Q. Yes.

18 A. Yes.

19 Q. Could you read that.

20 A. Tikosyn can cause serious ventricular  
21 arrhythmias, primarily torsades-type ventricular  
22 tachycardia, polymorphic ventricular tachycardia  
23 associated with QT interval prolongation. QT interval  
24 prolongation is directly related to dofetilide plasma  
25 concentration.

1 Q. Yeah. Very scientific. But we don't -- you  
2 say you're very familiar with Tikosyn. Correct?

3 A. I am familiar with Tikosyn, yes.

4 Q. So we can go off this.

5 So with Tikosyn, do you know the incidence of  
6 ventricular dysrhythmia while patients are on Tikosyn?

7 A. Do I know the incidence of being on Tikosyn  
8 alone, without other --

9 Q. Yes, sir, Tikosyn alone, by itself, without  
10 drug-to-drug interactions?

11 A. I can't tell you the incidence of that drug  
12 causing more harm than good. What's your question  
13 related to the --

14 Q. No, I said have you looked at the insert  
15 before for the medication Tikosyn?

16 A. Yes.

17 Q. So are you familiar with the medicine Tikosyn?

18 A. I'm familiar with the medicine.

19 Q. Okay. Do you know the incidence of fatal --  
20 or high-risk dysrhythmias while on Tikosyn, roughly?

21 A. I can't quote it, know.

22 Q. We can go to page --

23 A. Like around three percent.

24 Q. Yeah. That's what -- so the -- I didn't want  
25 to get too scientific. Yeah, roughly three percent. So

1 three percent in simple math, would you consider that in  
2 the medical world, would you consider that low risk,  
3 medium risk or high risk, in your expert opinion?

4 A. In general, three percent is low. When you  
5 consider -- I'll just say in general terms, three  
6 percent is low.

7 Q. How many cases of torsades have you seen in  
8 your career?

9 A. In my career, including ambulance, probably  
10 true torsades --

11 Q. True torsades.

12 A. Probably five.

13 Q. I saw two.

14 So is it safe to assume in your expert opinion  
15 torsades is very rare?

16 A. It is rare.

17 Q. So if three out of a hundred patients are at  
18 risk for developing torsades, do you consider that low  
19 risk?

20 A. Three percent --

21 Q. Is low risk.

22 A. -- is low. Is it acceptable? Three percent  
23 is low, and I'll leave it at that.

24 Q. So in your expert opinion, with somebody who  
25 has chronic atrial fibrillation, would you prescribe

1 Tikosyn? In your single expert opinion.

2 A. Once again, I said I would like Tikosyn  
3 prescribing to the cardiologist.

4 Q. If you could answer the question.

5 Would you --

6 A. No.

7 Q. Why not?

8 A. Because I leave -- I leave Class III  
9 antidysrhythmic to cardiology to prescribe.

10 Q. Why is that?

11 A. Because it's a subspecialty drug.

12 Q. Correct.

13 Can you define that in plain English? What  
14 does that mean?

15 A. It's a more specialized medicine for more  
16 significant heart rhythm problems. And most --

17 Q. Used for atrial fibrillation. Correct?

18 A. Primarily.

19 Q. Do you know how common atrial fibrillation is  
20 in the elderly?

21 A. Extremely.

22 Q. Extremely common. But yet Tikosyn is a rare  
23 medication. Correct, used by subspecialists, you said?

24 A. Used by specialists. Used by cardiologists.

25 Q. Electrophysiology, specifically, correct?

1           A.     Can be used by EP docs, but it's used by  
2 cardiologists, as well.

3           Q.     In your opinion, are you aware if an  
4 outpatient, outpatient cardiologist can initiate  
5 Tikosyn?

6           A.     Yes.

7           Q.     Are you sure?

8           A.     Uh-huh.

9           Q.     Were you aware that a patient on Tikosyn has  
10 to be admitted to the hospital for observation for  
11 minimum three days?

12          A.     They --

13          Q.     Were you aware? Yes-or-no question.

14          A.     I'll rephrase.

15          Q.     It's a yes-or-no question.

16                 Were you aware that a patient has to be  
17 admitted to the hospital for three days minimum for  
18 observation to initiate this medication, Tikosyn? Yes  
19 or no?

20          A.     I will correct my statement and say, yes, I  
21 will, on a dofetilide drip.

22          Q.     You were aware prior to today that -- okay.

23          A.     So I'm recanting my prior statement of  
24 initiating outpatient Tikosyn is -- that's up to the  
25 cardiologist.

1           Q.     Is there such thing as initiating Tikosyn in  
2 an outpatient setting?

3           A.     No.

4           Q.     Thank you.

5                     So just along this same line. In order to  
6 initiate Tikosyn, a patient has to be admitted to the  
7 hospital for three days. Do you know why? In your  
8 expert --

9           A.     Because they're going to be monitored.

10          Q.     Why?

11                    MS. EDWARDS: Objection to this line of  
12 questioning. The issues at fact -- relevancy  
13 objection. May I explain?

14                    THE COURT: Yes.

15                    MS. EDWARDS: The issues at fact are not  
16 regarding whether or not Tikosyn was prescribed. I  
17 believe we've allowed a lot of leeway on these  
18 Tikosyn questions. But the Tikosyn was not  
19 prescribed by Dr. Im, and that is not related to the  
20 issue. The related issue is the prescribing of the  
21 Levaquin, and I believe that we're going very far  
22 into the Tikosyn prescription and the cardiologist,  
23 which is not what Dr. Davis is an expert in.

24                    THE COURT: All right. Dr. Im?

25                    DR. IM: The practice of medicine, it is very

1 dangerous to just narrowly focus on one medication,  
2 and that's what Ms. K.K. did, she focused on  
3 Tikosyn. So what I am trying to get the expert  
4 witness to share with the Court is why this  
5 medication is so subspecialized.

6 THE COURT: Okay.

7 DR. IM: Neither Dr. Davis nor myself have  
8 initiated it, so I just want to ask him -- because  
9 Mrs. K.K.'s -- who's not here yet -- main premise is  
10 because of her husband being on Tikosyn, and that's  
11 all she focused on, not the other medication.

12 So I would like the expert witness to give  
13 his opinion on Tikosyn. So if I can proceed.

14 THE COURT: I think you have asked -- looking  
15 at my notes -- extensive questions regarding the  
16 interaction between Tikosyn and Levaquin, which is  
17 at issue in this case. So if you have any  
18 additional questions related to those two drugs and  
19 how they interact with each other then that would be  
20 the appropriate line of questioning at this point.

21 And based on -- just looking here, again, at  
22 my notes. Based on the doctor's testimony, he's  
23 made it clear he's not a cardiologist, and he has no  
24 training in that area --

25 DR. IM: Okay.

1           THE COURT:  -- because his background and  
2           certifications are in family medicine and emergency  
3           medicine.

4           So that objection is sustained.

5           DR. IM:  Okay.

6  BY DR. IM:

7           Q.    So my last question, then, would be:  
8           Dr. Davis, you stated you're not an expert in  
9           cardiology, you're not an expert in pharmacy, you're not  
10          an expert in radiology.  But yet you gave expert  
11          testimony to support the plaintiffs, who are not here  
12          yet.

13          Would you consider yourself an expert in  
14          urgent care medicine?  Yes or no?

15          A.    Yes.

16          Q.    How do you come to that conclusion that you  
17          are an expert in urgent care medicine?

18          A.    With dual certification in family medicine and  
19          emergency medicine, I think I clearly understand the  
20          field of -- and I do fast-track in the emergency  
21          department on days, so --

22          Q.    That's still inpatient.

23          A.    Outpatient setting, with testing options.

24          DR. IM:  Your Honor, maybe if you could  
25          redirect the witness here.  I'll ask it again.

1 BY DR. IM:

2 Q. Yes or no. I just want you to answer yes or  
3 no. Are you stating for the record that you are an  
4 expert in urgent care medicine?

5 A. Yes.

6 Q. I'm confused, Dr. Davis. If you ask, let's  
7 say the case at hand, to give you leeway because you're  
8 not an expert in pharmacy, expert in cardiology and  
9 expert in radiology, but yet you're using a criteria to  
10 say you're an expert in urgent care medicine, that  
11 criteria is based on what?

12 A. Because urgent care is split between primary  
13 family medicine and emergency medicine.

14 Q. Whose definition is that?

15 A. There is no residency for urgent care, sir.

16 Q. Is there a fellowship in urgent care medicine?  
17 Yes or no?

18 A. I don't know if there is.

19 Q. There is.

20 Are you aware of any -- I won't testify.

21 Are you aware of any fellowships --

22 THE COURT: Dr. Im -- do you have an  
23 objection?

24 MS. EDWARDS: The objection was the  
25 respondent is testifying, if I can have a standing

1 objection.

2 THE COURT: That still remains. Go ahead,  
3 Doctor.

4 BY DR. IM:

5 Q. Are you aware that there are fellowships in  
6 urgent care medicine today?

7 A. I wasn't aware.

8 Q. And are you aware there's certification in  
9 urgent care medicine today?

10 A. I can't name any certifying boards, but I  
11 believe there would be.

12 Q. So is it safe to say that you do not have a  
13 certification, board certification in urgent care  
14 medicine?

15 A. I am board certified in family medicine and  
16 ER, not urgent care.

17 DR. IM: Your Honor, I would like to move or  
18 motion the Court to strike Dr. Davis' expert  
19 testimony. I think it's based -- I can't pronounce  
20 the name, Daubert, D-A-U-B-E-R-T. Give me a second.  
21 I Googled it. It's a Daubert versus Merrell Dow  
22 Pharms.

23 Dr. Davis admitted that he has no formal  
24 training or board certification in internal  
25 medicine, therefore he is not an expert in urgent

1 care medicine. Mr. J.K. was seen in the urgent care  
2 center. Therefore, the logical conclusion is that  
3 he is not an expert in urgent care, therefore I ask  
4 that you strike his expert testimony today.

5 THE COURT: Ms. Edwards?

6 MS. EDWARDS: Your Honor, he was tendered as  
7 an expert in both family practice as well as the  
8 urgent care -- I mean, excuse me, emergency  
9 medicine, which are both related to things that are  
10 seen at the urgent care center.

11 766.102 -- if I may take a moment to look at  
12 the statute.

13 THE COURT: Yes.

14 MS. EDWARDS: 766.102(5) discusses the expert  
15 testimony can be if they are offered as a specialist  
16 in the same specialty area, but they have an active  
17 clinical practice with regards to the same  
18 specialty, having devoted professional time during  
19 the three years immediately preceding. He has  
20 through his testimony advised that he treats  
21 patients with similar circumstances such as  
22 pneumonia, the flu, bronchitis with the same  
23 medications that were prescribed to Patient J.K.,  
24 although it's a VA facility and not an urgent care  
25 facility. He did also testify that he sees walk-in

1 patients and has said numerous times that he does  
2 the fast-track, which is an outpatient setting as  
3 well. We believe that he is qualified to render his  
4 expert opinion today.

5 DR. IM: May I ask one last question,  
6 Your Honor? Or not yet?

7 THE COURT: Just one second.

8 DR. IM: Okay.

9 THE COURT: Ms. Edwards, in the response to  
10 interrogatories, which has been marked as  
11 Petitioner's Exhibit 6, there's a reference in  
12 interrogatory eight that says, please see curriculum  
13 vitae. Do you have that copy of that CV? That's  
14 referring to Dr. Im's CV.

15 MS. EDWARDS: Yes, Your Honor. He did not  
16 provide that with the interrogatories, but it is in  
17 part of his deposition. If you go to tab 13 you'll  
18 see there's a divider in there that's unmarked, that  
19 there were exhibits. The CV is going to be on page  
20 76.

21 THE COURT: Thank you.

22 Okay. So, Dr. Im, as it relates to your  
23 motion to strike Dr. Davis' testimony on the basis  
24 that he is not qualified as an expert under the  
25 Daubert standard, I'm going to overrule -- I'm going

1 to consider that as an objection and overrule that  
2 objection. And point out that in your CV it  
3 indicates that you are board certified in emergency  
4 medicine, as well as urgent care medicine.

5 DR. IM: Your Honor, which CV?

6 THE COURT: Doctor, if you'll allow me to  
7 finish it will be a much clearer record.

8 DR. IM: Sorry.

9 THE COURT: And so based on the fact that  
10 Dr. Im is board certified in emergency medicine as  
11 is Dr. Davis, and based on Dr. Davis' testimony  
12 regarding his experience in urgent care matters, and  
13 that those matters arise whether it be inpatient or  
14 outpatient setting.

15 I'm going to overrule your objection as it  
16 relates to Dr. Davis' testimony. His testimony will  
17 not be stricken from the record.

18 And as it relates to Dr. Im's board  
19 certification in urgent care medicine, as I weigh  
20 the evidence that may be a consideration when making  
21 the findings of fact and determining the credibility  
22 of each witness and the weight I will give to each  
23 witness' testimony.

24 Okay. Dr. Im, do you have any questions  
25 about that?

1 DR. IM: Just one question, Your Honor.

2 THE COURT: Yes.

3 DR. IM: I don't know if you spoke  
4 incorrectly or if I heard you incorrectly, but I'm  
5 not board certified in emergency medicine.

6 THE COURT: I don't know if you want to go on  
7 record regarding your CV about that.

8 DR. IM: Yes, I would like to go on record.  
9 That is one of the deposition questions --

10 THE COURT: Okay.

11 DR. IM: I was going during my deposition,  
12 she didn't get to -- I don't know if I'm -- she  
13 asked me if I got to finish my part two and three of  
14 emergency medicine board certification. I finished  
15 my residency in 2002, in 2004 I opened up an urgent  
16 care center. I never got to complete the process of  
17 board certification in emergency medicine, so I'm  
18 not board certified in medicine.

19 THE COURT: What's that page number, again?

20 MS. EDWARDS: 76. May I ask a question,  
21 Your Honor?

22 THE COURT: Yes.

23 MS. EDWARDS: Just because we're talking  
24 about board certification, please let me know if  
25 it's appropriate, since he's speaking to it. I

1 don't see it in here, either. Are you board  
2 certified in emergency care medicine? May I ask him  
3 that?

4 THE COURT: I'm about to ask a few questions.

5 MS. EDWARDS: Thank you, Your Honor.

6 THE COURT: And since he insisted that I go  
7 on the record I want to do it appropriately.

8 And since we are addressing it in a context  
9 as to whether Dr. Davis is, indeed, qualified as an  
10 expert in this matter according to Florida Statute  
11 766.102, and as it relates to the Daubert standard.  
12 I'm reviewing your CV, Dr. Im, which was provided to  
13 the Department in connection with your deposition,  
14 as Ms. Edwards has stated. I would like you to take  
15 a look at it, if you want to step forward. I want  
16 to make sure you're looking at what I'm looking at.

17 DR. IM: Yes. What tab is that?

18 MS. EDWARDS: Tab 13, page 76.

19 DR. IM: Tab 13, page 76?

20 MS. EDWARDS: Yes. After that, you'll see  
21 after the yellow.

22 DR. IM: Oh, after the yellow?

23 MS. EDWARDS: Yes.

24 THE COURT: Do you have the CV in front of  
25 you?

1 DR. IM: Yes, Your Honor.

2 THE COURT: I am going to ask you a series of  
3 questions.

4 DR. IM: Go right ahead.

5 THE COURT: So what is the American Academy  
6 of Emergency Medicine?

7 DR. IM: That was professional society that I  
8 belonged to while I was a resident.

9 THE COURT: What is the American Academy of  
10 Emergency Care Medicine?

11 THE WITNESS: That is an association that I  
12 belonged to while I practiced urgent care medicine.

13 THE COURT: You said while you were  
14 practicing --

15 DR. IM: While I practiced urgent care  
16 medicine.

17 THE COURT: Okay. And what is the American  
18 Osteopathic Association.

19 DR. IM: That is a national society of  
20 osteopathic physicians, a national society that  
21 we're members of.

22 THE COURT: Okay. And what is the American  
23 Medical Association?

24 DR. IM: That I am no longer currently active  
25 with. That is another national society for

1 physicians, that is equivalent to the American  
2 Osteopathic Association. Usually doctors can be a  
3 member of both or one or the other. Sometimes, in  
4 my case, cost-wise... So that is not current as far  
5 as the American Medical Association.

6 THE COURT: Okay. So you're not certified by  
7 any boards?

8 DR. IM: No, I never got it completed.

9 THE COURT: Okay. So definitely with that  
10 said, then Dr. Davis is qualified to testify in this  
11 case given his board certification in emergency  
12 medicine as well as in family medicine, and his  
13 experience as it relates to urgent care in the realm  
14 of note two, board certifications. I do stand  
15 corrected, and thank you very much for correcting me  
16 on that.

17 I would state after this proceeding that you  
18 correct your CV so it's up to date.

19 And then with that said, Dr. Davis' testimony  
20 will be allowed and your objection's overruled.  
21 Thank you.

22 DR. IM: I just have one last question, if I  
23 may, to Dr. Davis.

24 THE COURT: You have gone well beyond the 30  
25 minutes that you said that you would like to --

1 DR. IM: That's fine.

2 THE COURT: I'm just cautioning you on that  
3 because right now it's at 1:30. And we are here  
4 till 5:00 p.m. today. That is -- this case is  
5 noticed for just today. Not saying it cannot go  
6 beyond today, if we can't finish it today. But the  
7 30 minutes you indicated you would be finished with  
8 Dr. Davis was about 30 minutes ago.

9 So very, very, very briefly, if you have  
10 additional questions for Dr. Davis, and then we'll  
11 move on.

12 DR. IM: I just realized, it's a very crucial  
13 question I missed.

14 BY DR. IM:

15 Q. Dr. Davis, when you're charting in the  
16 emergency department, when you admit a patient, called  
17 the admitting diagnosis, is that the final diagnosis on  
18 a patient?

19 A. It's often different than the discharge  
20 diagnosis.

21 Q. So would the patient, depending on after the  
22 patient's admitted, your diagnosis in the emergency  
23 department, is that considered a preliminary diagnosis?

24 A. Considered an admitting diagnosis.  
25 Justification for why you're admitting the patient. May

1 be similar or have variations to when the patient is  
2 discharged.

3 Q. And what is a final diagnosis?

4 A. In relation to what?

5 Q. The patient you admitted. The terminology,  
6 final diagnosis.

7 A. I guess the only final diagnosis is really on  
8 autopsy.

9 DR. IM: Okay. No further questions.

10 THE COURT: Thank you. Ms. Edwards, do you  
11 have any redirect?

12 MS. EDWARDS: May I have one moment to  
13 confer?

14 THE COURT: Yes.

15 MS. EDWARDS: Thank you, Your Honor. I don't  
16 think we're going to ask any further redirect  
17 questions. But we would, with time, ask that he be  
18 able to remain as a rebuttal witness if Dr. Im is  
19 going to be providing testimony.

20 THE COURT: Yes, that's fine.

21 MS. EDWARDS: Okay.

22 THE COURT: So, Dr. Davis, it looks like you  
23 have to hang out with us a little while longer, but  
24 you may leave the stand. And just remember you're  
25 under oath, so no discussion of your testimony with

1 anyone.

2 (Witness excused from stand.)

3 THE COURT: Okay. It's 1:30, approximately  
4 1:30, Ms. Edwards. Would you like to proceed with  
5 your next witness?

6 MS. EDWARDS: K.K. is available, I believe  
7 she's been there waiting for us. I'll have to call  
8 the conference room and do that, or proceed with  
9 that. If you need a break I can call -- however you  
10 want to do. We have a room reserved for them and I  
11 just want to make sure, unfortunately due to the  
12 last minute getting it set up with the hotel, we are  
13 trying to get their testimony today on the record.

14 THE COURT: Madam Court Reporter, do you need  
15 a break?

16 THE REPORTER: No.

17 THE COURT: Dr. Im, do you need a break?

18 DR. IM: No.

19 THE COURT: Okay. I take the Department's  
20 attorney as a package, but I'll still ask you, do  
21 you need a break?

22 MR. WALKER: No.

23 THE COURT: Okay. Let's try to get her on  
24 the phone.

25 MS. EDWARDS: Okay. We're just going to

1 do --

2 THE COURT: Ms. K.K., yes.

3 MS. EDWARDS: Okay.

4 (Calling witness on a conference phone.)

5 (Discussions off the record.)

6 THE COURT: Ms. Faye, this is Judge Green.

7 Can you hear me?

8 NOTARY: We've got the volume all the way up  
9 now.

10 THE COURT: You can hear me just fine now?

11 NOTARY: Yeah.

12 THE COURT: So I have a couple of  
13 questions -- and we can go on the record, Madam  
14 Court Reporter. I have a couple questions before I  
15 swear the witness.

16 Can you please state your name?

17 NOTARY: Faye Talatzko. First name is F as  
18 in Frank, A-Y-E. Last name is T-A-L-A-T-Z-K-O. I'm  
19 the Notary.

20 THE COURT: Thank you very much. Do you have  
21 a notary number in the state of Wisconsin?

22 NOTARY: No, we don't.

23 THE COURT: Okay. Any certification that you  
24 refer to when you're swearing witnesses?

25 NOTARY: Say that one more time.

1 THE COURT: I said, any particular  
2 certification identifier that you use when swearing  
3 witnesses?

4 NOTARY: No, there isn't.

5 THE COURT: Okay. So then what I'll ask you  
6 to do, and you can also follow up with Ms. Edwards  
7 with the Department, and she'll let you know how to  
8 file the particular form confirming that the witness  
9 was properly identified and, of course, sworn.  
10 Okay?

11 NOTARY: That sounds good. I did look at her  
12 driver's license when she came and I confirmed that.

13 THE COURT: Perfect.

14 If you could go ahead and swear the witness,  
15 please.

16 Whereupon,

17 MS. K.K.,  
18 a witness herein, having been first duly sworn,  
19 was examined and testified as follows:

20 THE WITNESS: I do.

21 THE COURT: Thank you. Ms. Talatzko, right?

22 NOTARY: That's correct.

23 THE COURT: Thank you, Ms. Talatzko.

24 Ms. K.K., we're going to refer to you as K.K.  
25 Of course, if there's any reference to your given

1 name we've asked the Court Reporter to only  
2 reference you with your initials in the record.  
3 Okay?

4 THE WITNESS: Okay.

5 THE COURT: So Ms. Edwards will begin with  
6 her questions, then after Ms. Edwards completes her  
7 questions then Dr. Im will have an opportunity to  
8 ask you some questions, as well.

9 THE WITNESS: Okay.

10 THE COURT: Ms. Edwards.

11 MS. EDWARDS: Is Ms. Talatzko free to go?

12 THE COURT: Yes.

13 NOTARY: Thank you.

14 DIRECT EXAMINATION

15 BY MS. EDWARDS:

16 Q. Ms. K.K., can you hear me?

17 A. Yes, I can. It's a little echoey, though.  
18 Sometimes I might need you to repeat. Okay?

19 Q. Yes, ma'am.

20 Ms. K.K., do you remember where you were on --  
21 in March of 2018?

22 A. Do I remember what?

23 Q. Do you remember where you were in March of  
24 2018?

25 A. Yeah, we were in The Villages, Florida.

1 Q. Hold on just a moment.

2 Ms. K.K., is that better?

3 A. Oh, yeah. It is. Thank you very much.

4 Q. Perfect. Thank you.

5 Where were you in March of 2018?

6 A. We were in The Villages, Florida.

7 Q. Do you remember events that occurred on  
8 March 15th and March 16th of 2018?

9 A. Yes, I do.

10 Q. Let's start with March 15th. What happened on  
11 that day?

12 A. I don't have my documentation in front of me,  
13 but I believe that was the day that my husband had  
14 become ill and went to Dr. Im's clinic to have him seen.

15 Q. What were his symptoms?

16 A. He had a very sore throat, he had a lot of  
17 congestion, he had a fever, quite a bit of a fever, I  
18 believe.

19 Q. Where specifically did you go?

20 A. Trying to think of the name of his clinic. I  
21 didn't bring any of my stuff with me and I have  
22 forgotten the name of his clinic. Oh, something urge --  
23 urgent care. Is it just an urgent care? I've forgotten  
24 the name of it, sorry. But it was Dr. Im's clinic right  
25 behind the Wedgewood shopping area.

1 Q. Was this your first time at that facility?

2 A. No, I had been there, I believe, several years  
3 before we had gone there, both my husband and myself.

4 Q. Where do you normally go when you're ill?

5 A. Actually those are the only two times we've  
6 had to go in for anything like that. My husband does go  
7 to the VA for his regular care while we're in  
8 The Villages, the VA clinic.

9 Q. Okay. Why did you go to the urgent care that  
10 day instead of the VA?

11 A. I believe the VA was closed that day.

12 Q. Okay. If you know, what medications was your  
13 husband taking at the time?

14 A. He has a couple of different medications.  
15 I've got them in my phone. He's on Tamsulosin, he's on  
16 Amlodipine and Tikosyn and Warfarin.

17 Q. Okay. If he had issue with any of these --  
18 the currently prescribed medications, which provider  
19 would you discuss those issues with?

20 A. His cardiologist.

21 Q. Where is his cardiologist located?

22 A. His cardiologist is in Wisconsin. In Madison,  
23 Wisconsin.

24 Q. Thank you.

25 Let's go back to March 15th. Were you with

1 J.K. entire time you were at the urgent care?

2 A. Except when they took him out into the next  
3 room to give him a chest X-ray, yes.

4 Q. Do you know who treated your husband that day?

5 A. It was a female doctor. I believe later  
6 somebody said it was his sister, but I am not positive  
7 of that.

8 Q. To your recollection was any testing performed  
9 that day?

10 A. She did a chest X-ray, she did a swab on him,  
11 she did, I think, a cheek or nasal swab on him, took his  
12 temperature. Yeah.

13 Q. Where was the testing done?

14 A. Right in the clinic there in the room that  
15 they had brought us into. And then the chest X-ray was  
16 in another room.

17 Q. How long did the chest X-ray take?

18 A. Oh, minutes. I mean, if it was that long. He  
19 was in and out of there in no time.

20 Q. Do you know who performed the chest X-ray?

21 A. I couldn't say. No, I didn't see it so I  
22 couldn't actually say who actually did it.

23 Q. Okay. Was any other testing ordered or  
24 performed?

25 A. No. Nothing that I can recall. No.

1           Q.     Did the treating practitioner that day advise  
2 you both of the results of the testing?

3           A.     She -- yeah. She said his lungs were clear,  
4 and so there was, you know, nothing going on there. And  
5 also I believe she said that she didn't get anything on  
6 the swab to indicate infection.

7           Q.     To your knowledge what was the diagnosis on  
8 March 15th?

9           A.     She really didn't give us a diagnosis. She  
10 really actually didn't give us a diagnosis. She  
11 basically had said that if he wasn't feeling better the  
12 next day to bring him back in by 10 a.m.

13          Q.     Okay. And what treatment was provided?

14          A.     I think she said to take Tylenol for keeping  
15 his fever down. And she also said one other thing --  
16 the one thing she brought up was if you want to go --  
17 she must have prescribed something because we did go  
18 over to the pharmacy. And one of the things she said  
19 that she prescribed was Tamiflu, and she said if the  
20 Tamiflu is real expensive and your insurance won't cover  
21 it, don't bother because I don't think that's anything  
22 that he has going on, you know, from what she was  
23 looking at.

24                    So we did not get the Tamiflu. And I don't  
25 remember the other prescription.

1 Q. Okay. To your knowledge, was J.K. seen by  
2 anyone else from the urgent care center on March 15th?

3 A. No. Not that I recall.

4 Q. Okay. After you left the urgent care that day  
5 where did you go next?

6 A. I got -- we went to the grocery store  
7 pharmacy, to Publix. Got what they told us to pick up.  
8 And I took him home.

9 Q. Did you pick up all the medications?

10 A. All but the Tamiflu.

11 Q. Did J.K. take any other medication that day,  
12 including over the counter?

13 A. Just his regular medication.

14 Q. Okay. Did his --

15 A. And Tylenol.

16 Q. Tylenol. Thank you.

17 Did his symptoms improve?

18 A. No.

19 Q. Now let's move to March 16th. What happened  
20 that day?

21 A. So I brought him back March 16th at 10 a.m.  
22 because he wasn't feeling better.

23 Q. Were you with J.K. that entire time that day?

24 A. Yes.

25 Q. Who was J.K. seen by?

1 A. Dr. Im.

2 Q. What was discussed?

3 A. Basically he wasn't -- Dr. Im was not sure  
4 what was going on. He determined there was no  
5 infection. I told him that he was not on Tamiflu, so he  
6 said that was good because it made it easier to  
7 determine what was going on, nothing like that. And  
8 then ultimately he decided it was allergies.

9 Q. Okay. What were J.K.'s symptoms that day?

10 A. Very similar with the exception that his  
11 fever, I believe, was gone.

12 Q. Was any testing ordered?

13 A. Yes. He did another -- it wasn't a chest  
14 X-ray, it was, I believe, an ultrasound that I actually  
15 didn't realize he was going to do. But he did do an  
16 ultrasound.

17 Q. Where was the ultrasound performed?

18 A. In the clinic. And, again, in another room.

19 Q. Did Dr. Im advise you both of the results of  
20 the testing?

21 A. I don't remember if he said anything about the  
22 ultrasound. But he advised that he prescribed some  
23 drugs and advised that he take them because he thought  
24 this was strictly allergies due to, you know, pollens  
25 and things.

1 Q. Okay. To your knowledge, what was the  
2 diagnosis on March 16th?

3 A. Allergies. Just allergic.

4 Q. Okay. What treatment was provided?

5 A. He wrote us some prescriptions.

6 Q. Do you know the name of those prescriptions?

7 A. Again, I didn't bring any kind of  
8 documentation. I remember there was an antibiotic, and  
9 I can't remember all of them. I'm sure it's in the  
10 record, but -- yeah, I don't remember. An antibiotic  
11 that started with a V, that's the one I actually  
12 remember.

13 Q. Okay. Did you have any concerns with the  
14 medications that were prescribed?

15 A. Yes. When I asked -- when he started writing  
16 us prescriptions, I did ask him if any of these are  
17 contraindicated with any of my husband's current  
18 medications, which we had given them when we filled out  
19 the paperwork. And I brought up in particular the drug,  
20 Tikosyn. At that time he said he was not familiar with  
21 Tikosyn, and that I should check with the pharmacist to  
22 see if there was any contraindications on drugs.

23 Q. Okay. At that point in time did Dr. Im offer  
24 any alternative medications?

25 A. No.

1 Q. Did he counsel you on any risks, you or  
2 Patient J.K. on any risks regarding the medications  
3 prescribed?

4 A. No.

5 Q. Okay. Did you see anyone else when you were  
6 at the urgent care center?

7 A. I believe there was another medical assistant  
8 there, I believe she had reddish hair. I remember her.  
9 I can't remember if she actually -- I think she may have  
10 come in the room at some time. Not clear on whether she  
11 did or not.

12 Q. Did she discuss any of -- any issues with you  
13 at all?

14 A. Not at that time. To my recollection, not at  
15 that time.

16 Q. Okay. What happened next?

17 A. Went to Publix. He stayed in the car because  
18 he was feeling rotten. Went to Publix, went to fill the  
19 medications. Asked the pharmacist if she could let us  
20 know if any of these would interfere with any of my  
21 husband's medications. She came back and said that the  
22 antibiotic was contraindicated with Tikosyn. So I told  
23 her, okay, don't fill that.

24 I then called to the clinic, I spoke to -- I  
25 believe she identified herself as his P.A., I believe it

1 was the same girl that had been in the room, one with  
2 the red hair. And she said that -- I said, can he  
3 prescribe another antibiotic? And she checked with him,  
4 got back on the phone and said, no. Call his  
5 cardiologist and see -- tell him to prescribe something.  
6 I said, well, I didn't think that was going to be  
7 possible, but I asked if he -- I said, he said does not  
8 have an infection, correct? Again, she qualified that  
9 he did not have an infection.

10 At that point we ended that phone call. I  
11 said, well, I am just not going to get that antibiotic  
12 because it's contraindicated. We hung up on that phone  
13 call and I took my husband home.

14 Q. And which Publix pharmacy location did you go  
15 to?

16 A. The Publix was in Wedgewood plaza. Directly  
17 across from -- pretty much across from the clinic.

18 Q. Okay. Do you happen to remember the  
19 pharmacist's name?

20 A. No.

21 Q. So you said you called Dr. Im's office. After  
22 that what happened next?

23 A. That was it. I had the discussion with his --  
24 what she identified herself as his P.A.

25 Filled whatever prescriptions, again, like I

1 said, I don't have the notes in front of me, filled  
2 whatever prescriptions they had given him and at that  
3 point took him home. And that was the end of that  
4 until I got a phone call back from Dr. Im's office a  
5 couple hours later.

6 Q. Okay. What was that conversation about?

7 A. It was his, again, the girl identifying  
8 herself as his P.A. And she said, Dr. Im wants you --  
9 told me to call you and you need to get that  
10 prescription filled for your husband, and he needs to  
11 take that prescription. At that point we had a  
12 discussion, I said it was contraindicated, according to  
13 the pharmacist, that Dr. Im had told me to check with  
14 the pharmacist and go by her recommendation. And she  
15 said, well, he insists, and she did use the word insist,  
16 that he have that medication. I told her I didn't  
17 understand why he would do that in view of the fact of  
18 the contraindication.

19 They still insisted. We let it kind of hang.  
20 I said, fine. I closed the conversation off. At that  
21 point I got ahold of the VA in Wisconsin and they ended  
22 up calling me back -- they said, let us check these  
23 medications out. They called me back in 15 to 20  
24 minutes and said under no -- for no reason should we  
25 give him that medication. It was contraindicated with

1 Tikosyn. It could cause fatal heart arrhythmia. And  
2 under no circumstances should I administer that  
3 medication.

4 Q. When you were speaking to the P.A., at that  
5 point were any alternative medications offered?

6 A. No.

7 Q. Were the risks associated with taking the  
8 medications explained to you?

9 A. No.

10 Q. Do you know, to your knowledge were the risks  
11 explained to your husband?

12 A. No. They felt there wasn't, I guess.

13 Q. Okay. Did you ever end up filling the  
14 prescription for the antibiotic?

15 A. No.

16 Q. After March 16th did your husband seek any  
17 other care for his illness?

18 A. No.

19 Q. Did he take any over-the-counter medications?

20 A. Probably just the Tylenol. I think I got him  
21 some Cepacol for his throat. That's the only thing I  
22 can really remember. He may have taken some kind of  
23 decongestant. I don't know. I can't remember what  
24 they told him at the clinic initially.

25 Q. Did those medications help your husband?

1           A.     Ultimately he started to feel better by the  
2 following day, I would say.

3           MS. EDWARDS:   If I could have just one  
4 moment?

5 BY MS. EDWARDS:

6           Q.     Ms. K.K., did you ever speak to Dr. Im over  
7 the phone?

8           A.     No.

9           Q.     Did you ever speak to Dr. Im any time after  
10 the visit on March 16th?

11          A.     Not him personally, no.

12          MS. EDWARDS:   That's all the questions I have  
13 for right now, Your Honor.

14          THE COURT:    Okay.   Thank you.

15                 Okay.   Dr. Im, you'll have an opportunity now  
16 to question K.K. on cross-examination.   This is  
17 different from the deposition, the deposition is  
18 usually used as a discovery tool and there's more  
19 latitude regarding the questions that can be asked.  
20 And at the time that the previous deposition was  
21 taken it was not clear whether you were going to  
22 list Ms. K.K. as one of your witnesses, and so in  
23 those types of situations there would be more  
24 latitude provided for questions.   But since you have  
25 not listed any witnesses, to include K.K., your

1 questions are limited to the direct questions that  
2 the Department asked.

3 So I'll let you go ahead and start with your  
4 questions. Of course, if there are any objections  
5 raised I'll address them at the appropriate time and  
6 I'll let you know, you know, which area we're going  
7 to allow some leeway versus limiting that scope  
8 based on the direct.

9 Do you understand that part of it? Okay.

10 If you can come up here near the telephone,  
11 that makes it easier for K.K. to hear.

12 Dr. Im, whenever you're ready for your  
13 cross-examination.

14 DR. IM: Thank you.

15 CROSS EXAMINATION

16 BY DR. IM:

17 Q. Good afternoon, Ms. K.K.

18 A. Good afternoon.

19 Q. I guess I'm going to definitely limit the  
20 questions. I'm going to try to refer to the deposition  
21 that we had, and I am not sure at what point I can refer  
22 to those pages, but I'll refer to the pages and see if  
23 there's objections.

24 THE COURT: In the deposition -- the  
25 deposition is not in the record, it is not at all --

1 it will not be offered. It is not being offered,  
2 will not be accepted. Whatever questions you're  
3 asking her are new questions.

4 DR. IM: So I can't refer to the deposition  
5 at all?

6 THE COURT: No. Her specific deposition has  
7 been excluded based on your argument that you wanted  
8 to ask certain questions that you were unable to  
9 ask. So now you have an opportunity to ask her all  
10 the questions, of course, within the limited scope  
11 of the direct examination that you would like to ask  
12 her.

13 So if it helps you and you're referring back  
14 to what you may have asked her before, you may do  
15 that but, of course, she'll let you know one way or  
16 the other if she's able to answer any questions.

17 Ms. K.K.?

18 THE WITNESS: Yes.

19 THE COURT: For you, if there is an  
20 objection, please pause so I can rule on that  
21 objection. Unless I instruct you not to answer, you  
22 need to answer all the questions. Okay?

23 THE WITNESS: Okay.

24 THE COURT: Okay. Dr. Im.

25 BY DR. IM:

1 Q. Ms. K.K., on the 16th -- we'll go with  
2 March 15th, when you were seen at the clinic. You were  
3 told that the chest X-ray was normal. Is that correct?

4 A. Clear, I believe.

5 Q. Okay. And I think the word was no congestion.  
6 Is that correct?

7 A. Okay.

8 Q. Okay.

9 A. I don't remember, but okay.

10 Q. Yep.

11 Do you remember me walking into the room to go  
12 over the CT results with your husband?

13 A. That would be on the 16th. That would have  
14 been on the 16th.

15 Q. Sorry. On the 16th.

16 A. Yeah.

17 Q. Okay.

18 A. I remember you came back into the room, yes.

19 Q. On the 16th the CAT scan was done to look for  
20 findings that the chest X-ray may have missed. Do you  
21 remember me going over those CT results with your  
22 husband?

23 A. I remember you being in the room and talking  
24 about that.

25 Q. Okay.

1           A.     I don't remember exactly what you said.

2           Q.     Okay.  You stated during the deposition that  
3 upon return from the CT room that, in quotes, Dr. Im  
4 advised your husband about the medication prescribed,  
5 Levaquin, 750 milligram tablets, Zyrtec and prednisone.  
6 Is that correct?

7                   MS. EDWARDS:  Objection.

8                   THE WITNESS:  Levaquin, Zyrtec and  
9 Prednisone.  That sounds correct.

10                  THE COURT:  K.K., just one second.  You may  
11 have to say those objections pretty loudly so she  
12 can hear you.

13                   What's your objection, Ms. Edwards?

14                  MS. EDWARDS:  He is reading prior testimony  
15 from the deposition into the record instead of  
16 directly questioning the witness or leading the  
17 witness.  But he's reading specific prior testimony  
18 into the record rather than questioning the witness.

19                  THE COURT:  Okay.  Dr. Im, if you could  
20 phrase your -- whatever that -- whatever you were  
21 reading, if you could just phrase that as a  
22 question.

23                   THE WITNESS:  Don't quote.  Okay.

24                  THE COURT:  Thank you.

25                  BY DR. IM:

1 Q. Do you remember Dr. Im going over the three  
2 medications with you, Levaquin 750 milligrams, Zyrtec  
3 and Prednisone?

4 A. Yeah.

5 Q. Okay. Were you worried about any of those  
6 three medications?

7 A. I wanted information if any of those were  
8 contraindicated with my husband's medications.

9 Q. Do you know if your husband was concerned  
10 about any of those three medications?

11 A. I'm sure he was, but I asked.

12 Q. Okay. Now, one of the things that I think you  
13 stated during the deposition, I won't quote it, but you  
14 were worried that the medications may interfere with  
15 Tikosyn and send him back to the hospital.

16 Does that sound right?

17 A. I didn't word it that way. But any time he's  
18 prescribed any medication we want to make sure that it  
19 isn't contraindicated with any medications he's  
20 currently on.

21 Q. When you presented -- when you talked to the  
22 pharmacist at Publix, was it you that had a conversation  
23 with the pharmacist?

24 A. Yes.

25 Q. Okay. Do you remember the conversation with

1 the pharmacist?

2 A. Not verbatim, but yes. Overall, yes.

3 Q. Did she go over the interactions with the  
4 three -- any of the three medications with Tikosyn?

5 A. No. Well, she didn't mention them. I asked  
6 her to check if any of these interacted with Tikosyn,  
7 and she -- her answer to that was that the only one of  
8 the three was Levaquin.

9 Q. Are you --

10 A. And that it was a very high dose, as well.

11 Q. So are you stating that she said the only one  
12 of the three that interacts with Tikosyn was Levaquin?

13 A. That's what she told me. Correct.

14 Q. Okay. Did you ever talk to the cardiologist  
15 at the VA hospital?

16 A. No, he was not available.

17 Q. Okay. Did the pharmacist ever advise you to  
18 consult the cardiologist at the VA hospital?

19 A. No.

20 Q. Did Dr. Im ever --

21 A. But she was -- she was not aware of the  
22 dynamics of this, as far as that goes, of who -- you  
23 know, that he had a cardiologist, or whatever.

24 Q. Do you recall Dr. Im asking you to talk to  
25 your cardiologist and ask him call him so he could

1 discuss the case?

2 A. No.

3 Q. Do you remember Dr. Im in the room mentioning  
4 your cardiologist?

5 A. No.

6 Q. Do you remember Dr. Im in the room talking  
7 about to have the pharmacist call him if she had any  
8 concerns?

9 A. No.

10 Q. In your written complaint to the Department of  
11 Health you wrote that you spoke to J.K.'s cardiologist.  
12 Was that a true statement?

13 A. Cardiology department.

14 Q. But in your written complaint you wrote  
15 cardiologist?

16 MS. EDWARDS: Objection.

17 THE WITNESS: Okay. I don't have my written  
18 report in front of me.

19 DR. IM: That's not the deposition.

20 THE COURT: Dr. Im, I'll decide what -- I'll  
21 rule on the objection.

22 Ms. Edwards, I'm going to overrule the  
23 objection.

24 MS. EDWARDS: Yes, ma'am.

25 THE COURT: Okay. Dr. Im.

1 BY DR. IM:

2 Q. In your complaint you stated that the  
3 cardiologist told you under no circumstances do not give  
4 him that drug, it causes fatal arrhythmias. Is that  
5 correct?

6 A. I don't know, I don't have that in front of  
7 me.

8 Q. Do you recall stating or complaining to the  
9 Department that someone told you, do not give him that  
10 drug, it causes fatal arrhythmias?

11 A. Correct.

12 Q. Do you remember who told you that?

13 A. I spoke with two of the medical personnel at  
14 Madison VA, in turn they called me back because they  
15 were going to consult with cardiology regarding that.

16 Q. Did the pharmacist ever tell you not to take  
17 the medication because it may cause fatal arrhythmias?

18 A. The pharmacist told me it was contraindicated  
19 with Tikosyn.

20 Q. And are you familiar with the terminology  
21 contraindicated?

22 A. Pretty much. It goes together -- that they  
23 are not to be taken together.

24 Q. Are you aware that a lot of the  
25 over-the-counter prescriptions and herbal supplements

1 can have contraindications with Tikosyn?

2 MS. EDWARDS: Objection.

3 THE WITNESS: Nothing I could tell you. So,  
4 no, nothing I would know about.

5 THE COURT: Ms. K.K., just a second. Ms.  
6 K.K., can you hear me? This is Judge Green.

7 THE WITNESS: Yes. It's a little bit hollow  
8 but I can hear you.

9 THE COURT: Can you hear me better now?

10 THE WITNESS: A little bit.

11 THE COURT: Okay. Maybe this will help. If  
12 you pause after each question, then that will give  
13 us a chance to -- if there are any objections, I can  
14 address those objections before you answer.

15 THE WITNESS: You'd like me to pause?

16 THE COURT: Yes, after the question. That  
17 may help with the objections, because there was an  
18 objection but you've already answered the question.  
19 And that's okay, I -- we're working with what we  
20 have right now with the telephone. So maybe that  
21 will help.

22 THE WITNESS: Okay.

23 THE COURT: Dr. Im, go ahead with your next  
24 question.

25 BY DR. IM:

1 Q. You stated to Ms. Edwards that an ultrasound  
2 was performed on March 16th. Is that correct?

3 A. Yeah, whatever they did to examine his chest.

4 Q. You also stated today that Dr. Im wrote you  
5 and handed you a written prescription. Is that correct?

6 A. Yes.

7 Q. Was that a mistake when you stated you spoke  
8 to the cardiologist when you complained to the  
9 Department of Health?

10 A. I don't know that I said cardiologist. It  
11 would have been cardiology department.

12 Q. So if it was written down as cardiologist,  
13 would that be a mistake?

14 A. Yes. I did not speak to the cardiologist  
15 personally.

16 Q. Were you aware that Publix pharmacy and  
17 Dr. Im's office shared an electronic program called  
18 E-prescription or electronic prescription?

19 A. No.

20 Q. Were you aware that the e-prescribing is  
21 electronic and no paper prescription is given to you?

22 A. No.

23 Q. And were you aware on 3/16 that the computer  
24 program alerts all contraindications instantaneously  
25 because it communicates with the pharmacist?

1 A. No.

2 Q. And did Dr. Im say he's not familiar with  
3 dofetilide or did he say he hasn't prescribed  
4 dofetilide?

5 A. Dr. Im said he was not familiar with that  
6 drug.

7 Q. And how do you interpret the word familiar?

8 A. Didn't really know of it.

9 Q. Do you know how doctors learn about new  
10 prescriptions that are released every year?

11 MS. EDWARDS: Objection.

12 THE WITNESS: No.

13 THE COURT: What's the objection? Just a  
14 moment, K.K. What is the objection?

15 MS. EDWARDS: She is a lay witness and he's  
16 asking for a question regarding doctors and the  
17 medical field.

18 THE COURT: The objection's sustained. Go  
19 ahead with your next question, Dr. Im.

20 BY DR. IM:

21 Q. Okay. Are you aware of the terminology drug  
22 insert?

23 A. I believe my interpretation of that would be  
24 what comes in with the drugs, that describes the drugs.

25 Q. And have you ever seen a drug insert in your

1 lifetime?

2 A. If that is what usually comes with your  
3 prescriptions describing the drug, I would say yes.

4 Q. At any time in your lifetime when you looked  
5 at an insert, have you ever seen warnings, like -- I'm  
6 sorry, words, like, warning, drug interactions, or  
7 anything of that nature in that drug insert?

8 A. Yes.

9 Q. And on that day when Dr. Im went over the  
10 CAT scan results with your husband, did you have any  
11 questions about the CAT scan results?

12 A. I don't recall.

13 Q. Do you remember how much time, guesstimate,  
14 Dr. Im spent going over things with your husband in that  
15 room?

16 A. After the CAT scan?

17 Q. After the CAT scan.

18 A. Maybe a few minutes, I'd say.

19 Q. Do you remember Dr. Im going into the CAT scan  
20 room with your patient -- sorry, with your husband?

21 A. Say that again. Excuse me?

22 Q. Were you aware that Dr. Im went into the CT  
23 room with your husband?

24 A. I didn't personally know if he was in the CT  
25 room with my husband. He left the exam room with my

1 husband.

2 Q. Were you aware that Dr. Im owned the CT  
3 machine and the X-ray machine?

4 MS. EDWARDS: Objection.

5 THE COURT: What's the objection?

6 MS. EDWARDS: Relevance.

7 THE WITNESS: No.

8 THE COURT: Dr. Im, if you could rephrase  
9 your question.

10 BY DR. IM:

11 Q. I think it was brought up in the deposition.  
12 But my question to you is: Were you aware that Dr. Im  
13 had additional training in radiology during his  
14 residency training in emergency medicine?

15 A. No.

16 THE COURT: Just a second. That was a  
17 different question. So the objection is sustained.  
18 That's fine, because you came up with a new  
19 question.

20 DR. IM: I understand.

21 BY DR. IM:

22 Q. And what did Dr. Im tell your husband about  
23 the CT results?

24 A. I don't remember anything particularly  
25 enlightening, anything much at all.

1 Q. Do you remember Dr. Im going over the CT  
2 results with your husband?

3 A. I don't believe there was any great discussion  
4 except that nothing was really found.

5 Q. So Dr. Im told you that nothing was really  
6 found on the CT exam. Is that true?

7 A. From what my recollection is, yes.

8 Q. Could you be mistaking that with the prior  
9 X-ray when it showed nothing?

10 A. No.

11 Q. Do you think there's a chance that you may be  
12 confusing the 3/15 and the 3/16 visit?

13 A. No.

14 Q. Okay. On the 18th, March 18th -- you know  
15 what, I'm going to scratch that question. It's not  
16 going to be pertinent.

17 I'm going to really limit my questions here  
18 because I didn't realize that the deposition -- I  
19 misunderstood that.

20 Okay. Did Dr. Im tell you that there was no  
21 congestion in the CT exam that was performed?

22 A. I believe so.

23 Q. Do you remember when the final report of the  
24 CAT scan was received at the clinic, or --

25 A. I'm not sure I understand that question.

1 Q. I'm sorry about that.

2 Do you remember getting a copy of the CD of  
3 the CT exam?

4 A. No, not that day.

5 Q. Do you remember getting the notes on that day?

6 A. I don't recall.

7 Q. Do you remember how you obtained those notes  
8 on March 16th?

9 A. Excuse me. How I obtained what notes?

10 Q. The history and physical notes and the CT CD.

11 A. I don't -- I said I don't remember that I  
12 received them on that day. I'm not sure.

13 Q. Do you remember the pharmacist telling you --  
14 I'm sorry. Going to scratch that question.

15 Do you remember talking to the personnel at  
16 the VA hospital, and do you know who you were talking  
17 to?

18 A. They were both -- I called the cardiology  
19 department, I believe one was a triage nurse.

20 Q. Do you know if they consulted the  
21 cardiologist?

22 A. That was what I was told they were going to  
23 do.

24 Q. Do you remember reading -- were you given the  
25 exhibits that Ms. Edwards submitted today as far as the

1 progress notes from the VA hospital?

2 A. Not sure I know what you're talking about.

3 Q. Yeah.

4 A. I'm not really sure what you're asking.

5 Q. When you went to the Publix pharmacy, do you  
6 know if the Levaquin was bottled and ready for you to  
7 pick up?

8 A. No, it was not.

9 Q. Are you stating that the medicine wasn't ready  
10 for you to pick up?

11 A. Not to my knowledge, no.

12 Q. Do you remember refusing to take the  
13 medication Levaquin?

14 A. I said, don't fill it. Yes.

15 Q. Okay. Is it safe to assume that the  
16 pharmacist or the triage nurse at the VA hospital did  
17 not have the diagnosis of your husband?

18 A. Did not have the diagnosis... I don't believe  
19 I asked her for a diagnosis on anything.

20 Q. Did the pharmacist or the VA triage nurse ever  
21 ask you for the diagnosis of your husband?

22 A. No. Strictly asked them about the two drugs  
23 concerned.

24 Q. Mrs. K.K., do you remember stating or  
25 complaining -- or stating that Dr. Im stated that your

1 husband had a sinus infection?

2 A. Absolutely not.

3 Q. Did you get to look at the notes from the 3/15  
4 visit or the 3/16 visit?

5 A. When? Now, or --

6 Q. Any time.

7 A. Sorry.

8 Q. Any time.

9 A. I probably did at some point.

10 Q. Do you remember the diagnosis on 3/15 or 3/16?

11 A. I know that on 3/15 I believe a nasal swab was  
12 done, no infection was indicated. And on 3/16 I asked  
13 several times if he had any sort of infection, and was  
14 told, no, by your offices.

15 Q. Was that --

16 A. I qualified that because of the Levaquin  
17 contraindication.

18 Q. Are you saying that Dr. Im told you there was  
19 no infection, or his staff?

20 A. Staff.

21 Q. Did Dr. Im ever tell you in the room that your  
22 husband did not have an infection?

23 A. I believe so.

24 Q. In your opinion would a doctor in modern era  
25 prescribe an antibiotic if there's no infection?

1 MS. EDWARDS: Objection.

2 THE WITNESS: I don't know that my opinion  
3 counts here, but I would think more than likely not.

4 THE COURT: I'm going to overrule that  
5 objection anyway. That's okay.

6 BY DR. IM:

7 Q. Okay. Do you recall -- I think I'm almost  
8 done here, Ms. K.K. Do you recall on the 8th,  
9 publishing on a format -- a public forum that Dr. Im was  
10 arrogant and dangerous?

11 A. It sounds right.

12 Q. Do you feel Dr. Im is arrogant and dangerous?

13 A. I do.

14 Q. Why do you feel that Dr. Im is arrogant?

15 MS. EDWARDS: Objection; exceeds the scope of  
16 direct.

17 THE COURT: I'm going to allow it. It goes  
18 to bias.

19 Ms. K.K., you can answer that question.

20 THE WITNESS: I didn't hear what was said  
21 just then. Sorry.

22 THE COURT: I overruled the objection, and  
23 Dr. Im asked you a question.

24 THE WITNESS: Okay. So you want me to answer  
25 the question?

1 THE COURT: Yes, ma'am.

2 THE WITNESS: I felt I -- I feel that Dr. Im  
3 at the moment when I asked about the medications and  
4 he responded to me that he was not familiar,  
5 especially with Tikosyn, he was not familiar with  
6 Tikosyn, actually. And when I asked him about  
7 contraindications his response was, a pharmacist  
8 will let you know that, so you should check with the  
9 pharmacist when you go in.

10 Upon doing that and finding out that the  
11 pharmacist was telling me that this drug should not  
12 be taken with Tikosyn. I find it arrogant of him to  
13 then fly in the face of exactly what he said I  
14 should do, which is talk to the pharmacist who  
15 basically are pretty much the Bible on medications,  
16 and to insist that he take the drug. And after  
17 qualifying, again with his staff regarding any sort  
18 of infection, again solidified the fact that, no,  
19 there was no infection, and still insisted that he  
20 take that drug, I think that's arrogant in the event  
21 that the pharmacist was telling us the exact  
22 opposite. And that, in fact, we were told, again,  
23 by more medical people to not take that drug. And  
24 to continue to stick by that I believe is arrogant.

25 BY DR. IM:

1 Q. Did it ever cross your mind maybe Dr. Im was  
2 correct and the pharmacist was incompetent?

3 A. No. However, I still qualified it with two  
4 more medical people with the VA.

5 Q. Is it not true that the VA asked you to go  
6 with the pharmacist's advice?

7 A. No. That's not true. The VA actually  
8 questioned their own medical people, who may have been a  
9 cardiologist. And at any rate, came back with the  
10 answer that, no, they looked into it themselves. They  
11 did not say on pharmacist's advice. They looked into it  
12 themselves and called me back.

13 Q. Ms. K.K., when you published that Dr. Im is  
14 arrogant and dangerous on the 8th -- sorry, on the 18th,  
15 that's prior to your filing a complaint to the  
16 Department of Health. Correct?

17 A. Prior to... I'm not sure. It might have  
18 been -- it's within -- it may have been the same day. I  
19 don't know.

20 Q. Is it fair to assume that you were upset with  
21 Dr. Im enough for you to state that he's arrogant and  
22 dangerous?

23 A. I wouldn't say upset would be the correct  
24 words to use.

25 Q. Now this is more a hypothetical, I don't think

1 you need to answer if you don't want to. But if your  
2 husband had a very large pneumonia and was very ill, and  
3 the doctor wanted to give him Levaquin, would you refuse  
4 that Levaquin?

5 A. I would certainly -- yeah, I -- I don't  
6 believe that -- if that's contraindicated somebody  
7 would -- there's other drugs. There's other drugs. I  
8 don't know why you would give him one that's  
9 contraindicated.

10 Q. Are you aware that all drugs are chemicals and  
11 they all have contraindications? I'm sorry.

12 MS. EDWARDS: Objection.

13 THE COURT: Just a second, Dr. Im. The  
14 question is there, I need to rule on the objection.  
15 What is the objection?

16 MS. EDWARDS: The objection is this is a lay  
17 witness and it's asking for a medical conclusion.

18 THE COURT: Okay. Objection is sustained.

19 You can go on with your next question.

20 BY DR. IM:

21 Q. Are you aware that a physician practicing  
22 medicine today under duress and stress has to consider  
23 all over-the-counters, herbal supplements, all the  
24 different options of antibiotics, and that a doctor is  
25 always weighing the benefits and the risks, and a

1 doctor's job is to communicate that with the patient?  
2 Would you agree with that?

3 A. I would hope so.

4 Q. You stated that you -- today, I believe, you  
5 stated that you gave your husband Cepacol for a sore  
6 throat.

7 A. I'm not sure if it was Cepacol. It was some  
8 lozenge for his throat. He couldn't swallow.

9 Q. And I think you also stated that you gave him  
10 some Tylenol for fever?

11 A. It was spray.

12 Q. You stated you also gave him Tylenol for  
13 fever?

14 A. Yeah, I was told that I could give him  
15 Tylenol. Yes.

16 Q. As far as if -- were you aware that you were  
17 supposed to consult your physician who prescribed the  
18 Tikosyn before you started any over-the-counter  
19 medications?

20 A. Was I counseled by who? Say that again,  
21 please.

22 Q. Were you aware that instructions in the  
23 Tikosyn insert states that you should always consult the  
24 prescribing physician before starting any  
25 over-the-counter medications or supplements?

1           A.     Yeah. We know that he can take Tylenol,  
2 that's in his repertoire of what he can take.

3           Q.     I think I'm going to wind this down. Did you  
4 consult your cardiologist before starting him on  
5 over-the-counter Tylenol or the Cepacol?

6           A.     The Tylenol, he's been able to take all along.  
7 The Cepacol -- I may have mentioned it when I called,  
8 but I don't know about that. Tylenol he's been able to  
9 take all along, they know he takes Tylenol, that's the  
10 one over-the-counter thing that he -- that's always been  
11 okay for him for his doctors. Yeah, they have a  
12 complete list of anything he takes.

13          Q.     Do you recall the clinic giving you a courtesy  
14 call the following day after your visit to the  
15 Exceptional Urgent Care Center?

16          A.     Yes.

17          Q.     Do you recall having a phone conversation with  
18 Dr. Im?

19          A.     No.

20          Q.     Do you recall hanging up --

21          A.     I never spoke --

22          Q.     Do you recall hanging up on the phone  
23 conversation?

24          A.     No.

25          Q.     Do you recall asking to speak with Dr. Im when

1 you called the staff at Exceptional Urgent Care Center?

2 A. I don't recall if I asked to speak to him.

3 Q. Were you aware that the staff at Exceptional  
4 Urgent Care Center follow strict protocol that if  
5 there's any question about medication that they are to  
6 get me on phone and that I get on the phone. Were you  
7 aware of that?

8 A. I wouldn't know what your protocol is for your  
9 office.

10 Q. So is it safe to assume you didn't know that  
11 the staff, whenever there's a significant other or  
12 family member with concerns, that Dr. Im gets on the  
13 phone and discusses that concern with that patient?

14 A. I called and asked initially about the drug,  
15 Dr. Im never got on the phone then. So they obviously  
16 did not follow the protocol.

17 Q. Do you agree there were multiple phone calls  
18 to the clinic?

19 A. There was one phone call that I made to the  
20 clinic, that was all.

21 Q. So --

22 A. There were multiple phone calls that they made  
23 to me.

24 Q. So you're stating that there were multiple  
25 phone calls made by the clinic to you. Do you remember

1 or recall how many phone calls?

2 A. I called them regarding the medication on the  
3 day that we were getting that prescription -- or going  
4 to get that prescription filled. I called them at that  
5 point. And that was one phone call that I made to them.

6 And then I was called back that same day,  
7 which was the 16th, several hours later by your office  
8 stating and insisting that my husband take the drug.

9 And the following day I was called by your  
10 office in the morning to inquire how my husband was  
11 doing.

12 Q. So are you stating that you never spoke to  
13 Dr. Im since the visit of March 16th?

14 A. I'm stating that, yes.

15 Q. The multiple phone calls to the clinic, were  
16 you aware that the red-headed staff member handed the  
17 phone over to Dr. Im?

18 A. No. Did not.

19 Q. Were you aware that when they have a -- sorry  
20 if this insults you -- but a tough or a difficult  
21 situation on the phone that they get me involved right  
22 away? Were you aware of that?

23 A. I wasn't aware of that because you never got  
24 on the phone.

25 Q. Were you aware that the medical assistants

1 that get on the phone have very little training, a lot  
2 less than nurses and RNs, and they don't have the  
3 ability to change medications? And whenever a patient  
4 requests a different medication that the doctor has to  
5 get on the phone?

6 A. I am not aware of your office's protocol. And  
7 she did pause on the line, and then came back on the  
8 line, but never put you on the line.

9 Q. Do you know if the pharmacist ever talked to  
10 Dr. Im?

11 A. I do not know.

12 DR. IM: Okay. I think I'm done.

13 THE COURT: Okay.

14 DR. IM: No further questions.

15 THE COURT: Have you asked all the questions  
16 that you would like to ask Ms. K.K.?

17 DR. IM: Yes.

18 THE COURT: All right. You can resume your  
19 seat at counsel's table.

20 Ms. Edwards, do you have any redirect?

21 MS. EDWARDS: No, Your Honor, I don't think I  
22 do.

23 THE COURT: No? Okay.

24 Just one moment. Ms. K.K.?

25 THE WITNESS: Yes.

1 THE COURT: Okay. You can hear me?

2 THE WITNESS: Yes, I can.

3 THE COURT: Okay. This is Judge Green.

4 Ms. Edwards indicated she has no additional  
5 questions for you, so we would like to thank you for  
6 taking the time out of your day. I understand this  
7 can be quite challenging in coordinating because I  
8 understand you did have an event today, and I do  
9 hope that that went well. But, again, we want to  
10 thank you for taking the time out and appearing  
11 today and answering these questions.

12 THE WITNESS: Thank you, Judge Green.

13 THE COURT: Okay. And so we are going to  
14 conclude the call so you can go about your day.

15 THE WITNESS: Okay. Thank you.

16 THE COURT: Okay. Thank you very much. Bye  
17 now.

18 (Witness excused.)

19 THE COURT: Okay. Ms. Edwards, do you have  
20 any other witnesses you would like to call?

21 MS. EDWARDS: At this time Your Honor, no, we  
22 don't. We would like to reserve our expert for  
23 rebuttal and we would like an opportunity to cross  
24 if Dr. Im is going to give testimony.

25 THE COURT: Absolutely.

1           With that said do you want to take a look at  
2 your exhibit list to make sure that all of the  
3 exhibits that you wanted to offer have been offered?

4           MS. EDWARDS: Yes, Your Honor, for just a  
5 moment.

6           THE COURT: Absolutely.

7           MS. EDWARDS: Would it be easier for the  
8 record to go through them quickly since we had a  
9 little confusion? Would that be appropriate?

10          THE COURT: Sure. I know that there were  
11 quite a few in the exhibit book, so I wanted to make  
12 sure that there weren't any other ones in that book  
13 that you are planning --

14          DR. IM: I have no objections if that speeds  
15 things up.

16          THE COURT: Well, I usually like to confirm  
17 what we have in the record before we -- for a  
18 particular case in chief.

19                So while you're looking at the rest of your  
20 exhibits, the exhibits I have are: Petitioner's  
21 1 -- 2, actually. I never say strike that, but I'll  
22 say that at this time, even though it will be on the  
23 record. I will describe what I have because that  
24 will be the most helpful.

25                For Exhibit 1 I have the video and transcript

1 of Patient J.K.

2 Exhibit 2 are the patient records from  
3 respondent's clinic Exceptional Urgent Care Center.

4 Exhibit 3, the business records from Publix.

5 Exhibit 5, the VA cardiology notes.

6 Exhibit 6, the interrogatories of the  
7 respondent, signed and notarized.

8 Exhibit 7, the admissions from the  
9 respondent.

10 Exhibit 8, respondent's deposition.

11 Exhibit 9, Dr. Davis' CV. Those exhibits  
12 have all been admitted.

13 And then Exhibit No. 4, the Publix pharmacy  
14 notes has been proffered but not admitted.

15 Is that what you have for your list?

16 MS. EDWARDS: Yes, Your Honor.

17 THE COURT: Okay. Thank you.

18 MS. EDWARDS: Just to verify that one Publix  
19 note from the respondent was entered into evidence  
20 as respondent's exhibit. Correct?

21 THE COURT: It was, we'll address that during  
22 respondent's case in chief during all of the  
23 exhibits that have been admitted.

24 MS. EDWARDS: Thank you, Your Honor. I  
25 believe that's everything that we have to enter.

1 Thank you for the time to go through it.

2 THE COURT: Absolutely. Thank you.

3 Dr. Im, are you prepared to proceed with your  
4 case?

5 DR. IM: You mean to begin --

6 THE COURT: Yes, to present evidence or  
7 present any testimony, whatever you intend to  
8 present in your case.

9 DR. IM: Yeah. I guess what I have to get  
10 straight is the -- is there a certain order -- I  
11 mean, she can cross-examine me and I think that will  
12 be a big part of the presentation.

13 THE COURT: Well, if you testify then  
14 Ms. Edwards would have an opportunity to  
15 cross-examine you. Of course, if you don't testify  
16 then there's no cross-examination --

17 DR. IM: I would like to testify.

18 THE COURT: Okay. And you can provide a  
19 narrative, you can sit there. I don't know if Madam  
20 Court Reporter can hear you, if not, if it makes it  
21 easier you can sit in the witness chair, whatever  
22 makes you feel comfortable.

23 DR. IM: I don't mind sitting here if that's  
24 okay.

25 THE COURT: Okay. I won't ask you any

1 questions, it's just whatever it is that you would  
2 like me to consider when reviewing the evidence  
3 that's been offered, the testimony that's been  
4 offered, as well as the allegations in the  
5 administrative complaint. And, of course,  
6 Ms. Edwards will cross-examine you based on the  
7 direct testimony that you provide today.

8 DR. IM: So my testimony is the way I recall  
9 it --

10 THE COURT: Before you begin, one other  
11 thing.

12 DR. IM: Sorry.

13 THE COURT: I need to swear you in. Raise  
14 your right hand.

15 Whereupon,

16 JOHN JOSEPH IM., D.O.,  
17 a witness herein, having been first duly sworn,  
18 was examined and testified as follows:

19 THE WITNESS: I do.

20 THE COURT: Okay. I only note the time  
21 throughout any proceeding just so that the parties  
22 are aware how much time they have. You're not --  
23 you don't have to rush, or anything, it's just a  
24 matter of so that you're aware. It is currently  
25 2:40. And I do want to at least extend the

1 opportunity for the parties to take a break, longer  
2 than a five-minute restroom break if they'd like to  
3 do so. So I do want to ask the parties that first.

4 So Ms. Edwards and Mr. Williams [sic], do you  
5 need to take a break?

6 MS. EDWARDS: I need to take a 15-minute  
7 break. I apologize. I'm a new mom, so I need that  
8 15-minute break.

9 THE COURT: Thank you. Absolutely, you can  
10 have that 15-minute break.

11 Let's go ahead and make it 20. Dr. Im, are  
12 you okay with a 20-minute break?

13 DR. IM: Sure.

14 THE COURT: Okay. Madam Court Reporter, is  
15 20 minutes good for you?

16 THE REPORTER: (Nodding head.)

17 THE COURT: Go with a 20-minute break and  
18 return at 3:00.

19 Dr. Davis, I know you're hanging out, feel  
20 free -- you don't have to sit the whole time, but  
21 it's up to you. Remember you are under oath so  
22 don't discuss your testimony with anyone. Thank  
23 you. We'll take a break till 3:00 p.m.

24 (Recess taken at 2:40 p.m. Resumed at  
25 3:00 p.m.)

1           THE COURT: Dr. Im, do you want to begin with  
2 your case?

3           DR. IM: Thank you, Your Honor.

4           So I guess I'll start with on 3/15/2018  
5 Mr. J.K. was seen at the clinic, seen by nurse  
6 practitioner Kelly Reyes (phonetic), with a  
7 presumptive diagnosis of fever, flu swab negative,  
8 chest X-ray unremarkable. Discharged home on  
9 Naprosyn and Tamiflu.

10           There's protocols at the clinic, maybe this  
11 is a good time to at least go over that. The  
12 protocol that I placed at the clinic -- and I'm  
13 pretty strict as far as what I go through when I see  
14 a patient or when a patient's seen. They're  
15 instructed if they're not improving in 24 hours to  
16 return or to go to the emergency department.

17           The patient returned on the 16th, and that's  
18 where I got involved.

19           During my training or medicine years, it was  
20 pretty much an opportunity for them to really go  
21 over just getting rid of bad habits and developing  
22 good habits and being a stickler for detail and not  
23 breaking protocol. That's part of the reason why  
24 I've probably never to this point been involved in a  
25 malpractice lawsuit.

1           The protocol in place is that if somebody's a  
2 bounce-back or if they come back as not feeling well  
3 the rule of thumb at the clinic is I lecture all my  
4 assistants that the same thing cannot be done that  
5 was done on the day prior, that's always asking for  
6 trouble. So I was suspicious for pneumonia, I knew  
7 chest X-rays do not have the sensitivity or  
8 specificity of a CT scanner. And since I had a  
9 CT scanner at the clinic it was easier access than  
10 sending somebody out to -- let's say an outside  
11 center.

12           As far as the blood work -- anyway, the  
13 protocol. So basically my thinking already is on  
14 high-alert because this is somebody who returned.  
15 And as a rule we like to think in the practice of  
16 medicine, that if you treat somebody and diagnose it  
17 as close to the correct diagnosis, like Dr. Davis  
18 said, the final diagnosis is unfortunately tissue  
19 diagnosis, autopsy. But that the presumptive  
20 diagnosis is we do the best and take all the clues  
21 into consideration, come up with the best  
22 presumptive diagnosis and then try to do diagnostic  
23 testing to prove differential diagnose and come to  
24 the best conclusion, and then after going over the  
25 different options for medications offering the best

1 medication for that particular patient.

2 In this case Mr. J.K. was a lot more ill than  
3 the chart displayed. Long story short, the charting  
4 the way we're trained -- unfortunately with this  
5 computer system, the charting is a generic chart and  
6 we have to override it and do a lot more typing. So  
7 it's not like in the old days where we had to  
8 handwrite. So 2016 it was mandatory from President  
9 Obama that all clinics had to become electronic or  
10 we face penalties. So one of the nice things  
11 about -- the disadvantages in the EMR versus  
12 advantage, part of the protocol is there's a chief  
13 complaint, then there's the history taking, you ask  
14 questions, and that's where I spent a lot more time.  
15 That's part of the thing I enjoy outside of the ER,  
16 in the ER you're constantly rushed. But in the  
17 observation setting -- actually, I still enjoy it  
18 like it was yesterday, I've been doing this since  
19 2002 -- since 2004. Sorry.

20 So the chief complaint, history and physical  
21 exam, the vitals goes before the physical exam.  
22 After the physical exam there's diagnostic tests.  
23 And like Dr. Davis said, you can order a CBC  
24 compound, all kinds of blood tests if it's available  
25 and if you can get it back quickly enough. The

1 outpatient setting is limited, there's things we can  
2 do. But a CBC machine is too expensive to maintain.  
3 Most outpatient clinics cannot afford unless they  
4 have a volume of, like, 20, 30 physicians and they  
5 can afford it. It's mainly the cleaning fluid for  
6 the CBC machines are too expensive. Anyway, there's  
7 limitations, but there's also an advantage of being  
8 an outpatient, you don't rush. And that's one of  
9 the things that I enjoy, and I've been practicing  
10 here in The Villages since 2004, and a lot of the  
11 Villagers are very similar to Mr. J.K., they're on  
12 many, many medications, lots of times herbal  
13 supplements and over-the-counter things. Even  
14 though we try to get the history, it's very  
15 difficult, especially if they live out of state,  
16 trying to get all their records. Even though we are  
17 electronic nowadays, it's a lot better than it was  
18 when I was training, when I was training we had to  
19 wait for the paper chart to come.

20           Anyways, the reason why I wanted, Your Honor,  
21 I wanted to show you the thought process when you  
22 see a patient and then the notetaking and the -- so  
23 after the presumptive diagnosis you come to your  
24 best diagnosis looking at all the diagnostic tests,  
25 the clinical presentation, physical exam, and then

1 the part about whether it's prescription medications  
2 or supportive care, and then the discharge  
3 instructions. Okay? So that's pretty much the way  
4 it's formatted.

5 And I was a little more unique for urgent  
6 care center because of my training, I was able to  
7 offer more, and because of my background in  
8 cardiology. During training I did get extensive  
9 training in cardiology, radiology, et cetera. And  
10 so one of the things that I enjoyed when I did the  
11 radiology rotation was that I was actually noted as  
12 one of the residents that was really good at it. So  
13 I really truly enjoyed it, because looking at a  
14 CAT scan as soon as it's done is really -- you get  
15 to see things before the radiologist -- you tell the  
16 radiologist -- the image goes to virtual radiology.  
17 They're in different states, Your Honor, so they're  
18 not radiologists based here. If there's a problem  
19 we could have phone conversations, et cetera.

20 But one of the things that I enjoy is what  
21 the CT brings to the practice of medicine,  
22 especially in The Villages because lots of times  
23 they're misdiagnosed by their other doctors, and  
24 when they get to me my reputation has become that  
25 I'm able to pick up things that were missed quite

1 frequently because of my training, and especially  
2 this CAT scan machine. I actually diagnosed my own  
3 mother's cancer, but that's not pertinent here.

4 So anyway, on the 16th he looked pretty ill.  
5 I knew I had to do more. Like Dr. Davis said, the  
6 INR test to make sure his Coumadin and Warfarin were  
7 therapeutic. I did the CAT scan. Went into the CAT  
8 scan room and I saw what appeared, correctly, as the  
9 ground-glass opacities in multiple lobes. Granted  
10 they were small areas, but that usually symbolizes  
11 the beginning of pneumonia. Ground-glass opacity  
12 means exudative -- or on imaging it appears  
13 different.

14 And when it's in multiple lobes, the way I  
15 was trained during my radiology rotation as an ER  
16 resident, is that it is pneumonia until proven  
17 otherwise.

18 So then usually what I do is to go right  
19 in -- it's called a preliminary report, I do not get  
20 the official report usually until usually 24/48  
21 hours later. But I'm real good at reading the CAT  
22 scan machine, my speech has been the same, I have  
23 not broken my speech in all the years. In all the  
24 years I've been practicing I go over with the  
25 patients -- in The Villages there's usually

1 95 percent a significant other, husband and wife,  
2 et cetera. So usually I'll spend my first  
3 95 percent of the time with the patient, at the very  
4 end I'll turn to the significant other and say, do  
5 you have any questions? So from the CAT scan room  
6 patient gets back into room four. I go into room  
7 four and I explain to Mr. J.K., I say, it looks like  
8 there's what appears to me -- I am not a  
9 radiologist -- usually I give that speech, I am not  
10 a radiologist, but I have very good training, I'm  
11 very good at looking at these images. And it looks  
12 like you have the start of pneumonia, I'm going to  
13 go ahead and start you on three medications because  
14 I believe all your symptoms started upper  
15 respiratory as allergies, but I believe you've  
16 started to develop pneumonia. I'll go ahead and  
17 prescribe three medications, Levaquin 750,  
18 Prednisone and Zyrtec.

19 So Mr. J.K. said he understood. That's when  
20 I turned to the wife and I said, are there any other  
21 questions? And she -- that's when she chimed in and  
22 said, do you know if any of those meds have  
23 interactions with the -- sorry, Tikosyn? And so at  
24 that point I said to her, you know, there's always  
25 going to be interaction, but the interaction -- and

1 I didn't use the word QT prolongation because one of  
2 the things I try to do is I try to -- I feel like  
3 one of the things I do well, as part of my  
4 testimony, is that I can take complex terminology  
5 and put it into plain English. I used to joke with  
6 the patients here that I went from New York to  
7 Michigan State, that it was the beginning of me  
8 trying to understand the language and  
9 communications, everything, because in New York we  
10 communicate a little differently.

11           Anyway, so Mrs. K.K. said, do you know if any  
12 of those medicines have interactions? I said -- the  
13 interaction in particular she asked about was the  
14 antibiotic. And I said, there is -- the interaction  
15 is very rare. Okay? And at that point I said, but  
16 to reassure her, I said, the pharmacist, if she sees  
17 an interaction or concern, she will call me and we  
18 discuss the case. This pharmacy, Publix, they know  
19 me by name, they are literally a hundred feet from  
20 my clinic. I know the other pharmacists by name,  
21 first-name basis. But this pharmacist, who I chased  
22 the name down, I'm not familiar with her, looks like  
23 she's a temporary pharmacist that kind of goes from  
24 pharmacy to pharmacy.

25           Anyway, I assured her, I said, there's a

1 safety net, there is a safety net of the pharmacist  
2 picking up interactions that I might have missed,  
3 and that if she calls me I will discuss it. So I  
4 assured her there is another safety net.

5 At that time she is discharged, the husband  
6 gets discharged. Never got a call from the  
7 pharmacist. And then I believe that day my medical  
8 assistant -- and I am not sure if it was the  
9 red-headed medical assistant, I had a much larger  
10 staff at that time -- stated that there's a patient  
11 that's inquiring about the medications. And so I  
12 reviewed the chart again, and I looked everything  
13 over, again. I said, instruct her, tell her that I  
14 reviewed everything again, and that the interaction,  
15 possible interaction is very rare. And that the  
16 Levaquin is drug of choice. And that the other  
17 medication will not cover for the pneumonia. And I  
18 told her, the medical assistant, to go ahead and  
19 relay that message.

20 I believe that she called back because she  
21 was not happy. But where the -- where I recall most  
22 of my information is the phone conversation, which  
23 took place the next day. We do a courtesy call on  
24 patients that have more sick or more serious  
25 presentations, usually when a patient comes back

1 twice that patient's a lot more sick than somebody  
2 with a simple cough or urinary tract infection.

3 And so the courtesy call was done. What was  
4 relayed to me was there is a very upset wife of  
5 patient, and she's very upset and she demands to  
6 talk to the doctor. So I got on the phone, had a  
7 phone conversation with Mrs. K.K., and the phone  
8 conversation was not pleasant, it was -- I tried to  
9 explain to her that the CT exam shows pneumonia,  
10 that Levaquin is the drug of choice, other  
11 medications will not cover it in this situation.  
12 And she said, I need you to give me permission to  
13 not give him that medication, Levaquin. I said,  
14 ma'am, I can't do that. If I do that, that is  
15 malpractice. Then she said, no, no, no, you need to  
16 give me permission. You need to tell me not to give  
17 him this medication. And so I said, ma'am, as I  
18 explained to you before, because of the diagnosis of  
19 pneumonia, Levaquin is the drug of choice. And  
20 other antibiotics will not cover. I believe I  
21 repeated that at least three times. She was raising  
22 her voice on the phone, and then she hung up. And  
23 that was the last I heard of her until the actual  
24 complaint came up.

25 So to continue the testimony. So as far as

1 the actual complaint, I was not aware until I saw  
2 the complaint. And so my testimony, Your Honor, is  
3 that I like to think -- all doctors like to think  
4 they're good at their craft or they're proud of what  
5 they do, help patients, et cetera. But every doctor  
6 has their strengths, and I feel that my strength is  
7 in -- and I have to credit my training years -- to  
8 go ahead and never break routines and protocols  
9 because the day that I break my own protocol  
10 something bad might happen. So that is something  
11 that I still try to do on a daily basis when I work,  
12 is no matter how tired I am, I will not break that  
13 protocol. And I'm one of the few doctors in this  
14 area that will get on the phone and talk to  
15 patients. I always go over all lab results. And  
16 not to throw other doctors under, but I've had many  
17 patients come to me asking me to go over lab results  
18 that their own doctor performed. But, to me, that's  
19 a strong point that I carry. I go over and I spend  
20 time with them, that's one of the things I enjoy.  
21 And I remember this case very well because the wife  
22 was so upset.

23 So that's my testimony.

24 THE COURT: All right. Let's see, I know  
25 that Ms. Edwards may have some questions for you on

1 cross-examination.

2 MS. EDWARDS: Mr. Walker?

3 THE COURT: Or not.

4 MR. WALKER: Give us just a second.

5 MS. EDWARDS: I thought he was going to do  
6 the cross. I apologize.

7 THE COURT: That's fine. Take a couple  
8 minutes.

9 MR. WALKER: We don't have any questions.

10 THE COURT: Thank you.

11 Dr. Im, the Department doesn't have any  
12 questions for you.

13 But I do see that there are two exhibits that  
14 we addressed during the Department's case in chief,  
15 and that is Respondent's Exhibit 7, which was the  
16 infectious disease article from the Infectious  
17 Disease Society of America, that I was admitted over  
18 objection.

19 And Exhibit 8, which is the screenshot of the  
20 Publix pharmacy notes, were admitted.

21 And then regarding Exhibit No. 5, that  
22 exhibit was not admitted.

23 Are there any other exhibits that you would  
24 like to offer at this time before you conclude your  
25 case in chief?

1 DR. IM: I believe there's -- is it my turn?

2 THE COURT: Yes, this is your case.

3 DR. IM: Yeah, I have just one exhibit. I  
4 think that was the exhibit that Ms. Edwards was  
5 going to submit.

6 THE COURT: Which one was that?

7 DR. IM: Just the progress note from the VA  
8 hospital.

9 MS. EDWARDS: That was --

10 THE COURT: Ms. Edwards?

11 MS. EDWARDS: That one was entered in,  
12 Dr. Im. Just the progress note.

13 THE COURT: Was that Petitioner's Exhibit  
14 No. 5, the VA cardiologist progress note?

15 DR. IM: No.

16 THE COURT: No? Something different? Okay.

17 MS. EDWARDS: That one was entered, tab nine.  
18 If you just want to make sure in the exhibit book --

19 DR. IM: Tab nine? That was entered?

20 MS. EDWARDS: Yes.

21 THE COURT: Ms. Edwards, what is on tab nine?

22 MS. EDWARDS: Tab nine is Exhibit 5, and that  
23 is the cardiology record from the VA.

24 THE COURT: Thank you. That's Petitioner's  
25 Exhibit 5?

1 MS. EDWARDS: Yes.

2 THE COURT: Anything further, Dr. Im, that  
3 you would like to offer in your case?

4 DR. IM: So. I'm so sorry.

5 Part of my testimony, if I can do a quick  
6 addendum.

7 THE COURT: Well, your time for your  
8 testimony -- you gave your testimony, the  
9 Department's indicated that they didn't have any  
10 cross-examination, so that would have been the  
11 completion of your testimony.

12 I'll ask Ms. Edwards and Mr. Williams  
13 [sic] -- Mr. Walker. I'm mixing all these names up  
14 today -- if you have any objection to Dr. Im  
15 offering additional testimony.

16 MR. WALKER: I do not.

17 THE COURT: Okay. Dr. Im. Now, this is --  
18 maybe I didn't clarify it earlier. This is your  
19 time to provide testimony. Whether the Department  
20 asks you questions, or not, this is your time to  
21 provide testimony. I won't ask you any questions,  
22 and unless they have cross-examination they won't  
23 ask you any questions, either.

24 So this is your time. Once you complete your  
25 testimony this time, if the Department does not have

1 any objections that will be it. Okay? You want to  
2 take a look at your notes and figure out what you  
3 want to say?

4 DR. IM: Yes. What I want to --

5 THE COURT: Let me give you a few moments do  
6 that, that way you can gather your thoughts, you  
7 know where you're going, and that way you won't miss  
8 anything and have to come back.

9 DR. IM: I know the sentence that I want to  
10 headline into, this telephone conversation. So this  
11 is a telephone conversation that took place between  
12 Ms. K.K. and the VA dated March 16th. It says here,  
13 patient's wife was calling with questions.  
14 Patient's wife says here, patient's wife instructed  
15 to listen to the pharmacist. And patient should not  
16 take Levaquin as she was told by the pharmacist,  
17 that is contraindicated. So I guess I left out that  
18 part of the testimony, that the -- there were lots  
19 of contradictions brought forth by Ms. K.K. during  
20 the deposition of her husband and herself. So I  
21 just want to note that -- I guess my testimony is  
22 without any doubt I know that I went over the --  
23 went over with the patient, Mr. J.K. in the room,  
24 the alternatives, why this should not be used  
25 because it will not cover. And then I had the

1 additional telephone conversation -- I guess I'm  
2 just thinking out loud. And so because I didn't get  
3 to -- so I'm done with the testimony.

4 THE COURT: Okay. Did you want to look at  
5 any -- take a few moments to look at the rest of the  
6 documents and tell me if you have anything that you  
7 want to address before we close your case?

8 DR. IM: No, Your Honor.

9 THE COURT: I'll give both parties about five  
10 minutes to take a look at what you have -- because  
11 the petitioner will have an opportunity for  
12 rebuttal. So I'll give both parties a few minutes  
13 to look over your notes.

14 MS. EDWARDS: Thank you, Your Honor. Would  
15 you mind if we stepped outside?

16 THE COURT: Absolutely. We'll go off the  
17 record until about 3:30.

18 MS. EDWARDS: Perfect. Thank you very much.

19 THE COURT: Thank you.

20 (Recess taken at 3:24 p.m. Resumed at  
21 3:30 p.m.)

22 THE COURT: It's 3:30. I see that the  
23 Department has returned.

24 Dr. Im, have you had a chance to look at your  
25 notes and determine if you have additional testimony

1 you would like to offer at this time?

2 DR. IM: No extra. No additional testimony,  
3 Your Honor.

4 THE COURT: Okay. Are there any additional  
5 exhibits that you would like to offer at this time?

6 DR. IM: No, I do not.

7 THE COURT: Okay. So are you now concluding  
8 your case in chief?

9 DR. IM: Yes. I was going to summarize, I  
10 don't know if that's allowed.

11 THE COURT: So you want to summarize --

12 DR. IM: I wasn't sure if there's like a  
13 closing summary from the Department. I wasn't sure  
14 of the procedure.

15 THE COURT: Oh, okay. We'll get to this a  
16 little bit later. But generally a closing argument  
17 is not necessary in an administrative proceeding.  
18 If you choose to give a closing argument you can  
19 choose to do so. But most closing arguments are  
20 waived in lieu of proposed recommended order, which  
21 is written. Would you probably consider a written  
22 closing argument then, which would include your  
23 proposed recommendation regarding the findings of  
24 fact and the conclusions of law, and what you think  
25 the recommendation should be. I'll explain that a

1 little bit further later.

2 If you choose to offer that that would be  
3 something that we would offer after the Department  
4 has had opportunity to offer any rebuttal evidence  
5 if they choose to do so.

6 DR. IM: Okay.

7 THE COURT: So are you prepared to conclude  
8 your case for today?

9 DR. IM: Yes.

10 THE COURT: Okay. The Department, do you  
11 have any rebuttal?

12 MS. EDWARDS: Your Honor, no, we have no  
13 rebuttal at this time. We wanted to keep Dr. Davis  
14 in case additional articles were entered in. If his  
15 case is closed we're done, as well.

16 THE COURT: Thank you, Dr. Davis, for  
17 spending your day with us. We appreciate that and  
18 your patience. Based on Ms. Edwards's statements  
19 you are free to go. Again, we thank you.

20 (Dr. Davis excused.)

21 THE COURT: Okay. So, Ms. Edwards, do you  
22 still maintain that the Department will be  
23 requesting or ordering a copy of the transcript?

24 MS. EDWARDS: Yes, Your Honor.

25 THE COURT: Okay. So with that said

1 regarding the proposed recommended orders, those  
2 proposed recommended orders will be filed with the  
3 Division's clerk ten days after the filing of the  
4 original transcript. So Madam Court Reporter, I  
5 gave you one of my cards earlier. So you would mail  
6 the -- even though the Department is ordering a  
7 copy, you'd mail the official transcript to the  
8 Division, the Division's clerk. And, of course,  
9 Dr. Im, if you wish to order a copy of the  
10 transcript you can touch base with the court  
11 reporter or coordinate something with the Department  
12 to obtain a copy of the transcript.

13 And so what generally happens is a notice of  
14 filing of the transcript will be posted on the  
15 electronic docket and sent to both parties to, of  
16 course, make you aware that the official transcript  
17 has been filed with the Division.

18 And then about 30 days, or so, after the  
19 filing of the transcript and, of course, after the  
20 proposed recommended orders I will issue my  
21 recommended order regarding findings of fact,  
22 conclusions of law and what my recommendation is as  
23 it relates to the resolution of this case.

24 Does anyone have any questions regarding how  
25 the proposed recommended orders will go? The

1 Department?

2 MS. EDWARDS: No, Your Honor.

3 THE COURT: No? Okay. Dr. Im?

4 DR. IM: No.

5 THE COURT: Okay. Of course, Dr. Im, I'll  
6 speak directly to you. On the Division's website --  
7 are you familiar with the website?

8 DR. IM: Yes.

9 THE COURT: Because you have it -- you  
10 registered. Right?

11 DR. IM: Yes, I did.

12 THE COURT: All right. So on the Division's  
13 website you should find on the left-hand side of  
14 that screen some links to a template for proposed  
15 recommended order, and you can use that if you  
16 choose. You can also take a look at any other  
17 previous recommended orders to give you some  
18 guidance as to the format. But, quite frankly, the  
19 format is not as important, to me, so long as you,  
20 of course, communicate what you believe the findings  
21 of fact should be and the conclusions of law and  
22 recommendation, I can figure it out. Just make sure  
23 that you -- whatever you choose to do, if you file a  
24 proposed recommended order that you also provide a  
25 copy to the Department. And the same for the

1 Department.

2 MS. EDWARDS: Yes, Your Honor.

3 THE COURT: Okay. Any questions regarding  
4 the proposed recommended orders, any questions  
5 regarding what the next step will be after today?  
6 Dr. Im?

7 DR. IM: If you could put that in plain  
8 English what happens after today, I think I sort of  
9 followed you on that.

10 THE COURT: So after today the  
11 court reporter's going to type up everything into a  
12 transcript and it will be written and filed on the  
13 Division's website. After the court reporter files  
14 that you'll have about ten -- you'll have ten days,  
15 and that's ten calendar days, not business days.  
16 So, of course, if you have any questions regarding  
17 the timeline you can contact my assistant regarding  
18 that, but it's ten days after the filing of the  
19 transcript.

20 Then I'll take a look at it and review the  
21 record, again, including all of the evidence that I  
22 have, and I'll decide what I think actually  
23 happened. And then I'll look at the law and  
24 determine how that law applies to those facts.  
25 Really the issue being whether you fell below the

1 standard of care in your interaction/exchange as it  
2 relates to the treatment of Patient J.K. on  
3 March 16th, 2018.

4 And then after that the case goes back to the  
5 Department, they look at it, they say, you know, I  
6 don't know, we agree, we don't agree, it may go that  
7 way, it may not. But basically they'll review it,  
8 again. The Board of Osteopathic Medicine will  
9 review it and enter a final order.

10 And along the steps, even with the  
11 recommended order, you'll have rights -- you'll see  
12 those usually on the last page, you know, of those  
13 particular orders, and they'll tell you what your  
14 rights are. So read those, some of those are very  
15 specific, especially the exceptions, those do not  
16 get filed with the Division, they need to be filed  
17 with the Department and the Board of Osteopathic  
18 Medicine. So sometimes people don't know where they  
19 should file. If I get them I do nothing with them,  
20 they just sit on the docket because I no longer have  
21 jurisdiction. But you'll see those rights usually  
22 on the last page of the recommended order, and then  
23 from there the Board of Osteopathic Medicine will  
24 have jurisdiction to determine what the final order  
25 should be and the final decision.

1                   Okay? Any other questions?

2                   DR. IM: No, that was very clear. Thank you.

3                   THE COURT: Ms. Edwards, it looked like you  
4 were about to ask something.

5                   MS. EDWARDS: Do you want a Word copy of the  
6 PRO as well as the filed copy?

7                   THE COURT: Sure. That's fine. That's fine.

8                   MS. EDWARDS: Okay. And we'll send that to  
9 your assistant?

10                  THE COURT: Yes, you can do that. That's  
11 fine. I've never had anyone ask me that, but that's  
12 fine. Either way. As long as, of course, it's  
13 filed on the docket, as well.

14                  MS. EDWARDS: Yes, Your Honor.

15                  THE COURT: Any other questions for the  
16 Department? Anything else?

17                  MS. EDWARDS: No, Your Honor.

18                  THE COURT: Okay. Dr. Im?

19                  DR. IM: No.

20                  THE COURT: Okay. Great. So then with that  
21 said we'll adjourn for the day. Thank you very  
22 much, Madam Court Reporter.

23                         (This proceeding concluded at 3:38 p.m.)

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C E R T I F I C A T E

STATE OF FLORIDA }

COUNTY OF MARION }

I, Courtney L. Wear, RMR, CRR, do hereby certify that I was authorized to and did report the foregoing proceedings, and that the transcript, pages 4 through 235 is a true and correct record of my stenographic notes.

I further certify that I am not a relative, employee, attorney or counsel of any of the parties, nor relative or employee of such attorney or counsel, nor financially interested in the foregoing action.

Signed this day of 11-12-2019, Marion County, Florida.

/s/ Courtney L. Wear  
COURTNEY L. WEAR, RMR, CRR

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STATE OF FLORIDA

DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH,  
Petitioner,



v.

DOAH CASE NO.: 19-4724PL

JOHN JOSEPH IM, D.O.,

DOH CASE NO.: 2018-07389

Respondent.

DEPOSITION OF J.K.

TAKEN ON THE 8TH DAY OF OCTOBER, 2019

AT

10:14 A.M.

BEST WESTERN

MEETING ROOM

1006 WI-82

MAUSTON, WISCONSIN 53948

\*\*\*\*\*

1           Telephonic and video recorded deposition  
2 of J.K., called as a witness in the above-entitled  
3 action, taken in accordance with Florida Rules of  
4 Civil Procedure 1.280 and 1.310, pursuant to Notice  
5 of Taking Recorded Telephonic Deposition in Lieu of  
6 Live Testimony, before Beverly A. Rojas, Court  
7 Reporter, and Notary Public in and for the State of  
8 Wisconsin, at Best Western, Meeting Room, 1006 WI-82,  
9 City of Mauston, County of Juneau, and State of  
10 Wisconsin, on the 8th day of October, 2019,  
11 commencing at 10:14 a.m.

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1 APPEARANCES :

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VIRGINIA EDWARDS, Assistant General  
Counsel, DOH Prosecution Services  
Unit, 4052 Bald Cypress Way, Bin C-65,  
Tallahassee, FL 32399-3265, appeared  
representing State of Florida,  
Division of Administrative Hearings.

virginia.edwards@flhealth.gov

WILLIAM WALKER, Assistant General Counsel,  
DOH Prosecution Services Unit, 4052 Bald  
Cypress Way, Bin C-65, Tallahassee, FL  
32399-3265 - appeared representing State of  
Florida, Division of Administrative Hearings.

JOHN JOSEPH IM, D.O., 13767 U.S.  
Highway 441, Lady Lake, FL 32159 -  
appeared pro se as the Respondent.

johnimdo@yahoo.com

ALSO PRESENT:

VIDEO CONCEPTS, INC.  
Connie Hansen, Videographer  
N1912 Majestic Pines Circle, Wautoma, WI  
54982

videoconcepts1@outlook.com

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I N D I C E S

WITNESS INDEX

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EXHIBIT INDEX

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| 1      | Notice of Taking Recorded Telephonic<br>Deposition in Lieu of Live Testimony | 8    |

Tab 2 - History and Physical Narrative

Tab 3 - History and Physical Narrative

Tab 4 - Progress Notes

(Note: Exhibits were mailed to deposition site; original to be filed with original of transcript, printed copies are to accompany transcripts. Ms. Edwards on the record ordered video and transcript with exhibits. John J. Im, D.O., on the record ordered a transcript with exhibits, no video.)

1           VIDEOGRAPHER: My name is Connie Hansen,  
2 the videographer, and I represent Atkinson-Baker,  
3 Incorporated, in Glendale, California.

4           I am not financially interested in this  
5 action, nor am I a relative or employee of any  
6 attorney or any of the parties.

7           The date is October 8th, 2019. The time  
8 is 10:14 Central Standard Time.

9           This deposition is taking place at 1006  
10 Wisconsin Highway 82, in Mauston, Wisconsin. This  
11 is Case No. 19-4724PL, entitled Department of  
12 Health versus John Joseph Im, D.O.

13           The deponent is J.K.

14           Your court reporter is Beverly Rojas.

15           Will counsel please introduce themselves,  
16 and then the court reporter will swear in the  
17 witness.

18           MS. EDWARDS: This is Virginia Edwards of  
19 the Department of Health, and with me is William  
20 Walker, also with the Department of Health.

21           VIDEOGRAPHER: Will the other party on  
22 the line also introduce himself?

23           DR. IM: Yes. My name is Dr. John Im,  
24 and I'm the defendant in this case.

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J.K.,

having been first duly sworn upon oath,  
was examined and testified as follows:

THE WITNESS: I do.

COURT REPORTER: And the court reporter  
has been asked to verify the identification of this  
witness, and I did so by reviewing his license  
number, and I will include that as a separate thing  
in the transcript. Thank you.

VIDEOGRAPHER: You may proceed.

MS. EDWARDS: Thank you all.

EXAMINATION

BY MS. EDWARDS:

Q My name is Virginia Edwards, and I'm a prosecutor  
for the Florida Department of Health. We are here  
today for your deposition in Department of Health  
versus John Joseph Im, D.O., DOAH Case No.  
19-4724PL, Department of Health Case No.  
2018-07389.

Mr. J.K., have you been deposed before?

A I'm sorry, repeat that, please.

Q Have you had your deposition taken before?

A No, I have not.

Q Okay. So if I ask you a question that you do not  
understand, please let me know, and I can rephrase

1 the question. If you have any trouble  
2 understanding any of my questions, please let me  
3 know, and I will slow down. If I answer my  
4 questions -- or excuse me, if you answer my  
5 question, I will assume you understand it. Is that  
6 fair?

7 A Yes, it is.

8 Q Okay. If you need a break at any time, please let  
9 me know. And please make sure to answer aloud and  
10 not with sounds or gestures so that the court  
11 reporter can make an accurate transcript of your  
12 testimony and so that I am able to hear you as  
13 well. And as a courtesy to the court reporter,  
14 please let me finish my question before you answer.

15 As previously stated, the allegations  
16 involved here provided to you in communications  
17 with your wife K.K., giving your names -- given  
18 that we are trying to keep your names confidential,  
19 we will be referring to you as initials.

20 MS. EDWARDS: And, court reporter, if we  
21 inadvertently slip up, will you please redact any  
22 misstatement that we may make.

23 BY MS. EDWARDS:

24 Q And, Mr. J.K., did you get a copy of the Notice for  
25 today's deposition?

1 A Yes, I did.

2 MS. EDWARDS: And, court reporter, does  
3 he have an exhibit notebook in the front of him?

4 COURT REPORTER: I'll give him one.

5 MS. EDWARDS: Thank you.

6 COURT REPORTER: He has the deposition  
7 exhibit for K.-- for J.K.

8 MS. EDWARDS: Thank you.

9 BY MS. EDWARDS:

10 Q Mr. J.K., if you could turn to tab one, please.

11 COURT REPORTER: Sorry. Just a minute,  
12 please. He may have K.K.'s.

13 MS. EDWARDS: Thank you.

14 COURT REPORTER: The witness now has the  
15 J.K. exhibit packet.

16 THE WITNESS: Yes.

17 MS. EDWARDS: Thank you very much.

18 BY MS. EDWARDS:

19 Q Mr. J.K., if you could turn to tab one, please.

20 A Yes.

21 Q And is this a copy of the Notice you received?

22 A Yes.

23 MS. EDWARDS: And we would like to attach  
24 this and mark this as Exhibit 1.

25 (EXHIBIT NO. 1 MARKED.)

1 BY MS. EDWARDS:

2 Q Mr. J.K., what is your current address?

3 A N4435 County Road HH, Mauston, Wisconsin 53948.

4 Q And how long have you lived there?

5 A Approximately 15 years.

6 Q Do you plan on moving within the next few months?

7 A Unfortunately not, no.

8 Q Do you have any other residences?

9 A Yes, we do.

10 Q And where is the other residence?

11 A It would be 3057 St. Michael Lane, The Villages,  
12 Florida.

13 Q And how long have you had the residence in The  
14 Villages?

15 A Approximately seven years.

16 Q And how often do you go to this residence?

17 A Once a year. Every --

18 Q When approximately during the year do you go?

19 A Normally we head there in January.

20 Q And how long do you stay?

21 A Approximately six months.

22 Q Will you be traveling to The Villages this year?

23 A Yes, we will.

24 Q And when do you plan on going?

25 A In January.

1 Q Now the hearing for this case is set for  
2 November 7th, 2019, in Lady Lake, Florida. Would  
3 you be available to testify in person at the  
4 hearing?

5 A If we're not -- if an appearance is not required,  
6 we could do it by phone or by video, yes.

7 Q Okay. But you would not be able to appear live, is  
8 that correct?

9 A I don't believe so, no. Not at this time. I would  
10 say no.

11 Q And where will you be on that date?

12 A Probably at our residence during the holidays.

13 Q And where is that residence?

14 A In Mauston, Wisconsin, at the N4435 address.

15 Q Thank you. Mr. K., what if anything did you do  
16 today to prepare for your deposition?

17 A Get up this morning, to answer you. Other than  
18 that, nothing.

19 Q Okay. Do you remember where you were in March of  
20 2018?

21 A I was in The Villages. I don't remember what day,  
22 but I was in The Villages at the time.

23 Q Okay. Do you remember the events of March 15th and  
24 16th?

25 A Somewhat, yes.

1 Q Okay. So let's start with March 15th. What  
2 happened that day?

3 A I wasn't feeling well, and my wife took me to an  
4 immediate care center.

5 Q Okay. And you said you weren't feeling well. What  
6 were your symptoms?

7 A I just had a fever and generally just feeling bad  
8 all over.

9 Q When did you start -- first start feeling sick?

10 A Probably a day or two before.

11 Q Do you remember the name of the facility that you  
12 went to?

13 A No, I don't. I cannot tell you the name of the  
14 facility, no.

15 Q Okay. Was it your first time going to that  
16 facility?

17 A Yes, it was.

18 Q Do you normally go to a different facility?

19 A I never -- usually, when I feel -- when I have a  
20 problem, I go to the VA hospital.

21 Q Why didn't you go to the VA that day?

22 A I don't know why. I think it's just -- I don't  
23 know if they were closed that day or it was easier  
24 just to go someplace closer.

25 Q Okay. Now I'd like you to take a look at tab two,

1 please. Take a minute to review it and let me know  
2 when you are done.

3 A (A pause.) Okay.

4 Q Thank you. And do you recognize these documents?

5 A No.

6 Q Okay. So back to March 15th. Do you remember what  
7 medications you were taking at that time prior to  
8 going into the clinic?

9 A Yes. I was taking my medications for heart,  
10 amlodipine, dofetilide, warfarin, and tamsulosin.

11 Q Okay. And can you go through each one of those so  
12 the types and who prescribed that for you?

13 A They were prescribed by my heart doctor from the  
14 Veterans Administration.

15 Q And how long have you been taking that medication?

16 A Oh, approximately five, six years, maybe longer.

17 Q And do you know what it was prescribed for?

18 A The warfarin was prescribed as a blood thinner.  
19 The tamsulosin is a prostate problem. The  
20 amlodipine is for high blood pressure. And the --  
21 the dofetilide is to keep -- I'm in A fib, and the  
22 dofetilide will keep my heart in rhythm.

23 Q If you had had an issue with any of these  
24 medications, which provider would you discuss those  
25 issues with?

1 A My heart doctor from the Veterans Administration.  
2 Q And which Veterans Administration location-wise?  
3 A In Tomah, Wisconsin.  
4 Q Okay. Now let's move back to March 15th. Do you  
5 remember who you were treated by at the Urgent Care  
6 Center?  
7 A I don't remember her name, but it was a -- the  
8 first time I went in there, it was from a female  
9 doctor.  
10 Q Okay. And to your recollection was any testing  
11 performed that day?  
12 A Yes, there were.  
13 Q What tests were performed?  
14 A I'll try to remember because I wasn't in great  
15 shape that date. My wife did most of the  
16 proceedings. But I know -- I think she did a chest  
17 X ray and took, you know, the standard tests, blood  
18 pressure, things like that.  
19 Q And you said "your wife," was your wife present  
20 with you the entire time?  
21 A I'm sorry, say that again.  
22 Q Was your wife present with you the entire time  
23 during this visit?  
24 A Yes, she was.  
25 Q Okay. And you said you had a chest X ray done.

1 Was that done on-site?

2 A Yes, it was.

3 Q And did the treating practitioner advise you of the  
4 results of testing that day?

5 A Yes.

6 Q What were the results, if you recall?

7 A She said everything was -- looked good, there was  
8 no -- no congestion or anything like that.

9 Q Do you know what your final diagnosis was on the  
10 15th?

11 A She -- everything basically looked good and said if  
12 you feel bad tomorrow, or within 24 hours, that we  
13 should return to the clinic.

14 Q Were any medications prescribed?

15 A At that time, I don't believe so, no.

16 Q Were you seen by anyone else at the clinic on  
17 March 15th?

18 A No.

19 Q Okay. And so after you left that day, what  
20 happened next?

21 A The next day I was feeling -- still feeling bad,  
22 congestion, headache, fever, so we went back to the  
23 clinic.

24 Q Okay. And was anyone with you?

25 A My wife was with me.

1 Q And who were you seen by on that day on March 16th?

2 A That day we were seen by Dr. Im.

3 Q Okay. And you briefly discussed your symptoms.

4 What did you discuss with Dr. Im?

5 A Just told him how I was feeling. And then he -- I

6 believe he -- he gave me a -- oh, I can't remember.

7 I was -- took me in a room. I was -- again, I was

8 feeling really bad, so I wasn't thinking too well,

9 but he gave me another test. It wasn't an X ray,

10 but it was a -- I can't think of it right now, but

11 he gave me another test.

12 Q Okay. So you do not recall what type of test it

13 was?

14 A At this moment right now, no.

15 DR. IM: Well, just let me --

16 MS. EDWARDS: Dr. Im, can you hear me?

17 DR. IM: Yes.

18 MS. EDWARDS: Okay.

19 DR. IM: Thank you.

20 BY MS. EDWARDS:

21 Q All right. And so you said another test was

22 provided. Did Dr. Im give you the results of that

23 test that day?

24 A He probably talked to my wife, informed her.

25 Q Okay. So to your recollection you don't remember

1 any of the testing results?

2 A No.

3 Q Do you know what your diagnosis was on March 16th?

4 A He prescribed some medications on that day.

5 Q Do you know what the medications were?

6 A No, I don't.

7 Q Did he tell you what he thought was wrong?

8 A He probably spoke to my wife. I don't recall.

9 Q Okay. Did you have -- did you personally have any  
10 concerns with the medications prescribed?

11 A My wife did, yes.

12 Q Okay. And were those addressed at that time?

13 A She addressed him and asked him -- I know she asked  
14 him were the medications he prescribed, did they --  
15 would they have any affect on the medications that  
16 I was already taking, particularly the dofetilide.

17 Q And do you remember -- do you personally recall  
18 what Dr. Im said?

19 A At that time I heard him say that he was not  
20 familiar with the drug, dofetilide.

21 Q Okay. And did he advise you to do anything?

22 A At that point he was talking mainly to my wife.  
23 She took over from there.

24 Q Okay. At any time did Dr. Im offer any alternative  
25 medication?

1 A Not that I recall.

2 Q Okay. After this conversation did you leave the  
3 clinic?

4 A Yes.

5 Q And then did you go to get the prescriptions  
6 filled?

7 A Yes. We went to I believe it was the Walgreen's.

8 Q And were you present at the pharmacy?

9 A No, I was not. I stayed in the car.

10 Q Okay. Who went into the pharmacy?

11 A My wife.

12 Q Did your wife tell you what interaction she had  
13 with the pharmacy?

14 A She had said that she talked to the pharmacist, and  
15 he indicated to her that the medication that was  
16 prescribed by Dr. Im was contrary to the  
17 dofetilide.

18 Q And what did you do after finding out this  
19 information?

20 A I believe she called my heart doctor in Tomah, in  
21 Wisconsin.

22 Q And did she get a hold of them?

23 A Yes, she did.

24 Q And were you present for that call?

25 A No, I was not.

1 Q Okay. Did she tell you what they said?

2 A Yes, she did.

3 Q And what did they say?

4 A She said that definitely do not take that -- the  
5 medication that Dr. Im prescribed, that it could  
6 produce a fatal arrhythmia.

7 Q After these two calls with the cardiologist and the  
8 pharmacist, did you personally call Dr. Im's  
9 office?

10 A I did not, no.

11 Q Did your wife?

12 A I believe she did.

13 Q Were you present for that call?

14 A No.

15 Q Other than the pharmacist and cardiologist, did you  
16 get any other opinions regarding the medications  
17 from any other medical providers?

18 A Other than those in the VA, no.

19 Q Did you ever end up filling the prescription that  
20 was given to you by Dr. Im?

21 A No.

22 Q After March 16th did you seek any other care for  
23 your illness?

24 A No.

25 Q Did you take any over-the-counter medications?

1 A I don't remember, don't recall if I did or not.

2 Q Okay. Do you happen to remember how long you were  
3 ill?

4 A Probably just a couple days.

5 Q Okay.

6 MS. EDWARDS: And I need just a moment,  
7 please. We're going to go off video for just a  
8 second, okay?

9 THE WITNESS: Okay.

10 THE VIDEOGRAPHER: Do you want me to go  
11 off the record?

12 MS. EDWARDS: Yes. Off the record for  
13 just a moment.

14 VIDEOGRAPHER: Going off the record. The  
15 time is 10:34.

16 DR. IM: Do I have an -- do I have an  
17 option not to go off record, to stay on record?

18 VIDEOGRAPHER: Okay.

19 MS. EDWARDS: Dr. Im, --

20 THE VIDEOGRAPHER: We're staying on the  
21 record. The time is 10:34.

22 MS. EDWARDS: Dr. Im, I need a break for  
23 a moment, and I'm going to finish questioning, and  
24 then you'll have a chance to go right back on the  
25 record for your questions, okay?

1 DR. IM: Okay. That's fine. My question  
2 was -- my question was, do I have a right to say in  
3 the future if you want a break or whenever you say  
4 "off the record," do I have to recall the record?

5 MS. EDWARDS: No. That's not going to  
6 work. I mean we're just taking a brief break, and  
7 we're going to come right back.

8 DR. IM: Well, this is off the record?

9 MS. EDWARDS: Right now we're --

10 VIDEOGRAPHER: We're on until you both  
11 agree to go off.

12 MS. EDWARDS: Yes. So we're going to go  
13 off for just a moment. I'm just going to leave the  
14 line and come right back.

15 VIDEOGRAPHER: Dr. Im, you're okay with  
16 that?

17 DR. IM: Umm, may I ask how long the  
18 break is?

19 MS. EDWARDS: Two minutes at the most.

20 DR. IM: Okay. Two minutes. That's  
21 fine.

22 VIDEOGRAPHER: Going off the record. The  
23 time is 10:35.

24 (DISCUSSION HAD OFF THE RECORD.)

25 VIDEOGRAPHER: We are back on the record

1 at 10:37.

2 MS. EDWARDS: Thank you.

3 BY MS. EDWARDS:

4 Q Mr. K., you said that your wife called Dr. Im but  
5 you weren't present. Did she tell you what Dr. Im  
6 said?

7 A I don't recall.

8 Q You don't recall?

9 A No.

10 Q Okay. Did you -- after your appointment with  
11 Dr. Im did you ever request a copy of your medical  
12 record?

13 A I did not, no.

14 Q Do you know if your wife did?

15 A I believe she did.

16 MS. EDWARDS: I believe that's all the  
17 questions I have for right now.

18 Dr. Im, you can proceed with your  
19 questioning.

20 DR. IM: Okay. You thank you very much.

21 EXAMINATION

22 BY DR. IM:

23 Q Good morning, Mr. J.K.

24 A Good morning.

25 Q Before I start I'd like to thank you for giving me

1 an opportunity to interview you. I know this was a  
2 long time ago, but I would like to begin the  
3 deposition by asking, were you in any way coached  
4 by your wife prior to this deposition today?

5 A Was I -- was I close? We came together.

6 Q I'm sorry. Can you repeat that?

7 A We came together.

8 Q My question was a yes or no. Prior to this  
9 deposition today were you coached by your wife?

10 A Oh, coached. No.

11 Q No. Okay. Will you and your wife respect a  
12 subpoena, a subpoena to appear November 7th for the  
13 trial in Lady Lakes, Florida?

14 A I'm sure -- would we expect -- repeat your  
15 question, please.

16 Q Okay. Will you and your wife respect a subpoena by  
17 the court to appear November 7 in Lady Lakes,  
18 Florida, for the trial?

19 A No.

20 Q Okay. My next questions will be, have you or your  
21 spouse ever been involved in any criminal or civil  
22 matter or proceedings?

23 A That's a real vague question. To what degree?

24 Q What degree? Okay. Let me rephrase that question.  
25 Have you or your wife ever been involved in any

1 matters, whether civil or criminal?

2 A As a defendant or a -- or a --

3 MS. EDWARDS: Objection.

4 THE WITNESS: I don't understand, I mean.

5 BY DR. IM:

6 Q Okay. I'll try to repeat the question a third  
7 time. Have you or your wife, K.K., ever been  
8 involved in any criminal or civil lawsuit?

9 A Civil, ah, hmmm. I'd have to think on that.

10 Q Yes or no.

11 A I'm thinking about it. Not that I can recall, no.

12 Q Okay. Have you yourself filed a formal complaint  
13 against any other health care professional prior to  
14 this deposition?

15 A No.

16 Q Okay. Have you or your wife ever engaged in a  
17 verbal or written conversation about the care you  
18 received at Exceptional Urgent Care Center on  
19 3/15/18 and 3/16/18?

20 A Okay, repeat that again, please.

21 Q Okay. Have you or your wife ever engaged in verbal  
22 or written conversation or conversations about the  
23 care you received at Exceptional Urgent Care Center  
24 on March 15th and March 16th of 2018?

25 A Other than the Department of Health, no.

1 Q Okay. So as far as your recollection, has your  
2 wife ever participated in verbal or written  
3 conversation about the care received at Exceptional  
4 Urgent Care Center on March 15th and March 16th?

5 MS. EDWARDS: Object to the form.

6 You may answer the question.

7 THE WITNESS: Okay. Not -- not that I  
8 know of.

9 BY DR. IM:

10 Q Okay. Is this -- you and your wife, is it your  
11 first marriage or second marriage, may I ask?

12 A This is my -- I don't know what relevance that has,  
13 but this is my second marriage.

14 Q Okay. And because you'll understand my next  
15 question is, do you guys have children together?

16 A No.

17 Q Okay. Do you yourself have children?

18 A No.

19 Q Does your wife -- has your wife ever had children  
20 of her own?

21 A No.

22 MS. EDWARDS: Objection, form, relevance.

23 BY DR. IM:

24 Q Okay. I can move on. Is this your wife's first  
25 marriage?

1 A Yes.

2 Q As far as you know, you or your wife do not have  
3 any children, adopted or biological children?

4 MS. EDWARDS: Object to the form,  
5 relevance.

6 THE WITNESS: Not that I know of, no.

7 BY DR. IM:

8 Q Okay. And do you still have a residence in The  
9 Villages?

10 A I'm sorry, what?

11 Q Do you still have a residence in The Villages of  
12 Florida?

13 A Yes, we do.

14 Q Okay. Could you slowly repeat your address in The  
15 Villages for me, please?

16 A 3057 St. Michael Lane.

17 Q Now can you slowly state your primary residence in  
18 Wisconsin?

19 A N4435 County Road HH, Mauston, Wisconsin.

20 Q Okay. Now, Mr. J.K., have you in the last two  
21 years ever been treated for a respiratory infection  
22 other than Exceptional Urgent Care Center?

23 A For respiratory within the last two years. Within  
24 the last two years, I do not believe so.

25 Q Okay. Have you ever in the last five years been

1 hospitalized for any condition?

2 A Yes.

3 Q Most recent being what state, approximately, if you  
4 have to?

5 A What? In Wisconsin.

6 Q Okay. How long ago was that hospitalization?

7 A Oh, probably several years ago.

8 Q Do you remember the year?

9 A No, I don't.

10 Q Okay. Were you ever hospitalized in the state of  
11 Florida for any illness of any type of illness?

12 A No.

13 Q Okay. So the next question is, are you still on  
14 the medicines you mentioned, including warfarin?  
15 Are you still on the blood thinner warfarin?

16 A Yes, I am.

17 Q Okay. Do you know what warfarin is?

18 A It's a blood thinner.

19 Q Okay. Do you know the mechanism of the blood  
20 thinner warfarin?

21 A No, I do not.

22 MS. EDWARDS: Objection.

23 DR. IM: What was that?

24 MS. EDWARDS: He answered it. I had an  
25 objection to that one. It was calling for a --

1 he's just a lay witness.

2 DR. IM: Okay. So am I allowed to ask  
3 any medical questions to a lay person?

4 MS. EDWARDS: If you're asking for a  
5 medical opinion, I will continue with a standing  
6 objection to any medical opinion. This is a lay  
7 witness, not an expert.

8 DR. IM: Okay. I will rephrase the  
9 question.

10 BY DR. IM:

11 Q Mr. J.K., do you know how your blood thinner works?

12 A No, I do not.

13 Q Are you familiar with any possible drug  
14 interactions with this blood thinner?

15 A Am I? No, I'm not. No, I do not, no.

16 Q Mr. J.K., are you aware of any vitamins or  
17 over-the-counter supplements that may interfere  
18 with a blood thinner?

19 A Offhand, no.

20 Q Mr. J.K., are you aware of any contraindications of  
21 other medications taken while this blood thinner,  
22 warfarin?

23 A Repeat that, please.

24 Q Okay. Are you aware of any possible drug  
25 interactions with warfarin and the other medicines

1           you're taking?

2    A       No.  I'm not a professional.  I do not know.

3    Q       Do you know the name of your cardiologist from the  
4           VA hospital in Wisconsin?

5    A       Yes.

6    Q       What is his name for the record, please?

7    A       It's a PA.  Her name is -- I have to think about  
8           it.  Notasha Hoffman.

9    Q       J.K., --

10   A       Notasha Hoffman.

11   Q       I appreciate that.  Okay.  Mr. J.K., that wasn't  
12           the question.  My question is not do you know the  
13           name of the assistant.  My question, is do you know  
14           the name of your cardiologist, the heart  
15           specialist, the heart doctor?

16   A       No, I don't.

17   Q       Have you ever been examined by the cardiologist,  
18           the heart doctor?

19   A       Yes, I have.

20   Q       When is the last time he saw you face to face and  
21           examined you in person?

22   A       It's been years.  I'd say a year.

23   Q       Okay.  For the record are you saying the last time  
24           your cardiologist examined you was one year?

25   A       Approximately.  I don't recall exactly how long ago

1 it was.

2 Q Do you know if you saw your cardiologist in April  
3 of 2018?

4 A No.

5 Q Is that no, you were not seen by the cardiologist,  
6 or you don't recall?

7 A No, I wasn't seen by him.

8 Q Were you seen at the VA hospital in April, on  
9 April 12, 2018?

10 A No.

11 Q Did a cardiologist, when you saw him approximately  
12 one year ago, note a possible drug-to-drug  
13 interaction with the blood thinner warfarin?

14 MS. EDWARDS: Objection. Respondent is  
15 testifying.

16 DR. IM: I don't -- can you clarify your  
17 objection?

18 MS. EDWARDS: Yes. You are testifying  
19 and not asking a question.

20 DR. IM: Okay. I will rephrase the  
21 question.

22 BY DR. IM:

23 Q Mr. J.K., did your cardiologist ever go over the  
24 possible drug interactions to the blood thinner  
25 warfarin?

1 A I don't recall.

2 Q Are you aware of the dangers of taking this blood  
3 thinner warfarin?

4 A I'm more aware of the dangers of not taking it.

5 Q Okay. What are the dangers of not taking warfarin?

6 A Possible stroke.

7 Q Anything else?

8 A No.

9 Q Do you remember how long ago your cardiologist  
10 prescribed the medication TIKOSYN?

11 A I'm sorry, the medication what?

12 Q The TIKOSYN, your heart medication for your atrial  
13 fibrillation.

14 A Oh. The dofetilide, you mean?

15 Q Yes. That's the generic. Yes, that's it.

16 A Right. Okay.

17 Q The trade name would be TIKOSYN.

18 A Right.

19 Q Yes.

20 A Okay. Repeat the question then.

21 Q Yes. Do you remember what year your cardiologist  
22 prescribed that medications?

23 A It was probably the -- when I saw him last, a year  
24 or year and a half ago.

25 Q So in your opinion or recollection he prescribed

1 the TIKOSYN a year or a year -- a year or a year  
2 and a half ago?

3 A Approximately. I'm not totally sure, but I'd say  
4 at least a year and a half ago, yes.

5 Q Okay. Did he -- do you recall him going over the  
6 possible dangers of taking this medicine, TIKOSYN?

7 A Again, no.

8 Q Your best recollection, do you remember if your  
9 cardiologist went over the risks of your other  
10 medications, such as amlodipine?

11 A No.

12 Q Mr. J.K., just -- hello?

13 A Hello.

14 Q Yes. My next question would be, have you ever had  
15 diarrhea in the last two years?

16 A No.

17 Q So for the record, you've never had diarrhea in the  
18 last two years?

19 A No.

20 MS. EDWARDS: Object to the form.

21 DR. IM: What is the objection?

22 MS. EDWARDS: Relevance.

23 DR. IM: Okay. Can you explain why it's  
24 irrelevant?

25 MS. EDWARDS: You can proceed. We're

1 just putting the objection on the record.

2 DR. IM: Okay.

3 BY DR. IM:

4 Q Okay. Mr. J.K., have you ever had diarrhea in the  
5 last five to six years?

6 A Not that I recall, no.

7 Q Have you ever been constipated the last five or six  
8 years?

9 A Not that I recall.

10 Q Okay. Have you ever vomited in the last five to  
11 six years?

12 MS. EDWARDS: Objection, form.

13 BY DR. IM:

14 Q Okay. Mr. J.K., have you ever been lightheaded or  
15 dizzy in the last five or six years?

16 MS. EDWARDS: Object to the form.

17 DR. IM: Can you clarify what your  
18 objection is?

19 MS. EDWARDS: Again, relevance.

20 If it's easier, I can do a standing  
21 objection to this line of questioning if it's going  
22 to continue to ask symptoms that were not relevant  
23 to the days in question here and the treatment.

24 DR. IM: Yes, the symptoms I'm asking are  
25 listed in the -- his drug insert for TIKOSYN, so is

1 that relevant? Can I ask these questions?

2 MS. EDWARDS: You can proceed, but our  
3 objection stands.

4 DR. IM: Okay.

5 BY DR. IM:

6 Q Next question. Do you know if your cardiologist  
7 ever asked you to consult a pharmacist before  
8 taking the medicine TIKOSYN?

9 A No.

10 Q Do you know if you or your wife ever had a  
11 conversation with any pharmacist about the  
12 medication TIKOSYN?

13 A No.

14 Q Were you ever taking multivitamins at any time in  
15 the last five to six years?

16 A No.

17 Q Had you ever used Tylenol for fever in the last  
18 five to six years?

19 A Don't recall.

20 Q Are you aware if your wife ever gave you Tylenol  
21 for fever in the last five or six years?

22 A No.

23 Q Is that a no, she never gave you Tylenol, or no,  
24 you don't recall?

25 A No, I don't recall.

1 Q Okay. Have you ever eaten salad in the last five  
2 or six years?

3 A I'm sorry, repeat that.

4 Q Have you ever eaten salad as part of a meal in the  
5 last five or six years?

6 A Yes.

7 Q Are you familiar with the risk of eating salads  
8 while on warfarin, --

9 A Yes.

10 Q -- J.K.?

11 A Yes.

12 Q How much salad is dangerous to eat while on this  
13 medication, warfarin?

14 A I don't know, but I limit the amount of greens I do  
15 eat.

16 Q May I ask how you limit the amount of greens you  
17 eat?

18 A By not eating them.

19 Q Okay. So you're not eating greens, so what type of  
20 salad are you eating?

21 A I mean -- I said I limit the amount I eat. I don't  
22 eat them every day, maybe once a week.

23 Q Mr. J.K., have you ever eaten broccoli in the last  
24 five to six years?

25 A Yes.

1 Q May I ask what is your favorite vegetable?

2 MS. EDWARDS: Objection, relevance.

3 DR. IM: I'd like to state to the court  
4 reporter, if I can make a comment, the objection  
5 does not hold here because food, whether it's  
6 salads or other items, is relevant to potential  
7 interactions with medications that the parent --  
8 patient is currently on.

9 MS. EDWARDS: Did -- you specifically  
10 asked a question regarding his favorite vegetable.  
11 We have gone off of topic here, and I understand  
12 your point. We can keep moving forward, but this  
13 one is -- the objection stands as to relevance.

14 DR. IM: Virginia, are you limiting me to  
15 how many questions I can?

16 MS. EDWARDS: No, I am not, Dr. Im. I am  
17 putting my objections on the record.

18 DR. IM: Okay. So can I ask a few more  
19 questions about his eating habits?

20 MS. EDWARDS: (No response.)

21 DR. IM: Virginia?

22 MS. EDWARDS: Doctor, you can ask the  
23 questions, but I will continue to object if  
24 necessary.

25 DR. IM: Okay. All right.

1 BY DR. IM:

2 Q Mr. J.K., have you eaten cheese in the last five to  
3 six years?

4 A That's a funny question in Wisconsin. Yes, I have  
5 eaten cheese.

6 Q So if you're in Wisconsin, I think you'll like this  
7 question, have you eaten cheese in the last five to  
8 six years?

9 A Yes.

10 Q Okay. And the last question about food, I  
11 appreciate you hanging in there with me with these  
12 silly food questions, have you ever eaten corn or  
13 chicken in the last five to six years?

14 A Yes.

15 Q Okay. Mr. J.K., were you aware that these foods  
16 contain significant amounts of vitamin K?

17 A No.

18 Q Are you familiar with the terminology vitamin K?

19 A Yes.

20 Q Will you explain to Virginia and Mr. William --  
21 William Walker what you know about vitamin K and  
22 the possible interactions with warfarin?

23 A Vitamin K --

24 MS. EDWARDS: Objection.

25 DR. IM: Can the wit- -- plaintiff answer

1           that question? Or are you objecting to him  
2           answering?

3                       MS. EDWARDS: I'm objecting to the  
4           question, to the form.

5                       But the plaintiff can answer the  
6           question. Or the witness.

7 BY DR. IM:

8 Q    Mr. J.K., I'll ask you again. Yah. Are you -- can  
9       you explain what you know about vitamin K and the  
10      potential interactions with warfarin?

11 A    No.

12 Q    Okay. Okay. So I won't get too medical with this  
13      one. Are you -- do you still have the condition  
14      atrial fibrillation?

15 A    My -- I still have the condition, yes.

16 Q    How long have you had the condition atrial  
17      fibrillation?

18 A    For years.

19 Q    And do you know approximately how long?

20 A    No.

21 Q    Have you had ablation therapy ever before for your  
22      atrial fibrillation?

23 A    Yes.

24 Q    Do you remember what year?

25 A    No.

1 Q Have you had it once or twice?

2 A Twice.

3 Q Was it successful?

4 A No.

5 Q Do you remember signing a consent form before the  
6 ablation surgery?

7 A Well, I signed a lot of things. I'm assuming I  
8 signed a consent form, yes.

9 Q Do you remember the risks of the procedure before  
10 you signed the consent for the procedure?

11 A No.

12 Q Okay. Now were you aware that the risk of the  
13 procedure included possible stroke or death?

14 A No.

15 MS. EDWARDS: I'd like to renew the  
16 objection. I apologize. I renew the objection and  
17 continue a standing objection based on relevance.

18 DR. IM: Virginia, I -- he has stated he  
19 had surgery, he has stated he --

20 MS. EDWARDS: Dr. Im, please continue  
21 with the question.

22 DR. IM: All right.

23 BY DR. IM:

24 Q Mr. J.K., did you know if there were any risks  
25 involved with the ablation surgery?

1 A Well, there's always risks involved, yes.

2 Q Okay. And would you -- at that time that you had  
3 the procedure, would you consider the risk low  
4 risk, moderate risk or high risk?

5 A Moderate to high.

6 Q Moderate to high. Okay. Did you ever talk to your  
7 cardiologist about the antibiotic Levaquin?

8 A Did I what?

9 Q Have you ever had a conversation about the -- with  
10 a cardiologist or the cardiology department about  
11 the antibiotic Levaquin?

12 A No.

13 Q Have you in the last five to six years been on any  
14 antibiotics of any type?

15 A Not that I recall.

16 Q And you remember you were hospitalized in  
17 Wisconsin; do you remember how long you were in the  
18 hospital?

19 A Four days.

20 Q During those four days do you remember the  
21 medications they administered while you were in the  
22 hospital?

23 A That's when I was put on the dofetilide.

24 Q You were already on that medication, correct,  
25 Mr. J.K.?

1 A I would -- the last time I was in the hospital, try  
2 to clear things up, was when I went in to get the  
3 dofetilide, and they had to keep me in the hospital  
4 for that period of time to see if my body would  
5 accept it.

6 Q You were in the hospital for four days. Why would  
7 they keep you in the hospital for four days to  
8 start a medication?

9 A Well, it was three days. They want you to start  
10 the medication to see that it worked before they  
11 gave it to me as a prescription.

12 Q Was that before or after your ablation?

13 A It was after the ablation.

14 Q This is a yes or no question, Mr. J.K. Could it be  
15 that the medicine TIKOSYN is so dangerous they have  
16 to observe you in the hospital in case something --  
17 something bad happened with -- to you while on that  
18 medicine?

19 A You know, I don't know this. I'm not a doctor, and  
20 you're getting very medical, and I don't -- I don't  
21 understand some of the questions, and I can't  
22 answer that.

23 Q That's okay, yes. Okay, I'll move on. And I can  
24 ask your wife. So if I'm hearing you correctly,  
25 the only hospitalization you have had in the last

1 five to six years was to get the medicine TIKOSYN  
2 initiated by the cardiology department?

3 A To my recollection, yes.

4 Q Now I'm trying to put this in plain English, but  
5 when you were in the hospital, do you remember them  
6 putting six things on your chest and doing an EKG?

7 A No.

8 Q Do you know if they were monitoring your heart  
9 rhythm while you were in the hospital?

10 A I'm sorry, I didn't hear that.

11 Q I'm sorry. I'll repeat it. While you were in the  
12 hospital for those three to four days, did they  
13 monitor your heart rhythm?

14 A I assume so, yes.

15 Q And at any point were you, let's say, -- let me  
16 rephrase it. Did the medicine TIKOSYN work in  
17 getting you out of atrial fibrillation?

18 A Yes.

19 Q Mr. J.K., you stated before that you still have  
20 atrial fibrillation. Is that true or not, yes or  
21 no?

22 A I have it, but I'm on medication for it, so no, my  
23 heart is in rhythm.

24 Q So are you saying that you are no longer in atrial  
25 fibrillation?

1 A That's what I am saying, yes.

2 Q Okay. Umm, I think Virginia Edwards, that you have  
3 the insert that she gave you. One of the things  
4 she gave you was a Health Summary Note from the VA  
5 hospital on April 12, 2018, and it states in that  
6 chart that you still have atrial fibrillation --

7 MS. EDWARDS: Dr. Im, you did not bring  
8 that exhibit in.

9 DR. IM: Oh, okay. Okay, I'm sorry.

10 MS. EDWARDS: Object to this line of  
11 questioning.

12 DR. IM: Okay, I'm sorry. Okay. I think  
13 that's one of the ones I faxed to him. Does he  
14 have that in front of him? Or it's okay. I'll  
15 move on to my next question.

16 MS. EDWARDS: If you would like to use an  
17 exhibit, let me know which exhibit number you're  
18 referring to, or we can move on to the next  
19 question, whichever you prefer.

20 DR. IM: Okay. Yah, Virginia, isn't the  
21 health summary that the State Department gave me a  
22 copy of, and I'm pretty sure that the patient has a  
23 copy of, and --

24 MS. EDWARDS: Okay. You did not provide  
25 that for today.

1 DR. IM: The exhibit?

2 MS. EDWARDS: No, sir. The --

3 (Unintelligible.)

4 DR. IM: It is an exhibit.

5 MS. EDWARDS: And if we didn't discuss  
6 it, it's not in there. What, are you referring to  
7 something in --

8 Can we go off the record for just a  
9 moment, please?

10 DR. IM: (Unintelligible.)

11 MS. EDWARDS: Dr. Im, let's go off the  
12 record for just a moment, please.

13 DR. IM: Okay. Sure. That's fine.

14 VIDEOGRAPHER: Going off the record. The  
15 time is 11:06.

16 (DISCUSSION HAD OFF THE RECORD.)

17 VIDEOGRAPHER: We are back on the record  
18 at 11:07.

19 BY DR. IM:

20 Q Mr. J.K., are you still there?

21 A Yes.

22 Q Okay. On April 12, 2018, I have before me a note  
23 that states that you visited the cardiology  
24 department on April 12 of 2018. Do you remember  
25 that?

1 MS. EDWARDS: Objection. The respondent  
2 is testifying.

3 DR. IM: Can Mr. J.K. answer that?

4 THE WITNESS: I don't recall.

5 BY DR. IM:

6 Q Okay. All right, Mr. J.K., just about a couple  
7 more questions. Actually, a couple pages. My next  
8 question, do you or your husband drive a car?

9 A My --

10 Q Sorry.

11 A Me and my husband?

12 Q Do you and your wife drive a car?

13 A Do I drive a car? Yes.

14 Q Do you yourself drive a car?

15 A Yes.

16 MS. EDWARDS: Objection, relevance.

17 DR. IM: What is your objection to?

18 MS. EDWARDS: The relevance.

19 But he can answer the question.

20 DR. IM: All right.

21 BY DR. IM:

22 Q Okay. All right. Sir, Mr. J.K., do you own an  
23 automobile?

24 A Yes.

25 Q Okay. Have you ever driven that automobile in the

1 last two years?

2 A Yes.

3 Q Okay. Do you know what the odds are of -- let me  
4 rephrase the question. Have you ever flown in a  
5 plane, airplane the last two years?

6 A Yes.

7 Q Now how do you and your wife go back and forth from  
8 Wisconsin to Florida, Villages, Florida?

9 A We drive.

10 Q Oh. Okay. So you're saying that's -- how long  
11 does that take?

12 A Total hours or just how long it takes us per --  
13 total hours, --

14 Q Yeah.

15 A -- it's probably about 16 hours. We do it in two  
16 days.

17 Q Okay. Have you ever flown in an airplane from  
18 Wisconsin to Florida or Florida to Wisconsin?

19 A Yes.

20 MS. EDWARDS: Objection, relevance.

21 DR. IM: The patient already answered  
22 yes. What are you objecting to?

23 MS. EDWARDS: I objected to the relevance  
24 prior to answering the question.

25 We'll just go ahead and do a standing

1 objection to this line of questioning. He can  
2 answer the question.

3 DR. IM: Which line of questioning are  
4 you objecting to?

5 MS. EDWARDS: The questioning regarding  
6 the traveling.

7 DR. IM: Oh, am I not allowed to ask  
8 about -- okay, Virginia, I asked about traveling.

9 MS. EDWARDS: We are -- I am objecting to  
10 the relevance of it in this matter, but you can go  
11 ahead and proceed with your questioning.

12 DR. IM: Okay. I wish you would be a  
13 little bit more clear so I would know how to ask  
14 the question. Okay.

15 MS. EDWARDS: Sir, the -- Dr. Im, if you  
16 want to know, the relevance is it's not relevant to  
17 the issues today regarding two treatment dates, and  
18 that's where the relevance objection is coming in.

19 DR. IM: Okay. All right.

20 MS. EDWARDS: But you can complete your  
21 line of questioning.

22 BY DR. IM:

23 Q Mr. J.K., I think I know the answer to this one,  
24 but do you know the number of deaths per day in the  
25 United States from auto accidents?

1 MS. EDWARDS: Objection. Calls for a  
2 conclusion.

3 DR. IM: Okay.

4 BY DR. IM:

5 Q On 3/16/2018 who drove you to the Exceptional  
6 Urgent Care Center, you or your wife?

7 A I believe my wife.

8 Q Okay. On 3/15 and 3/16 is it true that you drove  
9 to the clinic and from the clinic back to your  
10 house; yes or no?

11 A Repeat the question.

12 Q Okay. Do you recall who drove from the clinic to  
13 the pharmacy on 3/15 or 3/16 to the clinic; do you  
14 recall?

15 A My wife.

16 Q Okay. Do you know what is more dangerous, to drive  
17 a car or fly an airplane?

18 MS. EDWARDS: Objection. Objecting to  
19 the form. This is calling for a conclusion and  
20 it's irrelevant to the issues.

21 DR. IM: Okay.

22 BY DR. IM:

23 Q Mr. J.K., your wife stated that the pharmacist told  
24 her that the antibiotic Levaquin, you should not  
25 take it because it can kill you. Do you recall

1 that conversation with your wife?

2 A Yes.

3 Q Yes or no, are you familiar with the incidence of  
4 Levaquin causing a fatal arrhythmia that she warned  
5 you about, the pharmacist warned you about?

6 A Am I familiar -- repeat, that's my understanding.

7 Q Were you -- are you -- do you recall if the  
8 pharmacist told your wife the incidence of the  
9 fatal arrhythmia that can be caused by Levaquin  
10 being used with TIKOSYN, your heart medicine?

11 A I recall her telling me that, yes.

12 Q Can you explain what your wife told you the  
13 pharmacist told your wife?

14 A Exactly what we just stated, that it could cause a  
15 fatal arrhythmia.

16 Q And do you recall your wife telling you that it  
17 will kill you?

18 A I don't believe she used those words. I don't  
19 remember.

20 Q Okay. So you were not present when your wife had a  
21 conversation with the pharmacist?

22 A Not that I recall, no.

23 Q Do you recall the name of the pharmacist?

24 A No.

25 Q Did your wife ever tell you the name of the

1 pharmacist?

2 A I don't recall.

3 Q Okay. Do you remember what pharmacy you went to?

4 A I don't recall.

5 Q Okay. Did -- on 3/16 when you saw Dr. Im, you  
6 know, I'm referring to myself in the third person  
7 for the court reporter, when you saw Dr. Im, he  
8 performed a CT of the chest, is that correct?

9 A I don't recall what the test was, but I know that  
10 Dr. Im performed a test, yes.

11 Q Okay. Do you recalling laying on a CT table at the  
12 clinic and having a chest scan done of your lungs?

13 A I believe, yes.

14 Q Do you recall Dr. Im coming into your patient room  
15 No. 3 and going over the CT results with you?

16 A At that time I remember you coming in. I don't  
17 recall the conversation.

18 Q Okay. Do you remember Dr. Im using the word  
19 "pneumonia" at any time during that visit?

20 A No.

21 Q Okay. What was the result of the CT of the lungs?  
22 What were the results?

23 A I believe that it showed everything was clear.

24 Q Okay. All right. Did Dr. Im assure you that the  
25 antibiotic Levaquin is very safe?

1 A I don't recall.

2 Q Okay. Do you remember Dr. Im being in the room  
3 with you, spending 15 minutes going over the  
4 medicine Levaquin with you?

5 A No.

6 Q Do you remember how many medicines Dr. Im  
7 prescribed for you on 3/16/2019?

8 A I don't know.

9 Q Okay. Did your wife pick up any of the three  
10 medications from the pharmacist on 3/16/2018?

11 A I don't believe she filled any of them.

12 Q Okay. For the record, are you saying she did not  
13 pick up the Levaquin or she didn't pick up all  
14 three?

15 A I don't believe she picked up the Levaquin or  
16 anything else. I'm not sure. You'll have to ask  
17 her that.

18 Q Well, I will. I will. Do you remember your wife  
19 telling you why she didn't take the three  
20 medications?

21 A No.

22 Q Do you remember getting a courtesy call the next  
23 day from Exceptional Urgent Care on 3/17/2018?

24 A No.

25 Q Do you know if your wife received a courtesy call

1 from Exceptional Urgent Care Center on 3/17/2018?

2 A No.

3 Q Okay. Do you recall your wife telling you that she  
4 had a conversation with Dr. Im or any of his staff  
5 on the phone; do you recall that?

6 A No.

7 Q Okay. Mr. J.K., if I'm -- okay, let me rephrase  
8 the question. Did your wife discuss with you what  
9 Dr. Im told her in the room or on the phone?

10 A I don't recall.

11 Q Okay. Now, Mr. J.K., I'm going to read verbatim  
12 what you stated in your interview with the  
13 Department of Health, is that okay?

14 A Okay.

15 MS. EDWARDS: Objection. Where are you  
16 reading that from, Dr. Im?

17 DR. IM: I'm reading it from his  
18 interview that he gave to the -- to the field  
19 investigative reporter.

20 May I ask these questions, Virginia?

21 MS. EDWARDS: I would object to using  
22 that. If you're referring to any kind of document  
23 that everyone does not have in front of them that  
24 was presented as an exhibit today, I'm going to  
25 object to you reading that in.

1 DR. IM: Okay.

2 BY DR. IM:

3 Q Mr. J.K., do you remember filing a complaint  
4 against Dr. Im through the Department of Health?

5 A My wife did, yes.

6 Q Your wife did?

7 A Yes.

8 Q Did you file a complaint to the Department of  
9 Health?

10 A I believe we both did it together.

11 Q Okay. What was your complaint against Dr. Im?

12 A The prescription -- prescribing the medication that  
13 was contradictory to the dofetilide.

14 Q How did you learn about the contradiction, or in  
15 the correct term, the drug interaction, potential  
16 drug interaction, Mr. J.K.? How did you find out  
17 about the potential drug interaction?

18 A From the pharmacist and from the Veterans  
19 Administration, my heart doctor.

20 Q But you said you spoke to the PA, the physicians  
21 assistant?

22 A My wife did.

23 Q Not the cardiologist?

24 A Right.

25 Q Okay. And so you didn't speak to the pharmacist at

1 all?

2 A I did not.

3 Q So is it -- correct me if I'm wrong, all your  
4 information is from your wife?

5 A Majority of it was, yes, because I wasn't -- I was  
6 feeling too bad to comprehend anything.

7 Q Now when you say "feeling bad," you were -- is it  
8 safe to say you were feeling so bad and you were  
9 feeling so sick that you have trouble recalling  
10 some of the incidents that occurred on 3/15 or  
11 3/16?

12 A Yes.

13 Q Could it be possible that you were so ill on 3/16  
14 is part of the reason why you don't recall the  
15 conversations between Dr. Im and you?

16 A It's possible.

17 Q How did you feel on 3/17, the day after the visit  
18 to the Exceptional Urgent Care Center on 3/16?

19 A I don't recall.

20 Q Okay. I'm probably going to get objection, but are  
21 you familiar with what type of fatal arrhythmia  
22 that the cardiologist or the pharmacist was warning  
23 you about?

24 A No.

25 Q Are you familiar with the term EMR or electronic

1 medical records?

2 A No.

3 Q Okay. Are you familiar that doctors are required  
4 to send prescriptions electronically for the last  
5 five years?

6 A No.

7 Q Okay. Do you remember getting a paper prescription  
8 from Dr. Im on 3/16 of 2018?

9 A No.

10 Q So my next question is, I know you were feeling  
11 very ill on that day, do you remember any  
12 conversation that Dr. Im had with you in that room?

13 A No.

14 Q Okay. All right. Just a few more, Mr. J.K. I  
15 know you're busy and I thank you for your patience.  
16 All right. Are you aware that without the CT chest  
17 that was performed, that pneumonia would have been  
18 missed?

19 MS. EDWARDS: Object to the form.

20 BY DR. IM:

21 Q Mr. J.K., do you remember on 3/15 you stated that  
22 you were seen by an assistant female who performed  
23 a chest X ray and you, according to you in your own  
24 words, you said it was normal?

25 A As far as I know, yes.

1 Q Okay. Maybe you were too ill on 3/16 when Dr. Im  
2 performed a CT chest which takes a much closer look  
3 at your lungs, are you aware that a CT test was  
4 performed?

5 A Yes.

6 MS. EDWARDS: Objection, form.

7 DR. IM: What is your objection?

8 MS. EDWARDS: Objecting to the form of  
9 the question. There was testifying with the  
10 question before the question was asked.

11 DR. IM: Oh, okay. I'll rephrase the  
12 question.

13 BY DR. IM:

14 Q Mr. J.K., do you have the note that Virginia  
15 presented to you on -- regarding the visit on that  
16 date that we're discussing?

17 A No.

18 Q Oh, okay.

19 DR. IM: Virginia, did he get a copy of  
20 those notes of his visit?

21 MS. EDWARDS: He did not recall or  
22 remember what those were, so we felt there wasn't  
23 sufficient authentication to ask him about those  
24 records.

25 DR. IM: Okay.

1 MS. EDWARDS: But he answered he doesn't  
2 have those in front of him.

3 BY DR. IM:

4 Q Mr. J.K., who requested copies of your notes from  
5 your visit to Exceptional Urgent Care Center?

6 A I believe it was my wife.

7 Q Okay. All right. So I will ask your wife that,  
8 so -- excuse me. Now you stated that you did not  
9 go to any other clinic or hospital subsequent to  
10 your visit to Exceptional Urgent Care Center on  
11 3/16/2018, is that correct?

12 A Yes.

13 Q You stated that you did not go to the VA because  
14 you thought that maybe it was closed, is that  
15 correct?

16 A Yes.

17 Q Umm, why didn't you go to the VA hospital on the  
18 18th, the 17th, or the 16th, the following three  
19 days after your visit to Exceptional Urgent Care  
20 Center?

21 A I was feeling better, I presume.

22 Q So you felt -- when did you start feeling better?

23 A I don't recall.

24 Q Umm, you don't recall, but -- okay. All right.  
25 Mr. J.K., I'd like to ask you a little bit more

1 about your medical condition. How is your health  
2 today?

3 A As far as I know, good.

4 MS. EDWARDS: Object.

5 BY DR. IM:

6 Q Just the same. Okay. Mr. J.K., do you have the  
7 condition, medical condition called sleep apnea?

8 A Yes.

9 MS. EDWARDS: Objection, form.

10 DR. IM: Okay, what is the objection,  
11 Virginia?

12 MS. EDWARDS: Again, looking for the  
13 relevance in the current health conditions and how  
14 they compare with these prior issues -- the issues  
15 for the two treatment dates.

16 DR. IM: Okay. I am asking the  
17 plaintiff, Mr. J.K., if he's aware of any medical  
18 conditions that he had that is pertinent to his  
19 health that is exactly what we're trying to  
20 discuss, because the Complaint is that there are  
21 medicines that would potentially hurt him, so if I  
22 can't ask about his current health, what am I  
23 supposed to do? Can I ask about his current  
24 health?

25 MS. EDWARDS: You can ask about it, but

1 we are going to have objection to anything  
2 regarding to current health. We'll have a standing  
3 objection on the record.

4 DR. IM: Okay. All right.

5 BY DR. IM:

6 Q Mr. J.K., do you think you have any lung problem  
7 that you should be aware of?

8 A Are you asking me if I have any lung problems?

9 Q Yes, that is the question, yes or no?

10 A I have -- no, I do not have a lung problem that I  
11 am aware of.

12 Q Who -- which doctor prescribed your C Pap machine  
13 for your sleep apnea?

14 A The VA.

15 Q Do you know what the C Pap machine is used for,  
16 Mr. J.K.?

17 A For sleep apnea.

18 Q Who diagnosed you with sleep apnea?

19 A The Veterans Administration.

20 Q Okay. Was it a doctor or a physician's assistant?

21 A I don't recall.

22 Q Well, was your cardiologist at the VA aware of your  
23 sleep apnea?

24 A Yes.

25 Q Was your cardiologist aware of all the medicines

1 you were on when you visited him on April 12, 2018?

2 A Repeat the question, please.

3 Q Yes. Mr. J.K., are you aware to the best of your  
4 knowledge if your cardiologist is aware of all of  
5 your supplements, vitamins and prescription  
6 medicines you were taking when you visited the VA  
7 on April 12, 2018?

8 A The medications. Again, I have not taken any  
9 vitamins.

10 Q Okay. I think you said before you were taking  
11 vitamins. You're not taking vitamins?

12 A I said I wasn't taking vitamins.

13 Q Are you currently taking vitamins?

14 A No, I am not.

15 MS. EDWARDS: I'm objecting again on this  
16 -- I'm going to do a form objection and irrelevant.  
17 And, Dr. Im, I understand that you are trying to  
18 get the current health, but if you're going to  
19 continue to ask questions regarding the current  
20 health that has nothing to do with the case at  
21 issue, we may need to consider terminating the  
22 deposition and to move for a protective order from  
23 the judge. We're trying to get information that's  
24 relevant to the case at hand.

25

1 BY DR. IM:

2 Q Okay. Mr. J.K., all right, were you at any point  
3 familiar with the training or qualifications of  
4 Dr. Im?

5 A No.

6 Q So is it safe to assume that you are not aware that  
7 Dr. Im was residency trained in emergency medicine?

8 A No.

9 Q Okay. So you think you were not aware that Dr. Im  
10 was trained to diagnose pneumonia?

11 A No.

12 Q Hopefully one more question before I get objected  
13 to. Were you still -- I'm assuming, Mr. J.K., that  
14 you are not aware that Dr. Im was in residency  
15 training in Emergency Medicine, that Dr. Im trained  
16 with lots of medications, including antibiotic  
17 Levaquin, and also heart medications that are used  
18 for atrial fibrillation?

19 MS. EDWARDS: Objection. Respondent  
20 testifying.

21 DR. IM: Okay. All right.

22 BY DR. IM:

23 Q Is it safe to assume, Mr. J.K., that you are --  
24 that Dr. -- okay, I'll move on. Okay. Do you  
25 remember -- I don't have many more questions, but

1 I'll give you -- I only have four more questions,  
2 Mr. J.K., is that okay? Four more.

3 A (No response.

4 Q Hello?

5 A Hello. I'm here.

6 Q Okay. All right. Were you aware that the  
7 prescription required nowadays be sent  
8 electronically to pharmacists?

9 A No.

10 Q And are you aware that the pharmacist and the  
11 physicians' offices, including Exceptional Urgent  
12 Care Center, share programs that are designed to  
13 pick up drug-to-drug interactions?

14 A No.

15 Q Were you aware that Dr. Im on 3/16 on his computer  
16 saw potential drug-to-drug interactions with  
17 TIKOSYN and Levaquin?

18 MS. EDWARDS: Objection to form.

19 Respondent testifying.

20 DR. IM: Okay.

21 BY DR. IM:

22 Q Were you -- did you or your wife remember Dr. Im  
23 asking you to consult with the pharmacist about the  
24 potential drug interaction between Levaquin and  
25 TIKOSYN?

1 A No.

2 Q Do you recall if the pharmacist called Dr. Im to  
3 discuss the potential drug-to-drug interactions  
4 between TIKOSYN and Levaquin?

5 A No.

6 Q Okay. Were you aware that by law standard of care  
7 for pharmacists is, if there's a potential  
8 dangerous drug interaction, he or she is supposed  
9 to call the physician?

10 MS. EDWARDS: Objection to the form.  
11 Calls for a legal conclusion.

12 BY DR. IM:

13 Q All right, Mr. J.K., just bear with me. I just  
14 have two more questions. To the best of your  
15 knowledge do you remember your wife telling you if  
16 the pharmacist refused to give her the medicine or  
17 she refused to take the medicine Levaquin?

18 A I don't recall.

19 DR. IM: Okay. I think I have no other  
20 questions. Thank you. I know that was long.  
21 Thank you very much.

22 THE WITNESS: You're welcome.

23 MS. EDWARDS: And we do not have any more  
24 questions at this time.

25 Umm, Mr. J.K., you will have an

1 opposition to read through the transcript to make  
2 any corrections if needed, or you can waive that  
3 requirement and the court reporter will just type  
4 up what we're -- what was said today.

5 THE WITNESS: Yah. I don't need to.

6 MS. EDWARDS: Do you want to read --  
7 you'll read? Okay. And reporter, we can go ahead  
8 and --

9 COURT REPORTER: Miss Edwards, you  
10 misinterpreted his answer. Please ask him again.

11 MS. EDWARDS: I'm sorry. Did you want to  
12 read or waive?

13 THE WITNESS: I'll waive.

14 MS. EDWARDS: Waive. Okay. Thank you  
15 very much.

16 VIDEOGRAPHER: We are off the record.  
17 The time is 11:32.

18 \*\*\*\*\*

19  
20 NOTE: Identity of witness J.K. was established by the  
21 court reporter inspecting the witness's driver's  
22 license.

23  
24  
25

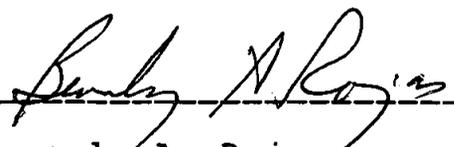
1 STATE OF WISCONSIN )  
2 ) SS. CERTIFICATE  
3 COUNTY OF LA CROSSE )

4 I, Beverly A. Rojas, Court Reporter and  
5 Notary Public in and for the State of Wisconsin,  
6 do hereby certify that I have carefully compared  
7 the foregoing pages with my stenographic notes  
8 and with the videotape, and that the same is a  
9 true and correct transcript;

10 I further certify that the witness, before  
11 testifying, was by me first duly sworn to testify  
12 to the whole truth and nothing but the truth  
13 relative to said cause;

14 I further certify that I am not a relative  
15 or employee or attorney or counsel of any of  
16 the parties, or a relative or employee of such  
17 attorney or counsel, or financially interested  
18 in said action.

19 Dated at La Crosse, Wisconsin, on this 14th  
20 day of October, 2019.

21  
22   
23 Beverly A. Rojas  
24 Court Reporter  
25 Notary Public

My commission expires July 10, 2020.

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**Exceptional Urgent Care Center**  
 11950 County Rd. Suite 101  
 The Villages, FL 32162  
 Ph: (352) 391-5200 Fax: (352) 391-5903

Pt Name: [REDACTED] Date: 03-15-2018  
 Age: [REDACTED] DOB: [REDACTED] Gender: M MR# 22144

**History & Physical Narrative**

**Chief Complaint:** This 71 Y/O yr old M with c/o sudden onset fever yesterday, +sore throat. Denies cough

**Allergies:**

1. No Known Drug Allergies -

**Medications:**

| SIG NAME                      | SIG TEXT | DATE PRESC | DATE REFILLED | DATE RUNSOUT |
|-------------------------------|----------|------------|---------------|--------------|
| AMLODIPINE 10 MG<br>TABLET    |          |            |               |              |
| DOFETILIDE 250 MCG<br>CAPSULE |          |            |               |              |
| WARFARIN                      |          |            |               |              |
| TAMSULOSIN 0.4 MG<br>CAPSULE  |          |            |               |              |

**Past Medical** Hypertension, BPH, Arrhythmia

**Past Surgical** Cardioversion, Heart Ablation

**Family** Unremarkable

**Review Of Systems:**  Positive  Negative

**Allergic / Immunologic:**  allergic symptoms,  immunologic symptoms,

**Cardiovascular:**  cardiovascular problems or chest symptoms,

**Constitutional Symptoms:**  constitutional symptoms such as fever, headache, nausea, dizziness,

**Ears, Nose, Mouth, Throat:**  symptoms involving ear, nose, mouth or throat,

**Endocrine:**  endocrine-related symptoms,

**Eyes:**  eye or vision problems,

**Gastrointestinal:**  GI symptoms,

**Genitourinary:**  GU symptoms,

**Hematologic / Lymphatic:**  lymphatic-related symptoms,

**Integumentary:**  skin-related symptoms,

**Musculoskeletal:**  joint or musculoskeletal symptoms,

**Neurological:**  neurological symptoms or problems,

**Psychiatric:**  psychiatric or emotional difficulties,

**Respiratory:**  breathing difficulties, respiratory symptoms.

**Physical Examination** Vital Signs

BP DIAST 87  
 BP SYST 149

SPO2 96  
 TEMP 100.9  
 RESP 18  
 WT 165

Pt is a pleasant, 71 Y/O year old M in no apparent distress who looks their given age, is well developed and nourished with good attention to hygiene and body habitus.

Oriented to person, place and time.

Mood and affect normal, appropriate to the situation.

PE of Skin: Examination of skin reveals no abnormal findings

PE of Eyes: Examination of conjunctiva and lids reveals no signs or symptoms of infection bilaterally. Pupil exam reveals round and reactive pupils without afferent pupillary defect.

PE of ENT: Otoloscopic examination reveals no abnormalities. Examination of oropharynx reveals no abnormalities +rhinitis. Neck lymph nodes are normal

PE of Respiratory: Auscultation of lungs reveal clear lung fields and no rubs noted. NO Cough noted

PE of Cardiovascular: Heart auscultation reveals normal S1 and S2 and no murmurs, gallop, rubs or clicks.

PE of Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

PE of Musculoskeletal: Gait and station examination reveals midposition w/out abnormalities.

PE of Neurological: Alert and oriented, normal gross motor & sensory exam

**Impression:Diagnoses:**

| # | DI CODE | Description                                                        | Comment |
|---|---------|--------------------------------------------------------------------|---------|
| 1 | 780.6   | FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATION |         |

**Following in-house labs were performed: Strep, Influenza**

Lab Results:

Basic Metabolic Panel: None Recorded.

Comprehensive Met Panel: None Recorded.

Cbc Panel: None Recorded.

Sob Panel: None Recorded.

Liver Panel: None Recorded.

Lipid Panel: None Recorded.

PT/INR:

Strep:Negative

Influenza:Negative

Glucose:

Urinalysis: None Recorded.

**Following in-house procedures were performed:** PROC LIST  
 CPT CODE CPT DESCRIPTION  
 71010 CHEST X-RAY

**Imaging results:** CXR is unremarkable

**Following outside services ordered:** None ordered

## Medications Prescribed:

| SIG NAME                  | SIG TEXT                                                                            | DATE PRESC | DATE REFILLED | DATE RUNSOUT |
|---------------------------|-------------------------------------------------------------------------------------|------------|---------------|--------------|
| NAPROSYN 500 MG<br>TABLET | 1 Tablet(s) P.O.<br>Every 12 hr as<br>needed rfo pfever,<br>pain, take with<br>food | 03-15-2018 |               | 04-15-2043   |
| TAMIFLU 75 MG<br>CAPSULE  | 1 Capsule(s) P.O.<br>Twice a Day for 5<br>days                                      | 03-15-2018 |               | 04-15-2043   |

**Following referral was made:** None ordered

Follow up tomorrow If your symptoms do not improve or they worsen, return here for a follow-up or go to the emergency room. Use medications as directed. Continue current meds unless otherwise directed.

John Joseph Im, D.O.



PROFESSIONAL RADIOLOGY ASSOCIATES  
211 N. 2<sup>ND</sup> STREET  
LEESBURG, FLORIDA 34748  
352-435-0723

|               |            |                         |              |
|---------------|------------|-------------------------|--------------|
| PATIENT ID:   | 22144      | DATE OF BIRTH:          | [REDACTED]   |
| PATIENT:      | [REDACTED] | AGE / SEX:              | [REDACTED]   |
| DATE OF EXAM: | 03/15/2018 | REFERRING<br>PHYSICIAN: | John Im D.O. |

Study: RADIOGRAPHS OF THE CHEST (TWO VIEWS)

CLINICAL HISTORY: Fever.

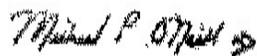
TECHNIQUE: Two views of the chest are obtained.

FINDINGS: The lung fields appear well-aerated. No alveolar consolidation or pneumonia noted. There is mild hyperinflation of the lung fields, consistent with chronic obstructive pulmonary disease. The central pulmonary vasculature appears normal. No vascular calcifications are noted.

IMPRESSION:

1. Chronic obstructive pulmonary disease.
2. No focal pneumonia identified.

Thank you for this referral.



MICHAEL P. O'NEILL, MD  
Board Certified Radiologist  
Fellowship Trained Neuroradiologist

Digitally signed by: Michael O'Neill, M.D. on March 15, 2018 11:17:51 AM  
Date Dictated: March 15, 2018  
Date Transcribed: March 15, 2018 by Kimberly Branigan  
FINAL REPORT

**Exceptional Urgent Care Center**  
 11950 County Rd. Suite 101  
 The Villages, FL 32162  
 Ph: (352) 391-5200 Fax: (352) 391-5903

Pt Name: [REDACTED] Date: 03-16-2018  
 Age: [REDACTED] DOB: [REDACTED] Gender: M MR# 22144

**History & Physical Narrative**

**Chief Complaint:** This 71 Y/O yr old M with c/o fever recheck. Patient's wife states that he did not start Tamiflu because it was too expensive. Patient was seen at EUCC yesterday and was treated for presumptive influenza.

**Allergies:**

1. No Known Drug Allergies -

**Medications:**

| SIG NAME                                                      | SIG TEXT                                                                            | DATE PRESC | DATE REFILLED | DATE RUNSOUT |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------|------------|---------------|--------------|
| WARFARIN<br>AMLODIPINE 10 MG<br>TABLET                        |                                                                                     |            |               |              |
| DOFETILIDE 250 MCG<br>CAPSULE<br>TAMSULOSIN 0.4 MG<br>CAPSULE |                                                                                     |            |               |              |
| TAMIFLU 75 MG<br>CAPSULE                                      | 1 Capsule(s) P.O.<br>Twice a Day for 5<br>days                                      | 03-15-2018 |               | 04-15-2043   |
| NAPROSYN 500 MG<br>TABLET                                     | 1 Tablet(s) P.O.<br>Every 12 hr as<br>needed rfo pfever,<br>pain, take with<br>food | 03-15-2018 |               | 04-15-2043   |

**Past Medical** Hypertension, BPH, Arrythmia

**Past Surgical** Cardioversion, Heart Ablation

**Family** Unremarkable

**Review Of Systems:**  Positive  Negative

**Allergic / Immunologic:**  allergic symptoms,  immunologic symptoms,

**Cardiovascular:**  cardiovascular problems or chest symptoms,

**Constitutional Symptoms:**  constitutional symptoms such as fever, headache, nausea, dizziness,

**Ears, Nose, Mouth, Throat:**  symptoms involving ear, nose, mouth or throat,

**Endocrine:**  endocrine-related symptoms,

**Eyes:**  eye or vision problems,

**Gastrointestinal:**  GI symptoms,

**Genitourinary:**  GU symptoms,

**Hematologic / Lymphatic:**  lymphatic-related symptoms,

**Integumentary:**  skin-related symptoms,

**Musculoskeletal:**  joint or musculoskeletal symptoms,  
**Neurological:**  neurological symptoms or problems,  
**Psychiatric:**  psychiatric or emotional difficulties,  
**Respiratory:**  breathing difficulties, respiratory symptoms.

**Physical Examination Vital Signs**

|          |      |
|----------|------|
| BP DIAST | 74   |
| BP SYST  | 117  |
| SPO2     | 96   |
| TEMP     | 97.3 |
| RESP     | 16   |
| WT       | 165  |

Pt is a pleasant, 71 Y/O year old M in no apparent distress who looks their given age, is well developed and nourished with good attention to hygiene and body habitus.

Oriented to person, place and time.

Mood and affect normal, appropriate to the situation.

PE of Skin: Examination of skin reveals no abnormal findings

PE of Eyes: Examination of conjunctiva and lids reveals no signs or symptoms of infection bilaterally. Pupil exam reveals round and reactive pupils without afferent pupillary defect.

PE of ENT: Otoloscopic examination reveals no abnormalities. Examination of oropharynx reveals no abnormalities. Neck lymph nodes are normal

PE of Respiratory: Auscultation of lungs reveal clear lung fields and no rubs noted.

PE of Cardiovascular: Heart auscultation reveals normal S1 and S2 and no murmurs, gallop, rubs or clicks.

PE of Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

PE of Musculoskeletal: Gait and station examination reveals midposition w/out abnormalities.

PE of Neurological: Alert and oriented, normal gross motor & sensory exam

**Impression: Diagnoses:**

| # | DI CODE | Description                                    | Comment |
|---|---------|------------------------------------------------|---------|
| 1 | 482.9   | BACTERIAL PNEUMONIA, UNSPECIFIED               |         |
| 2 | 995.3   | ALLERGY, UNSPECIFIED, NOT ELSEWHERE CLASSIFIED | pollen  |

**Following in-house labs were performed: PT/INR**

**Lab Results:**

Basic Metabolic Panel: None Recorded.

Comprehensive Met Panel: None Recorded.

Cbc Panel: None Recorded.

Sob Panel: None Recorded.

Liver Panel: None Recorded.

Lipid Panel: None Recorded.

PT/INR: 25.4/2.1

Glucose:

Urinalysis: None Recorded.

**Following in-house procedures were performed:** PROC LIST

| Date       | Cpt Code | Cpt Description   |
|------------|----------|-------------------|
| 03-16-2018 | J1720    | INJ-SOLU-MEDROL   |
| 03-16-2018 | 71250    | CT THORAX W/O DYE |

**Imaging results:** see report

**Following outside services ordered:** None ordered

**Medications Prescribed:**

| SIG NAME                   | SIG TEXT                                                         | DATE PRESC | DATE REFILLED | DATE RUNSOUT |
|----------------------------|------------------------------------------------------------------|------------|---------------|--------------|
| LEVAQUIN 750 MG<br>TABLET  | 1 Tablet(s) P.O.<br>every morning                                | 03-16-2018 |               | 04-16-2043   |
| ZYRTEC 10 MG TABLET        | 1 Tablet(s) P.O.<br>every morning                                | 03-16-2018 |               | 04-16-2043   |
| PREDNISONE 20 MG<br>TABLET | 4 tabs qAM days<br>1-5, 2 tabs days<br>6-10, 1 tab days<br>11-15 | 03-16-2018 |               | 04-16-2043   |

**Following referral was made:** None ordered

NOTE: Spoke to wife on the phone. I explained the importance of compliance with therapy and that not taking the medications prescribed can result in serious injury and even death. Patient was adamant about not taking the antibiotic due to possible interactions with cardiac medications.

Follow up with your PCP as needed. If your symptoms do not improve or they worsen, return here for a follow-up or go to the emergency room. Use medications as directed. Continue current meds unless otherwise directed.

John Joseph Im, D.O.





**Exceptional Urgent Care Center  
Final Radiology Report**

2477/365 assistance Call: 866.941.5695  
Online chat: <https://access.vrad.com/>

|                      |             |              |       |
|----------------------|-------------|--------------|-------|
| Patient Name:        | [REDACTED]  | MRN:         | 22144 |
| DOB (Age):           | [REDACTED]  | Gender:      | M     |
| Date of Exam:        | 03/16/2018  | Accession:   | 5248  |
| Referring Physician: | Im, John    | # of Images: | 66    |
| Ordered As:          | CT CHEST WO |              |       |

**EXAM:**

CT Chest Without Intravenous Contrast

**CLINICAL HISTORY:**

Signs and symptoms; Cough and fever; Symptoms not specified

**TECHNIQUE:**

Axial computed tomography images of the chest without intravenous contrast. All CT scans at this facility use one or more dose reduction techniques, viz.: automated exposure control; ma/kV adjustment per patient size (including targeted exams where dose is matched to indication; i.e. head); or iterative reconstruction technique.

**COMPARISON:**

No relevant prior studies available.

**FINDINGS:**

**Lungs:** Scattered small foci of groundglass opacity in the posterior right lower lobe and the medial left upper lobe. No focal airspace consolidation or mass. 5 mm nodular opacity in the right middle lobe (image 36, series 2).

**Pleural space:** Unremarkable No pneumothorax. No significant effusion.

**Heart:** Unremarkable No cardiomegaly. No significant pericardial effusion.

**Bones/joints:** Unremarkable No acute fracture. No dislocation.

**Soft tissues:** Unremarkable

**Vasculature:** Unremarkable No thoracic aortic aneurysm.

**Lymph nodes:** Unremarkable No enlarged lymph nodes.

**IMPRESSION:**

- Scattered small foci of groundglass opacity in the posterior right lower lobe and the medial left upper lobe. These findings are nonspecific and may represent hypoventilatory change or an infectious/inflammatory process (acute or chronic).

Accession: 5248 MRN:22144

Final Radiology Report

- No focal airspace consolidation or mass.

- 5 mm nodular opacity in the right middle lobe. In low-risk patients (minimal or absent history of smoking or other known risk factors), no follow-up is necessary. For high-risk patients (history of smoking or other known risk factors), an optional chest CT at 12 months could be performed.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Bitto Jr., Donald, MD  
03/16/2018 11:20 AM Eastern Time (US & Canada)

---

**CONFIDENTIALITY STATEMENT**

*This report is intended only for use by the referring physician, and only in accordance with law. If you received this in error, call 866-941-5695.*

Page 2 of 2

Re: 19-4724PL

ATTACHMENT B

Certification of Completeness of Records

I, Catrina Bachmann, hereby certify that I am the official custodian of records for: Publix Pharmacy (business name).  
 My title and telephone number is: Litigation Support Specialist 803-688-7407 xt 53106.  
 My employer's address is: 3300 Publix Corporate Pkwy, Lakeland, FL 33811.  
 I hereby verify that I have searched the records maintained at Publix Pharmacy (business name) and have determined that the attached records consisting of 4 pages are true and correct copies of the records requested pursuant to the Subpoena Duces Tecum Without Deposition for employee. I further certify that these records were made at or near the time of the employee's employment by, or from information transmitted by, a person with knowledge; are kept in the course of the regularly conducted business of Publix Pharmacy (business name); and that it is the regular practice of Publix Pharmacy (business name) to keep such records. This certification is made pursuant to Section 90.902(11), Florida Statutes (2019).

Catrina Bachmann  
 Affiant Signature

October 14, 2019  
 Date

Re: R-4724PL

NOTARIZATION

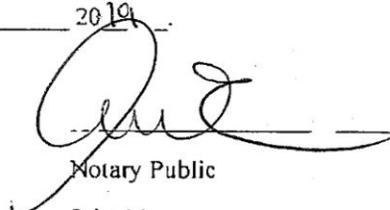
State of Florida )

County of Polk )

The foregoing was sworn to and subscribed before me, an officer duly authorized in the State of Florida, to take oaths and acknowledgments, by Catrina Buchmann

\_\_\_\_\_ who is either personally known to me or who produced satisfactory identification as follows: \_\_\_\_\_ and who did take an oath.

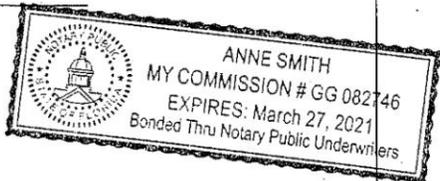
Done this 14 day of October 2019.

  
\_\_\_\_\_  
Notary Public

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Stamp/Seal)





Pharmacy

Patient Name: [REDACTED]  
Street Address: [REDACTED]  
City: THE VILLAGES State: FL Zip: 32162  
Birthday: [REDACTED]

Pharmacy Name: DEFAULT PHARMACY  
Street Address: 3300 AIRPORT ROAD  
City: LAKELAND State: FL Zip: 33802  
Phone No: (863) 688-1188 Fax No: (999) 999-9999  
Federal Tax ID:

Phone No: (608) 963-4958

| Adj Date   | Sold       | Store # | Rx #    | Fill # | Product                   | NDC #         | Qty    | Unit | Days | Prescriber Name | PT Pay Amt Total | Primary TP Name | Prior Auth | LOF |
|------------|------------|---------|---------|--------|---------------------------|---------------|--------|------|------|-----------------|------------------|-----------------|------------|-----|
| 03/15/2018 | 03/15/2018 | 1080    | 6489229 | 00     | NAPROXEN 500 MG TAB       | 49483-0618-50 | 20.000 | EA   | 10   | JOHN IM         | 5.90             | RX PLAN         |            | N   |
| 03/16/2018 | 03/16/2018 | 1080    | 6489437 | 00     | PREDNISON 20 MG TAB       | 00054-0018-25 | 35.000 | EA   | 15   | JOHN IM         | 9.13             | RX PLAN         |            | N   |
| 03/16/2018 | 03/16/2018 | 1080    | 8016415 | 00     | CETIRIZINE 10MG TABLET[*] | 16571-0402-10 | 30.000 | EA   | 30   | JOHN IM         | 7.50             | Cash            | 9991       | N   |

**TOTALS:**

**# of Records**  
**3**

**Patient Pay**  
**22.53**

Attested To By: \_\_\_\_\_  
Registered Pharmacist

*Disclaimer: May not reflect all prescription records*

Date Range: From: 03/15/2018 To: 03/17/2018

# RX Audit Report

**Publix Pharmacy: 1080  
3475 WEDGEWOOD LN, THE VILLAGES, FL**

| Patient                   | RX Number | Refill Number | Fill Date                    |
|---------------------------|-----------|---------------|------------------------------|
| J [REDACTED] K [REDACTED] | 6489229   | 0             | Thu Mar 15 00:00:00 EDT 2018 |

New Rx from PPI

J [REDACTED] K [REDACTED]

DOB: [REDACTED]

Sex: [REDACTED] The Villages, FL 32162

Ph: [REDACTED]

**Written: Naprosyn 500 mg tablet**

Written: 03/15/2018

Qty: 20 Tablet                      Refills: 0      Days Supply:

DAW: 0 No Product Selection Indicated.

1 Tablet(s) P.O. Every 12 hr as needed r/o pfever, pain, take with food

Notes from Prescriber:

John Im  
11960 CR 101 SUITE 101  
The Villages, FL 32162  
(352) 391-5200

NPI: 1922298454  
DEANumber: B17079824

Electronically Signed By (SPI): 6244174970001

Diagnosis Code:

Electronically Transmitted To:  
Publix #1080 Southern Trace Plaza #  
3475 WEDGEWOOD LANE  
THE VILLAGES, FL 32162  
Prescriber Order #: b0428ab020b648b78a68f2e24fc519b2

NCPDP: 1006255  
Phone: (352) 751-6302  
Signed Date: 03/15/2018  
Time 10:49:03 Eastern Standard

# RX Audit Report

**Publix Pharmacy: 1080  
3475 WEDGEWOOD LN, THE VILLAGES, FL**

| Patient                   | RX Number | Refill Number | Fill Date                       |
|---------------------------|-----------|---------------|---------------------------------|
| J [REDACTED] K [REDACTED] | 6489437   | 0             | Fri Mar 16 00:00:00<br>EDT 2018 |

New Rx from PPI

J [REDACTED] K [REDACTED]

DOB: [REDACTED]

Sex: [REDACTED]

The Villages, FL 32162

Ph: [REDACTED]

**Written: prednisone 20 mg tablet**

Written: 03/16/2018

Qty: 35 Tablet

Refills: 0

Days Supply:

DAW: 0 No-Product Selection Indicated.

4 tabs qAM days 1-5, 2 tabs days 6-10, 1 tab days 11-15

Notes from Prescriber:

John Im  
11950 CR 101 SUITE 101  
The Villages, FL 32162  
(352) 391-5200

DEANumber: BI7079824

NPI: 1922298464

Electronically Signed By (SPI): 6244174970001

Diagnosis Code:

Electronically Transmitted To:

Publix #1080 Southern Trace Plaza #

3475 WEDGEWOOD LANE

THE VILLAGES, FL 32162

Prescriber Order #: c94a8e583d14442aadff5821886c8e43

NCPDP: 1006255

Phone: (352) 751-8302

Signed Date: 03/16/2018

Time 11:03:23 Eastern Standard



# RX Audit Report

**Publix Pharmacy: 1080  
3475 WEDGEWOOD LN, THE VILLAGES, FL**

| Patient                   | RX Number | Refill Number | Fill Date                    |
|---------------------------|-----------|---------------|------------------------------|
| J [REDACTED] K [REDACTED] | 8016415   | 0             | Fri Mar 16 00:00:00 EDT 2018 |

New Rx from PFI

J [REDACTED] K [REDACTED]

DOB: [REDACTED]

Sex: [REDACTED] The Villages, FL 32162

Ph: [REDACTED]

**Written: Zyrtec 10 mg tablet**

Written: 03/16/2018

Qty: 30 Tablet                      Refills: 0              Days Supply:

DAW: 0 No Product Selection Indicated.

1 Tablet(s) P.O. every morning

Notes from Prescriber:

John Im  
11950 CR 101 SUITE 101  
The Villages, FL 32162  
(352) 391-5200

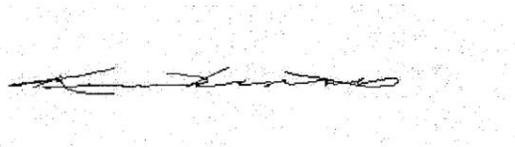
DEANumber: B17079824  
NPI: 1922298454

Electronically Signed By (SPI): 6244174970001

Diagnosis Code:

Electronically Transmitted To:  
Publix #1080 Southern Trace Plaza #  
3475 WEDGEWOOD LANE  
THE VILLAGES, FL 32162  
Prescriber Order #: 0307d777390647949eca2a388fb42af8

NCPDP: 1006255  
Phone: (352) 751-6302  
Signed Date: 03/16/2018  
Time 11:03:25 Eastern Standard





DEPARTMENT OF VETERANS AFFAIRS  
William S. Middleton Memorial Veterans Hospital  
2500 Overlook Terrace  
Madison, WI 53705

Certification request

Date: September 24, 2019

To: **FLORIDA DEPARTMENT OF HEALTH  
OFFICE OF GENERAL COUNSEL – PROSECUTION SERVICES UNIT  
4052 BALD CYPRESS WAY / BIN C-65  
TALLAHASSEE, FL 32399-3265**

I hereby certify that, to the best of my knowledge, the enclosed are true and accurate copies of the medical records on K [REDACTED], J [REDACTED] SSN - [REDACTED] consisting of 1 page kept on file at the Veterans Administration Hospital, Madison, WI, to the date of this certification.

The medical records for this patient consist of 1 page and will cost \$0.00 to process.

Please make out a check in that amount payable to:

William S. Middleton Veterans Hospital.

Our charges are as follows: \$0.15 per page after the first 100 one-sided pages.

Our tax ID #: 390817515

If you have any questions regarding the records please contact Release of Information at 888-478-8321 ext. 14430. Any question regarding billing please contact Patient Financial Services at 888-478-8321 x11863 or x11864

JOSHUA LARSON, HEALTH INFORMATION SUPERVISOR  
Release of Information  
Ph: 888-478-8321 ext: 14430  
Fax: 608-830-6655

ADDITIONAL RECORDS  
LEGAL  
19 SEP 27 PM 2:09

# Progress Notes

Printed On Sep 24, 2019

LOCAL TITLE: CARDIOLOGY TELEPHONE CONTACT  
STANDARD TITLE: CARDIOLOGY TELEPHONE ENCOUNTER NOTE  
DATE OF NOTE: MAR 16, 2018@16:12      ENTRY DATE: MAR 16, 2018@16:12:03  
AUTHOR: BINGHAM, HEIDI L      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

Pt's wife calling and states pt is taking Dofetilide and was diagnosed as having "bad allergies" at an outside hospital in Florida and prescribed prednisone and Levaquin; pt/wife were specifically told pt didn't have an infection. She informed the physician that the pt was on Dofetilide and asked if any of the medications he was being given was contraindicated w/Dofetilide and he instructed her to ask the pharmacist. The pharmacist told the pt's wife Levaquin is contraindicated for pt's on Dofetilide and instructed pt's wife to call for a different antibiotic.

Pt's wife called the physician who prescribed the antibiotic and states she was told by the PA working w/the physician that he still wanted pt to take Levaquin. She's calling Cardiology Department for an opinion re: whether he should take this antibiotic.

Pt's wife instructed to listen to the pharmacist; pt should not take Levaquin if she was told by the pharmacist that it's contraindicated for pts taking Dofetilide. She was also instructed to take pt to the nearest VA and pt's wife states if pt is doing worse tomorrow, she would take him in to the nearest hospital or take him to be seen at the nearest VA Clinic on Monday. Pt's wife also instructed to call Telephone Triage if she needs assistance or an opinion after hours this weekend and pt's wife verbalized understanding.

PLAN: alerting Natosha Hoffmann PA as FYI

/es/ Heidi L Bingham BSN, RN  
Cardiology Nurse Case Manager  
Signed: 03/16/2018 16:25

Receipt Acknowledged By:  
03/20/2018 08:07      /es/ NATOSHA L HOFFMANN  
Physician Assistant

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)



VISTA Electronic Medical Documentation

Printed at William S. Middleton Memorial Veterans Hospital

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.**

**Respondent.**

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**PETITIONER'S FIRST SET OF INTERROGATORIES**

Petitioner, Department of Health, by and through its undersigned counsel, and pursuant to Rules 1.280(a) and 1.340 of the Florida Rules of Civil Procedure, and Rule 28-106.206, Florida Administrative Code, propounds the following interrogatories to Respondent **to be answered under oath within 30 days after service** of these interrogatories. Respondent shall respond to this request by serving the requested answers upon Virginia Edwards, Assistant General Counsel, 4052 Bald Cypress Way, Bin # C-65, Tallahassee, Florida 32399-3265. Failure to provide the requested answers to interrogatories may result in sanctions as provided by the aforementioned statutes and rules.

**INSTRUCTIONS**

1. Each Interrogatory must be answered separately and fully.

2. All information is to be divulged, whether in the possession of Respondent, Respondent's attorneys, investigators, agents, employees, consultants, subcontractors, or other representatives.

3. When the identity of a person, entity, or document is requested, please consult the definition of "**identity**" below and answer the interrogatory in a manner consistent with that definition and the Florida Rules of Civil Procedure.

4. When answering each interrogatory, identify each document, person, communication or act (a) relied upon in the preparation of each answer; (b) which forms all or part of the basis for that answer; (c) which corroborates that answer; (d) the substance of which forms all or part of the answer; (e) or which relate to the subject of the interrogatory.

5. If any part of the information in an answer to an interrogatory is not within the personal knowledge of the affiant, identify each person who communicated to the affiant any part of the information furnished.

6. If you cannot answer any one or any subpart of these Interrogatories in full, after exercising due diligence to secure the information to do so, explicitly so state. Answer all interrogatories and subparts and give any information in Respondent's

possession, which may partially answer the interrogatory or subpart which it cannot answer in full, or which may lead to discovering the answer thereto.

7. If an interrogatory is not answered based upon privilege, identify said privilege, its nature, and the legal or factual basis for said claim or privilege.

8. If an objection is made to an interrogatory, state the reason for the objection in lieu of an answer.

9. If a refusal to answer an interrogatory is on the grounds of burdensomeness, identify the number and nature of the documents needed to be searched, the location of the documents, and the number of person-hours and costs required to conduct the search.

10. If sufficient space to answer an interrogatory is not provided, attach an additional paper or papers with the answer and refer to it in the space provided in the interrogatory.

11. This discovery request is continuing in nature. Later produced or discovered information relating to and covered by this discovery request is to be provided immediately upon discovery.

#### DEFINITIONS

1. The terms "**you**" and "**your**" as used herein shall mean Respondent and any person helping Respondent to answer these interrogatories, and any present or

former employee, agent, partner, attorney, servant, representative, or other person acting or purporting to act on behalf of the person in question.

2. The term "**representative**" means any and all agents, employees, servants, officers, directors, attorneys, or other persons acting or purporting to act on behalf of the person in question.

3. The term "**person(s)**" means any natural individual in any capacity whatsoever or any entity of any organization, including, divisions, departments, or other units therein, and shall include but not be limited to a public or private corporation, partnership, joint venture, proprietorship, trust, estate, governmental agency, commission, bureau or department.

4. As used herein, the term "**document(s)**" means any medium upon which intelligence or information can be recorded or retrieved, and includes, without limitation, the original and each copy, regardless of origin and location, of any book, pamphlet, periodical, letter, memorandum (including any memorandum or report of a meeting or conversation), invoice, bill, order, form, receipt, financial statement, accounting entry, diary, calendar, telex, telegram, cable, report, record, contract, agreement, study, handwritten note, draft, working paper, chart, paper, print, laboratory record, drawing, sketch, graph, index, list tape, photograph, microfilm, data sheet or data processing card,

or any other written, recorded, transcribed, punched, taped, filmed, or graphic matter, however produced or reproduced, which is in your possession, custody or control.

5. As used herein, the terms "**identification**," "**identify**," or "**identity**," when used in reference to:

(a) natural individual requires you to state his or her full name and residential and business address;

(b) a corporation, requires you to state its full corporate name and any names under which it does business, its state of incorporation, the address of its principal place of business and the addresses of the offices in Florida, and the names and residential and business addresses of the officers and directors.

(c) a business, requires you to state the full name or style under which the business is conducted, its business address or addresses, the types of business in which it is engaged, the geographic areas in which it conducts those businesses, and the identity of the person or persons who own, operate, and control the business:

(d) a document requires you to state the number of pages and the nature of the document (e.g. letter or memorandum), its title, its date, the name or names of its authors and recipients, and its present location and custodian;

(e) a communication requires you, if any part of the communications was written, to identify the document or documents which refer to or evidence the communication; and to the extent that the communication was non-written, to identify the persons

participating in the communication and to state the date, manner, place and substance of communication.

6. The term "**Respondent**" means John Joseph Im, D.O., or any attorney, party, entity, or agency acting for him.

INTERROGATORIES

1. Please state the full name(s), address(es), and occupation(s) of the person(s) answering these interrogatories, and which numbered interrogatory said person(s) answered.

JOHN JOSEPH IM, D.O.  
13767 US HWY 441  
LADY LAKE, FL. 32159

2. Please identify all documents or items of any type you intend to use, rely on, or offer into evidence at the formal hearing in this matter. State where such documents or items are located and identify the custodian.

*see exhibits  
during depositions*

3. List the names and addresses of all persons who are believed or known by you, your agents, or your attorneys to have any knowledge concerning any of the issues in this case, and specifically the subject matter about which the witness has knowledge.

JK's pharmacist  
JK's cardiologist

4. State the names, current addresses, telephone numbers and occupations of all witnesses (expert or lay) that you may call to testify at the final hearing in this matter.

None

5. With respect to each fact witness identified in your answer to Interrogatory #4, please identify: the subject matter on which the witness is expected to testify; the substance of the facts and/or events to which the witness is expected to testify; and whether the witness personally observed any conduct that is directly relevant to the allegations contained within the Administrative Complaint filed in this proceeding.

*practice of medicine  
community acquired pneumonia  
Legionella*

6. For any expert witnesses you intend to call at the formal hearing please state as to each such expert witness:

- a. the subject matter upon which the witness is expected to testify.
- b. the substance of the facts and opinions to which the witness is expected to testify.
- c. a summary of the basis for each opinion.

*No expert witness*

7. For each basis for the expert's opinion listed as an answer to Expert Interrogatory #6, please state whether the basis has been subjected to peer review and provide reference as to where the peer review can be found in publication.

*No expert witness*

8. Please state the background, education and experience which qualifies your expert(s) to testify as an expert in the subject matter or matters stated in response to Expert Interrogatory #6.

*please see CV*

9. For each subject matter and opinion listed in an answer to Expert Interrogatory #6, was there a report setting forth your expert's conclusions or opinions reached from reviewing any documents or performing any tests or examination? If so, please provide the date of the report, who the report was submitted to, and who is in present custody of said report.

*no expert witness*

10. For each expert listed in #6 above, please provide a listing of all cases reviewed in the last three (3) years, stating for each case reviewed:

- a. The case name, case number, and venue.
- b. Whether the review was for the Petitioner or Respondent, Plaintiff or Defendant.
- c. Whether trial and/or deposition testimony was given.
- d. The area or fields of expertise in which your expert claimed expertise for each case.

*no expert witness*

11. For each expert listed in #6 above, please state the following:
- The scope of employment in the pending case.
  - The rate(s) charged by the expert for review of the case and testimony provided in connection with this matter.
  - The total compensation made.
  - The expert's general litigation experience, including the percentage of work performed for plaintiffs and defendants.

*No expert witness*

12. Please identify all U.S. states, including foreign countries, localities or jurisdictions in which you are now or have ever been licensed as an osteopathic physician and state your license number(s).

*New York  
New Jersey  
Florida*

13. Please list any and all disciplinary actions, in any state, taken against you, including disciplinary action whether discipline was imposed or not, whether the discipline was sealed or not, or whether the discipline has been expunged. Please include a description of each specific action, the regulating agency or body that imposed the discipline, and the date on which each action was imposed.

None

14. Do you contend that any person or entity, other than as alleged against you in this proceeding, is, or may be responsible for the alleged violations, acts and/or omissions? If so, please disclose the name and address of each such person and/or entity, provide the legal basis for your contention and the facts or evidence upon which your contention is based; and state whether you notified each such person and/or entity of your contention.

Tiffany Alston (PUBLIX PHARMACIST)  
VA Cardiologist

15. Please state the factual and/or legal basis for your contention that you did not violate Section 459.015(1)(x), Florida Statutes (2017).

I explained the PROS & CONS of Levacquin & that the QT prolongation is very rare & that pneumonia is very serious & could even result in death

16. Please identify by case name, case number, court and jurisdiction each lawsuit, civil or criminal action, in which you are or have ever been listed as a party, and with respect to each such lawsuit or legal action, state the nature of the action and outcome.

~~AME~~

US BANKRUPTCY COURT  
CASE NO: 3:12-bk-03674-PMG

CASE NO: 60-2017-CA-127

**CERTIFICATE OF TRUTHFULNESS**

I understand that I am swearing or affirming under oath to the truthfulness of the answers to these interrogatories and that such answers are true and correct to the best of my knowledge, information and belief.

Dated: 10/11/19

[Signature]  
John Joseph Im, D.O., Respondent  
13767 US HWY 441  
LADY LAKE FL. 32159  
Address  
3525-598-5997  
Telephone Number

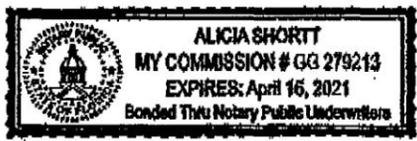
STATE OF FLORIDA  
COUNTY OF Marion

Sworn to or affirmed and signed before me this 11<sup>th</sup> day of October, 2019, by John Joseph Im, D.O., who is personally known to me \_\_\_\_\_ or has produced the following identification A Driver license.

Alicia Shortt  
Notary Public

State of Florida

My commission Expires: 04/16/2021



**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07399**

**JOHN JOSEPH IM, D.O.**

**Respondent.**

---

**PETITIONER'S FIRST REQUEST FOR ADMISSIONS**

Petitioner, the Department of Health, pursuant to Rule 1.370, Florida Rules of Civil Procedure; requests that the Respondent, **within thirty (30) days from date of service**, or such shorter time as the Honorable Administrative Law Judge may order, admit or deny the truth of the following statements. The definitions of the Petitioner's First Request for Interrogatories are adopted and incorporated herein.

1. Petitioner is the state agency charged with regulating the practice of Medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.

Admit \_\_\_\_\_ Deny \_\_\_\_\_

If denied, please explain:

cannot admit or deny

---

2. At all times material to this Complaint, you were a licensed osteopathic physician within the state of Florida, having been issued license number OS 8729.

Admit  Deny

If denied, please explain:

---

---

3. Your address of record at the time of the filing of the administrative complaint was 111950 County Road 101, Ste. 101, The Villages, Florida 32162.

Admit  Deny

If denied, please explain:

11950 CR 101, SUITES  
101, 102, 103

4. In or about March 2018, you were employed by Exceptional Urgent Care Center.

Admit  Deny

If denied, please explain:

---

---

5. On or about March 16, 2018, Patient J.K. was under your care at Exception Urgent Care Center.

Admit  Deny

If denied, please explain:

---

---

6. On or about March 16, 2018, you diagnosed Patient J.K. with symptoms associated with pneumonia.

Admit  Deny

If denied, please explain:

---

---

7. During the office visit Patient J.K.'s wife advised you Patient J.K. was prescribed to Tikosyn.

Admit  Deny

If denied, please explain:

---

---

8. You prescribed Patient J.K. Levaquin 750 mg.

Admit  Deny

If denied, please explain:

---

---

9. Patient J.K.'s wife questioned if Levaquin had any interactions with Tikosyn.

Admit  Deny

If denied, please explain:

\_\_\_\_\_  
\_\_\_\_\_

10. You advised Patient J.K.'s wife to confer with the Pharmacist regarding interactions.

Admit  Deny

If denied, please explain:

*EMR flagged potential  
interactions*

11. On or about March 16, 2018, Patient J.K.'s wife called your office and advised the pharmacist told her that Levaquin would interfere with the prescribed Tikosyn.

Admit  Deny

If denied, please explain:

*wife did not advise  
the pharmacist*

12. Your office advised Patient J.K.'s wife that Patient J.K. should take the Levaquin as prescribed.

Admit  Deny

If denied, please explain:

\_\_\_\_\_  
\_\_\_\_\_

13. On or about March 17, 2018, Patient J.K.'s wife called your office and said Patient J.K.'s cardiologist advised Patient J.K. not to take the Levaquin.

Admit  Deny

If denied, please explain:

*wife stated cardiology*  
*department*

14. On or about March 17, 2018, you advised Patient J.K. that it was imperative Patient J.K. take the Levaquin as prescribed.

Admit  Deny

If denied, please explain:

\_\_\_\_\_  
\_\_\_\_\_

15. You were aware Levaquin has contraindications for use with Tikosyn.

Admit  Deny

If denied, please explain:

*cannot admit or deny;*  
*different levels i.e. potential*

16. You did not counsel Patient J.K. on the risks of taking Levaquin and Tikosyn together.

Admit \_\_\_\_\_ Deny

If denied, please explain:

*I counseled patient about relative risks including QT prolongation*

17. You did not provide any alternative medication options to Patient J.K. in lieu of Levaquin.

Admit \_\_\_\_\_ Deny

If denied, please explain:

*I explained to her the importance of Levaquin*

18. Admit or deny that the records attached as Exhibit "A" are true, correct, and complete copy of Patient J.K.'s medical records during the time period of treatment with Exceptional Urgent Care Center.

Admit \_\_\_\_\_ Deny \_\_\_\_\_

If denied, please explain:

*cannot admit or deny; "complete" chart requires all records including hospital visits*

**[SIGNATURE BLOCK AND CERTIFICATE OF SERVICE ON FOLLOWING PAGE]**

Respectfully submitted,

Virginia Edwards

Virginia Edwards  
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**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 9th day of September 2019, to Respondent, John Joseph Im, D.O., 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Virginia Edwards

Virginia Edwards  
Assistant General Counsel

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH,  
Petitioner,

DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389

vs.

JOHN JOSEPH IM, D.O.,  
Respondent.

-----

DEPOSITION OF: JOHN JOSEPH IM, D.O.

TAKEN BY: Petitioner

REPORTED BY: Kelly Owen McCall, RPR, FPR  
Stenographic Court Reporter  
Notary Public  
State of Florida at Large

DATE AND TIME: October 3, 2019; 2:42 p.m. - 4:18 p.m.

PLACE: Lady Lake Town Hall Commission Chambers  
409 Fennell Boulevard  
Lady Lake, Florida

APPEARANCES: VIRGINIA EDWARDS, Esquire  
WILLIAM WALKER, Esquire  
Office of the General Counsel  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
virginia.edwards@flhealth.gov

JOHN JOSEPH IM, D.O., Respondent

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I N D E X

PAGE

WITNESS:

|                                   |    |
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- - -

E X H I B I T S

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1 JOHN JOSEPH IM, D.O.,  
2 having been produced and first duly sworn as a witness,  
3 testified as follows:

4 THE WITNESS: Yes.

5 DIRECT EXAMINATION

6 BY MS. EDWARDS:

7 Q My name is Virginia Edwards, and I am a prosecutor  
8 with the Florida Department of Health. We are here today for  
9 your deposition in Department of Health versus John Joseph Im,  
10 D.O., Department of Health Case Number 2018-07389, DOAH Case  
11 Number 19-4724PL.

12 Would you please state your name for the record.

13 A John Im.

14 Q And, Dr. Im, have you ever been deposed before?

15 A Deposed, yes, during bankruptcy.

16 Q Okay. So this may be a little repetitive. If I ask  
17 a question that you don't understand, please ask me to  
18 rephrase it.

19 A Okay.

20 Q If you answer, I'm going to assume that you  
21 understood the question.

22 A Uh-huh.

23 Q And if you need to take any breaks, please let me  
24 know.

25 Please answer aloud and not with sounds our hand

1 gestures so that the court reporter can get an accurate  
2 transcript.

3 And as a courtesy to the court reporter, please let  
4 me finish my question before you answer.

5 As we are all aware, this case involves allegations  
6 regarded to the patient J.K. and communications with his wife,  
7 K.K. Given their names are confidential, we are going to  
8 request that they use initials.

9 A Okay.

10 MS. EDWARDS: And, Madam Court Reporter, I ask that  
11 you redact it, if either one of us makes a mistake.

12 BY MS. EDWARDS:

13 Q Dr. Im, what did you do to prepare for your  
14 deposition today?

15 A Obviously, I reviewed everything in front of me,  
16 which is all the copies you have, I think.

17 Q And just specifically, what is that, if you don't  
18 mind --

19 A The administrative complaint, the notes from the  
20 patient's visit, cardiology notes from the VA hospital, and  
21 then I think it's just the mailing that --

22 Q The investigative report?

23 A Yes. So I just kept it in one folder, and a few  
24 articles that I reviewed that I thought would be pertinent.

25 Q Articles. Okay. And did you receive a copy of the

1 notice for today's deposition?

2 A Yes.

3 Q Okay. And if you will take a look in this, under  
4 Tab One. Is that a copy of the notice you received?

5 A Yes.

6 MS. EDWARDS: Okay. And we're going to mark that as  
7 Exhibit One.

8 THE RESPONDENT: Yes, that's what I've got here.

9 (The last-above-referred-to item was attached to the  
10 deposition as Exhibit One.)

11 BY MS. EDWARDS:

12 Q I would like to go into a little background now.  
13 What is your current profession?

14 A I am a physician.

15 Q And do you have a specialty?

16 A I was trained in emergency medicine and I own an  
17 urgent care center.

18 Q And any subspecialties?

19 A Subspecialty is emergency medicine.

20 Q When were you originally licensed as an osteopathic  
21 physician?

22 A That was -- I was in New Jersey. Give me one  
23 second. Oh, it's in my resume. It would be 1998.

24 Q Okay. And what jurisdictions do you currently hold  
25 osteopathic medical licenses?

1 A Define "jurisdiction." Scope of practice?

2 Q Which states?

3 A Oh, right now, active, Florida.

4 Q And has your license ever been disciplined in any  
5 jurisdiction?

6 A No.

7 Q Other than Florida, have you had licenses anywhere  
8 else?

9 A Yes; New York and New Jersey. That was during my  
10 training years. That's very standard.

11 Q If you know it, what is your osteopathic license  
12 number?

13 A OS8729.

14 Q Do you maintain any board certifications?

15 A The -- I am board eligible in emergency medicine,  
16 Part One and Part Two passed. But when I opened up the urgent  
17 care center, I did not complete that, because I'm no longer in  
18 the emergency department.

19 Q So just to clarify, you took Part One, and that was  
20 passed, but you didn't take Part Two?

21 A Part One and Part Two. There was a Part Three. But  
22 when I opened the urgent care center -- there was a change in  
23 my career path, so I left the emergency department to open up  
24 the urgent care center in 2004.

25 Q Okay. Other than that time, did you ever attain to

1 get any other board certifications?

2 A No.

3 Q Have you ever published any articles that were  
4 peer-reviewed?

5 A As a resident, yes.

6 Q And what topics?

7 A It was a research article in a residents, national  
8 residents competition. I don't have the specifics of that  
9 article, but that was my publication.

10 Q Okay. And that was during your residency?

11 A Yes.

12 Q And where was that?

13 A That was in -- physically, I was in Newark, New  
14 Jersey, and that in was my final year of my residency. So  
15 that would be 2001, 2001 or 2002.

16 Q Other than your osteopathic license, do you  
17 currently hold any other licenses or certificates?

18 A In the medical field?

19 Q In general?

20 A In general? I'm going to say "no."

21 Q Okay. Have you ever had a lapse of employment since  
22 becoming an osteopathic physician?

23 A Lapse in employment?

24 Q Yes.

25 A The answer is "no." It's all continuous.

1 Q Have you ever been a party to any lawsuits alleging  
2 that you committed medical malpractice?

3 A No. This one.

4 Q Other than being a physician, do you have any other  
5 type of employment?

6 A No. I have lots of hobbies, but no. Employment,  
7 yeah, just physician.

8 Q Okay. Have you ever been convicted of a crime?

9 A No.

10 Q Okay. And where did you go to medical school?

11 A Michigan State University.

12 Q And when did you graduate?

13 A 1998.

14 Q What training did you do after your medical school?

15 A Did my one year of osteopathic rotating internship,  
16 Wyckoff Heights Medical Center. That's in Brooklyn, New York.  
17 And then after the completion of that, subsequently matched  
18 and finished my residency in emergency medicine at Seton Hall  
19 University. That's in South Orange, New Jersey.

20 Q And how long was the residency?

21 A Three years.

22 Q So after your residency, what did you do next?

23 A Right. So the recruiter brought me to Munroe  
24 Regional Medical Center in Ocala, 2002, and that was my first  
25 full-time employment.

1 Q And what was your position there?

2 A ER physician, I guess, would be the term.

3 Q Was that full- or part-time?

4 A Full-.

5 Q And what type of care were you providing to  
6 patients?

7 A If you have been to the emergency department, it's  
8 emergency -- you know, we're staffed by usually a third-party  
9 company, but emergency medicine.

10 Q So it would be fair to say that you dealt with all  
11 kinds of patients in the emergency room?

12 A Yeah. I mean, if you want to ask me more about my  
13 training, I can explain. So during the residency training,  
14 you know -- I can get very specific or, overall, just three  
15 months of general surgery; three months of trauma surgery;  
16 three months of OB/GYN; one month of psychiatry; one month of  
17 pediatric emergency medicine -- I'm sorry -- three months of  
18 pediatric emergency medicine; one month of urology; one month  
19 of plastic surgery; one month of research; one month of  
20 toxicology.

21 I don't know if I went too fast. And the rest of  
22 the months were spent in the emergency department.

23 Q Okay. And that was all during your residency?

24 A The three years, yes.

25 Q Okay. And so then you moved to Munroe, and

1 specifically --

2 A Recruited to work at Munroe.

3 Q Recruited to work emergency medicine?

4 A As soon as I finished my residency, yes.

5 Q Okay. And after Munroe, what was next?

6 A So 2004, I think it was before 2005, opened up  
7 Exceptional Urgent Care Center in Summerfield.

8 Q Summerfield. Okay. And is Exceptional Urgent Care  
9 still your current profession?

10 A Yes.

11 Q And what is the address of the practice?

12 A The current address is 13767 U.S. Highway 441, Lady  
13 Lake, Florida, 32159.

14 Q And is this the only location where you practice?

15 A Yes. Just currently moved into the location four  
16 weeks ago.

17 Q Okay. Is this a solo or group practice?

18 A Solo.

19 Q Are there any physician assistants or ARNPs?

20 A I have an independent contractor nurse practitioner.

21 Q And just one?

22 A One.

23 Q How many -- excuse me. How many hours per week do  
24 you practice?

25 A Open six days a week. So 9:00 to 5:00, Monday

1 through Friday, 9:00 to 3:00 on Saturdays. So, on average,  
2 about 40, 50 hours a week.

3 Q How many patients would you say you see in a week?

4 A In The Villages, there's two seasons. We call it  
5 busy season, slow season or snowbird season. The snowbirds  
6 come down starting of October.

7 Your question was how many patients do I see per day  
8 or per --

9 Q In a week. If it's easier to do per day, that's  
10 fine too. I would say separate by busy and slow, if that's  
11 all right.

12 A Yeah. So anywhere from, during slow season, five  
13 patients a day, to 30 patients a day. Quite a range because  
14 of the seasons here.

15 Q Okay. And so would busy be the 30 per day?

16 A Can be. Can be more, but --

17 Q What type of patients do you see?

18 A The majority of them are over -- I would say  
19 probably about 90 percent of the patients are over the age of  
20 65 that lives in The Villages. And then the rest, 10 percent,  
21 less than 65.

22 Q What type of treatment do you currently provide to  
23 the patients?

24 A A wide range, wide range in the scope of everything  
25 that I was trained to do. So pretty much a wide range.

1 Q Okay. So in a "wide range," do you provide primary  
2 care?

3 A The -- no, not primary care. There are patients  
4 that don't have primary care doctors, so -- but the  
5 terminology "primary care," I would say "no."

6 But there are patients who don't have primary care  
7 doctors who will come in, due to lack of insurance, may see me  
8 on a non-urgent basis to do preventive medicine.

9 Q Okay. And going back to the wide range then, can  
10 you be a little more specific?

11 A Anything from chest pain, heart attack, pneumonias,  
12 congestive heart failure. I mean, it could -- it's endless.  
13 Suturing, fractures, diagnosis of cancers, all kinds of  
14 cancers, so -- and that's just a scratch on the surface.

15 Q Okay. So you do a little bit of everything. What  
16 other services are offered at the facility, like lab testing  
17 or diagnostic?

18 A Basic lab testing. Currently, don't have an x-ray  
19 installed yet because of the move, so just basic lab testing,  
20 EKG, spirometry.

21 Q And before the move?

22 A Before the move, it was CAT scan, x-ray, on top of  
23 everything I just said.

24 Q And who handles the CAT scans and x-rays, when you  
25 do have those?

1           A     The -- at that time, it was several radiology  
2 technicians.

3           Q     Okay. And were those staffed or independent  
4 contractors?

5           A     They were independent contractors.

6                     So about -- to give you a little -- about October of  
7 last year, I found out that I was being embezzled by my  
8 manager. That was part of the reason why I had to move so  
9 suddenly. That's why. So for me, there's a demarcation, you  
10 know, October of last year. So, oh, one year ago pretty much,  
11 yeah.

12          Q     I'm sorry to hear about that.

13          A     One year, yeah.

14          Q     All right. Do you hold any privileges at any other  
15 facilities?

16          A     No, I don't have any admitting privileges.

17          Q     Okay. Past or present, have you ever had any  
18 privileges revoked, suspended or canceled for any reason?

19          A     No.

20          Q     Okay. And if you can turn to Tab Two in the exhibit  
21 notebook. And is this an accurate and up-to-date copy of your  
22 c.v.?

23          A     The answer is the professional associations aren't  
24 up-to-date because I'm no longer active member -- the -- no,  
25 outside of that, everything else is going to be accurate,

1 except the professional associations. Because that was more  
2 than when I was practicing emergent medicine.

3 Q Okay. And which ones, specifically, in professional  
4 associations?

5 A So right now I'm just an active member of the  
6 Florida Osteopathic Medical Association.

7 Q Okay. And the other ones, you're a past member?

8 A Yes, past member.

9 MS. EDWARDS: Okay. And we would like to go ahead  
10 and mark that as Exhibit Two.

11 (The last-above-referred-to item was attached to the  
12 deposition as Exhibit Two.)

13 BY MS. EDWARDS:

14 Q Okay. So as an urgent care, you see many types of  
15 patients and a wide range.

16 A Yes.

17 Q Have you ever experienced a time where you were  
18 unfamiliar with a patient's ailment?

19 A Unfamiliar, that's when we consult specialists. As  
20 a trained emergency medicine -- residency training in  
21 emergency medicine physician, I am very well trained in  
22 getting consults when needed, including pharmacists.

23 Q Okay. So when you consult with specialists, do you  
24 have specific specialists you reach out to?

25 A Most commonly, probably top three would be

1 cardiology, orthopedic surgery, pulmonology, those three. But  
2 that's just part; psychiatry, gastroenterology. So quite a  
3 bit of -- a number of -- and, like I said, communicate quite  
4 often with the pharmacists in the area.

5 Q Okay. So do you -- if a patient comes in and they  
6 have an issue, do you immediately consult or do you try to --

7 A If it's a stat consult, yes, if it's a stat consult  
8 versus an elective consult.

9 So if somebody was having active chest pain that I  
10 feel the cardiologist needs to see within the next couple of  
11 hours, that's called a stat consult. I would get on the  
12 phone, have a conversation with the cardiologist.

13 Otherwise, elective referrals, consults, usually  
14 within a day or two.

15 Q Okay.

16 A Now, am I allowed to at any point ask you questions?  
17 Or do I wait until everything is done?

18 Q We will wait until the end, and then --

19 A Okay.

20 Q Now, what do you do if you're unfamiliar with a  
21 medication that a patient is currently prescribed?

22 A There's three things. The computers have a  
23 communication system where it alerts us to all the possible  
24 interactions. That's one.

25 Two, we have references, whether it's an app on the

1 phone, PDR, or speaking with the pharmacist.

2 Q Now, generally, are you familiar with Tikosyn also?

3 A I am very familiar with the class of medication.

4 Q Okay. Have you ever prescribed it?

5 A I have never prescribed Tikosyn, but I have  
6 prescribed medicines in that class. It's a class III atrial  
7 fibrillation medication. It's an antiarrhythmic medication.  
8 The name brand is Tikosyn, but sotalol is another medicine in  
9 the same class. I'm very familiar with that, the class I,  
10 class II, class III and class IV medications.

11 Q And what specific -- I know you said it briefly.  
12 What is this medication prescribed for?

13 A The class III medication -- okay class I, class II,  
14 class III, class IV are in the realm of cardiac medications,  
15 cardiology medications.

16 The -- it ranges from anything from we can do the  
17 umbrella of dysrhythmia or you could say atrial dysrhythmia,  
18 ventricular dysrhythmia. So we can say electricity of the  
19 heart. These medications are --

20 Actually, I use that -- I give that explanation to  
21 patients. I'll use it now. The heart has three components.  
22 Most people think that there's two. There's the muscular  
23 component. Everybody knows a coronary artery component. The  
24 artery gets blocked, heard attack.

25 A lot of people are not familiar with the

1 electricity of the heart, and that's the way I try to explain  
2 to people who have atrial fibrillation, which is a pretty  
3 common condition, especially in The Villages because of the  
4 age group here.

5 Q And that's what that would be, what the class III  
6 medication is going to be?

7 A No. So class I, class II -- class I medication --  
8 they're defined by the mechanism. So all class III medication  
9 is going to work through the potassium channels. Class I is  
10 going to work through the sodium channels. Class IV is going  
11 to work through the calcium channels.

12 So they're all going to block the -- or interfere  
13 with the electricity of the heart.

14 Q Okay. And what contraindications are there with  
15 this medication that you are aware of?

16 A Sotalol, which I prescribed several times and I was  
17 trained under -- again, my training years were in the  
18 nineties, so newer medicines will come out. But once they're  
19 classified, they're going to have similar properties.

20 So your question was what is it used for?

21 Q What are the contraindications?

22 A Contraindications. Well, medications in class III  
23 are very dangerous medications because they can cause a fatal  
24 arrhythmia they call ventricular dysrhythmia. So some people  
25 call it, you know, call it sudden cardiac collapse, but

1 ventricular dysrhythmia, that's the most dangerous side effect  
2 of the class III medication, because it works through the  
3 potassium channels.

4 And for those who don't know what potassium is,  
5 potassium is -- potassium chloride is actually injected in  
6 lethal -- when the State executes. That's one of the last  
7 medicines given, is potassium.

8 Potassium is -- let's just say, as far as the heart  
9 is concerned, potassium is probably the most important cation  
10 and the most dangerous cation, because it's so -- the  
11 electricity is so sensitive to potassium.

12 So those medicines, all class II medications will  
13 interfere with that potassium, so -- the electrical component.  
14 So the -- I guess I'm trying to explain it in more simple  
15 terms, is that's where the effectiveness lies, but that's also  
16 where the danger lies.

17 Q Okay. So you have to be careful with the potassium?

18 A Uh-huh.

19 Q Anything --

20 A And there's many treatments for atrial fibrillation,  
21 so the cardiologist has the choices from class I, class II,  
22 class III, class IV medications. It's really up to the  
23 practicing cardiologist or physician to prescribe medication  
24 within those four classes that's appropriate for that patient,  
25 depending on their medical history, comorbidities and so

1 forth, age group, male, female, et cetera.

2 Q So talking about the contraindications, the  
3 potassium seems to be the largest thing. Is it because there  
4 are several medications, prescription medications that contain  
5 potassium or are there other --

6 A It's not so much -- our human bodies are sensitive  
7 or the heart is so sensitive to potassium. So, in theory, if  
8 your potassium was too low, your heart will be in -- the  
9 electrical part of your heart will be in big trouble. If your  
10 potassium is too high, you would die.

11 Hyperkalemia is one of the most dangerous things  
12 that emergent medicine physicians face, whether it's due to  
13 kidney failure or other -- unknowingly taking too much of  
14 potassium supplements, for example, can be lethal.

15 Q Okay.

16 A And, unfortunately, I have had several cases during  
17 my training years where potassium was so high that it is a  
18 true emergency when the potassium is high or low.

19 Q And so I would like to move on specifically to  
20 Patient J.K.

21 A J.K.

22 Q Yes. Do you have independent recollection of  
23 conversations with Patient J.K.?

24 A I remember this patient and wife very well. I have  
25 been practicing for a long time in The Villages, and there's

1 three conversations that I'll never forget. And part of the  
2 reason was I pride myself in having the ability to take  
3 complicated medical terms and put it in plain English. But I  
4 remember this case like it was yesterday, even though, when I  
5 looked at the notes, I was surprised it was March of last  
6 year, 2018.

7 But, yes, I remember this conversation, especially  
8 the wife. I remember it very well.

9 Q Okay. If you want to turn to Tab Three, I believe I  
10 know --

11 A Excuse me. That's the pollen.

12 Q Take as much time as you need. If we need to take a  
13 break for more water, please let me know.

14 So in Tab Three, if you'll take a second to review  
15 those, and let me know if --

16 A Yeah. I actually have my own copy, so I'm very  
17 familiar with these notes, yes.

18 Q I just want to make sure that those specifically --  
19 do those appear to be the medical records regarding treatment?

20 A Yes. Yes. Yes.

21 Q And were those made at or near the time you provided  
22 the treatment?

23 A Yes. These are definitely the notes, yes.

24 Q Were those kept in the course of regularly conducted  
25 business?

1 A Yes.

2 Q And do those accurately document the treatment you  
3 provided to Patient J.K.?

4 A Yes. These are computerized notes. So in the  
5 practice of medicine, as you know, since Obamacare was passed,  
6 physicians have to -- all physicians have to go electronic or  
7 face penalties.

8 So the electronic medical records have certain  
9 advantages. It's very comprehensive. But the disadvantages  
10 is that it is a computer program, so it doesn't fully  
11 display -- like, I can read all the charts that I want, but it  
12 doesn't display the actual -- how do I say it? It doesn't  
13 describe the actual patient encounter.

14 You know, it's sort of, like, trying to look at a  
15 map of a country you may want to visit. And looking at the  
16 map, the map will be accurate, but will it give you an actual  
17 feel for that city?

18 Q Okay. Do you have any reason to believe that the  
19 statements contained in those records are not accurate?

20 A No.

21 Q Okay. And other than that, are you in possession of  
22 any other records for Patient J.K.?

23 A No, these are actually the same. I just realized  
24 these are the same ones, so no.

25 Oh, I have the one that was given by your department

1 from the VA hospital.

2 Q Correct. And that was -- is that independent of  
3 your visit?

4 A Yes. These are not my notes. These are -- yes.

5 Q That was something that wasn't in the file?

6 A These are from the VA.

7 Q Okay. We just wanted -- so what's contained in Tab  
8 Three are your records?

9 A My records, yes; not the VA hospital records, yes.

10 MS. EDWARDS: And so we would like to go ahead and  
11 mark those as Exhibit Three.

12 THE RESPONDENT: I just want to make sure that the  
13 VA hospital notes are -- yes, this is my notes.

14 MS. EDWARDS: And then Four will be a separate one.

15 (The last-above-referred-to item was attached to the  
16 deposition as Exhibit Three.)

17 BY MS. EDWARDS:

18 Q Okay. And feel free to refer to your notes as  
19 needed.

20 When did you first start treating Patient J.K.?

21 A I saw the patient on the return visit that was  
22 March 15th. I'm sorry; March 16th. March 16th.

23 Q Did you have any interaction with Patient J.K. on  
24 March 15th?

25 A No. The patient was seen by the nurse practitioner.

1 I reviewed the charts. And I saw the patient the next day  
2 for -- patient returns because did not get better, a return  
3 visit.

4 Q So we'll get to the 16th in just a second. So you  
5 said you saw the charts. Was that while Patient J.K. was in  
6 the office on the 15th?

7 A No, I was not physically there. The patient was  
8 seen by the nurse practitioner.

9 Q And who was the nurse practitioner?

10 A Kelly Reyes.

11 Q And you said you reviewed the chart. What were his  
12 complaints on the 15th?

13 A Patient came in complaining of sudden onset of  
14 fever, sore throat. And that was the main reason the patient  
15 presented.

16 Q Okay. And what medications was he taking at that  
17 time?

18 A It looks like the patient was on amlodipine,  
19 Tykasin, Warfarin, and tamsulosin.

20 Q And were you familiar with all of those medications  
21 at that time?

22 A Yes; the class of medications, yes.

23 Q And did any of those medications have high-risk  
24 concerns?

25 A They all do.

1 Q And why?

2 A You want me to go over each one?

3 Q Yes, please, if you don't mind.

4 A Oh, sure, sure. Okay. So the amlodipine that the  
5 patient is on is a calcium channel blocker. Calcium channel  
6 blockers have strong interactions with the class III  
7 medications.

8 So calcium channel blockers are class IV  
9 medications. So it looks like somebody, prior to the patient  
10 presenting on the 15th -- it could have been the VA primary  
11 care doctor or the cardiologist -- had him on a calcium  
12 channel blocker, a potassium channel blocker.

13 And Warfarin is -- most people call it a blood  
14 thinner, but it's a -- I guess, for now, we'll call it blood  
15 thinner. And then tamsulosin is a prostate medication, but  
16 some of the side effects can be sudden drop in blood pressure.

17 So all four of the medicines there can have very  
18 serious side effects.

19 Q Okay.

20 A As a rule, I tell -- when I teach my staff and teach  
21 patients, that all medications, including over-the-counter  
22 medications, have side effects. And that's the nature of the  
23 chemical structure.

24 And chemical structures will affect chemical  
25 structure. We are a group of chemical structures, whether

1 it's hydrogen, carbon, potassium, sodium. And all these  
2 medicals (sic) are chemicals, so they're always going to  
3 create side effects.

4 A doctor's job is to assess the probability and look  
5 at the pros and cons of using medication. Does the benefit  
6 outweigh the risks? And that is something, during my training  
7 years, that the -- over and over.

8 And that's the whole idea of residency training. It  
9 is to -- an opportunity where a resident goes from first-year  
10 resident, second-year resident, third-year resident, sometimes  
11 beyond, depending on the specialty, to be supervised and  
12 taught not -- the facets of medicine, and how to quickly go  
13 through a differential diagnosis, and looking at the pros and  
14 cons of every decision.

15 And, obviously, prescribing medication is just a  
16 small part of practicing medicine when you look at the patient  
17 as a whole; the age, the sex, the medication they are on, the  
18 allergies that they have, the allergies they may not know  
19 about.

20 But it is all about possibility or I should say  
21 probability, and looking at the risks and pros and cons of  
22 using any chemical. And that's why all these medicines have  
23 side effects.

24 Q Okay. And if you can take a look at page four. I'm  
25 not sure if those page numbers are going to be the same, but

1 it's Tab Three, page four of the -- that will be helpful.  
2 It's the radiology report.

3 A Oh, yes, yes, yes. Go ahead.

4 Q And I just want to know if you can let me know what  
5 that radiology report --

6 A Okay. Yes. You're talking about the chest x-ray  
7 report, right?

8 Q Chest, yes.

9 A So the radiologist, Michael O Neill. I know that  
10 radiologist very well, actually. This was a two-view chest  
11 x-ray, and he read it as:

12 "The lung fields appear well-aerated. No alveolar  
13 consolidation or pneumonia noted. There is mild  
14 hyperinflation of the lung fields, consistent with chronic  
15 obstructive pulmonary disease. The central pulmonary  
16 vasculature appears normal. No vascular calcifications are  
17 noted.

18 "Impression Number 1, chronic obstructive pulmonary  
19 disease. Impression Number Two, no focal pneumonitis  
20 identified." I'm sorry. "No focal pneumonia identified."

21 Q Okay. So -- and this was on the 15th?

22 A Fifteenth. And this was a two-view chest x-ray.

23 Q And what is that?

24 A A two-view chest x-ray is -- I explain to patients  
25 as it's really like a black-and-white film, a two-dimensional

1 black-and-white film. And a CAT scan is more of a  
2 three-dimensional, three-dimensional colored, much finer  
3 detail version of the x-ray. That's what a CAT scan is.

4 Q Okay. So on the 15th, he only had the chest x-ray?

5 A Correct.

6 Q Also on the 15th, was any other lab testing done?

7 A I know there was an influenza -- tested for  
8 influenza, which came back negative.

9 And the sensitivity of that test is about 70 percent  
10 and the specificity is about 90 percent. But the influenza  
11 test came back negative.

12 Q Okay. And when you say the sensitivity being  
13 70 percent, what does that mean?

14 A That means, percentage-wise -- "sensitivity" means,  
15 if you did 100 tests, only 70 of them would actually be  
16 positive for real positives. Okay. "Specificity" means does  
17 that positive equal what you were looking for, in plain  
18 English.

19 So it doesn't have -- the higher the specificity,  
20 the higher the sensitivity is the best.

21 Q Okay. So what diagnosis was given to Patient J.K.  
22 on the 15th?

23 A The presumptive diagnosis was fever and other  
24 physiologic disturbances of temperature regulation.

25 Q And what was done to treat that diagnosis?

1 A Prescription for Naprosyn and Tamiflu was given.

2 Q Okay. And what is Naprosyn?

3 A Naprosyn is a nonsteroidal anti-inflammatory, and  
4 Tamiflu is an antiviral medication to treat influenza.

5 Q Why would Tamiflu be prescribed if the flu test came  
6 back negative?

7 A Because if there is a 70 percent sensitivity,  
8 30 percent of the people will still test negative, even though  
9 they have influenza.

10 Q So as a precaution, you would --

11 A The word is not "precaution." You have to weigh the  
12 pros and cons. And so the -- if the -- we're always trying to  
13 treat the person, not the numbers.

14 So, again, this is looking at the chart, but the  
15 person in front of the nurse practitioner, she felt that this  
16 could have been the 30 percent that may have tested negative,  
17 still have influenza.

18 Q And she did not consult with you on this one until  
19 after treating the patient; is that correct?

20 A Correct.

21 Q Okay.

22 A She did not consult me on this patient.

23 Q Okay. And so just to clarify again, you did not  
24 have any interaction with the patients at all on the 15th of  
25 March?

1 A No.

2 Q And that was 2018?

3 A Yes.

4 Q Okay. When was the next time that you saw --

5 A So the patient returns the next day. The wife  
6 states that she treated the fever with Tylenol, but the  
7 patient is not better. And so that patient returns to  
8 Exceptional Urgent Care Center. And that's when I was there  
9 and that's when I saw that patient, J.K.

10 Q And were any changes in the prescription history  
11 provided?

12 A Repeat your question.

13 Q Were there any changes in the prescription history  
14 provided? Did he notify you if there was anything else he  
15 might have forgotten the day before?

16 A She mentioned that she did not get the medication  
17 because it was too expensive.

18 Q But his prior prescription history remained the  
19 same; is that correct?

20 A Yes. It usually does not change within a 24-hour  
21 period.

22 Q And I know that, sometimes dealing with older  
23 patients, sometimes: "Oh, I forgot a medication," or  
24 something like that. I just wanted to verify.

25 So what was -- the reason for the visit was because

1 he wasn't getting better, after treating with Tylenol?

2 A Correct, because she was treating the fever with  
3 Tylenol, but she felt that the patient was not any better and  
4 getting worse.

5 Q Okay. What testing was ordered?

6 A So the big test is -- the way I'm trained is if --  
7 the big test is the CAT scan. CAT scan is used if there's  
8 enough suspicion for, for example, pneumonia that an x-ray  
9 would miss because it's a two-dimensional black-and-white  
10 film.

11 The CAT scan sensitivity is very high and  
12 specificity is very high. So we're talking almost 95 percent  
13 sensitivity and 98 percent specificity. It's an extremely  
14 fine-detailed test that actually I trained under because of  
15 my -- during my residency, I did do a month of radiology.  
16 Most doctors do not get trained in radiology.

17 Q But you did have a month?

18 A Yes.

19 Q And so other than a CAT scan, did he have any other  
20 testing ordered?

21 A Oh, there was an INR test, PT/INR. That is to make  
22 sure that his -- we'll use the word "blood thinner," Warfarin,  
23 was at the correct level. And his INR was 2.1, and most  
24 cardiologists like that level between 2 and 3, and so that was  
25 a good value within the range that the Warfarin was

1 therapeutic at.

2 Q Therapeutic. Okay. So we had INR testing and the  
3 CAT scan. And you discussed the results of the INR testing.  
4 What were the results of the CAT scan?

5 A The CAT scan results. Okay. I think, instead of  
6 reading the whole thing this time, because it's more detailed,  
7 I'm going to get right to the impression.

8 Q That's fine. And that's on -- for the court  
9 reporter, that's on page eight.

10 A Yeah, because you have the exhibit here, so --

11 Q Exactly.

12 A Okay. So I'm going to kind of point you to under  
13 findings under lungs: "Scattered small foci of groundglass  
14 opacity in the posterior right lower lobe and the medial left  
15 lower lobe. No focal airspace consolidation or mass. Five  
16 millimeter nodular opacity in the right middle lobe, Image 36,  
17 Series 2."

18 And then, if you go under impression, the  
19 radiologist is supposed to repeat the findings, and he does.  
20 And the radiologist states: "Scattered small foci of  
21 groundglass opacity in the posterior right lower lobe and the  
22 medial left lower lobe. These findings are nonspecific and  
23 may represent hypoventilatory change or an  
24 infectious/inflammatory process, acute or chronic."

25 Q And what is, if you don't mind, "small foci of

1 groundglass opacity"? What does that reflect?

2 A Radiologists are trained not to use terminology such  
3 as "pneumonia," such as "congestive heart failure." They have  
4 their own language.

5 But in simple terms, "groundglass opacity" is a  
6 radiological term for what appears on their images. Because  
7 the job of a radiologist is not to diagnose the medical  
8 condition, but describe what's visualized, "groundglass  
9 opacity."

10 Then he notes, specifically, not just the right  
11 lower lobe, but he says the "posterior right lower lobe." And  
12 not just the left upper lobe. He says the "medial left upper  
13 lobe." So he's being very specific here.

14 "Groundglass opacity," some -- the old terminology  
15 on x-ray would be infiltrate, and the clinician -- in this  
16 case, me -- I'm supposed to take that information and draw  
17 conclusions from it. But 99 out of 100 times, groundglass  
18 opacity is pneumonia.

19 Q And if it's not pneumonia, what else could it be?

20 A Not much. It's pneumonia. They just won't use the  
21 word "pneumonia."

22 So the radiologists are trained to use defensive  
23 language, not to put themselves medically, because of  
24 malpractice and so forth. So he will not say: "Scattered  
25 small foci," et cetera, et cetera. "These findings represent

1 pneumonia." They're not supposed to. The good radiologists,  
2 the ones that are trained well will not use that terminology.

3 And then "acute or chronic," once again, this is  
4 defensive language, saying that it could be developed within  
5 24 hours or it could be from two weeks ago. That's what --  
6 acute or chronic.

7 So once again, the clinician is supposed to take  
8 that report, like all test results, including blood test  
9 results, and come to the conclusion, the best conclusion, and  
10 treat that best diagnosis after we go through the differential  
11 diagnosis of the possibilities.

12 Q And so --

13 A Excuse me.

14 Q Sorry. Take your time. So what diagnosis -- after  
15 getting this test result back, what diagnosis did you give the  
16 patient?

17 A I explained to the patient that the patient -- the  
18 CT demonstrates that the patient has pneumonia, early  
19 developing pneumonia, and that the -- that probably would  
20 explain some of his symptoms.

21 Q And what specific symptoms?

22 A It would be malaise, fever, shortness of breath.

23 Q And what medications were prescribed?

24 A Levaquin, prednisone and Zyrtec.

25 Q And what dosage was prescribed for each one?

1           A     Levaquin, 750 milligrams; Zyrtec, 10 milligrams;  
2     prednisone, 20-milligram tablets.

3           Q     And were these standard dosage amounts for each one?

4           A     Yes.

5           Q     Okay. And what -- I know we talked about before  
6     that there's risks associated with all prescriptions.

7     Specifically, what are the risks associated with taking  
8     Levaquin?

9           A     Repeat your question.

10          Q     What specifically are the risks with taking  
11     Levaquin?

12          A     Levaquin.

13          Q     I'm sorry. Levaquin.

14          A     Yeah. So the -- it could range anywhere from a mild  
15     reaction to allergic reaction, a rash, to something as severe  
16     as death.

17          Q     Did you counsel the patient on the risks associated  
18     with taking the prescribed medications?

19          A     Yes, I did.

20          Q     And how did you do that?

21          A     I explained to the patient that the class of  
22     medication that the cardiologist has J.K. on can interact with  
23     Levaquin, called QT prolongation, but it's rare as can be.  
24     And because of the presumptive diagnosis of pneumonia, the  
25     patient needs the antibiotic.

1 Q So to your knowledge, at that time, were there any  
2 other -- you said the QT prolongation. Were there any other  
3 contraindications between the previously prescribed  
4 medications and the medications you prescribed?

5 A There's always -- with every medication prescribed,  
6 there is contraindications. So it is up to the job of the  
7 physician to take the contraindications, with the pharmacist,  
8 and work together with the pharmacist, so if there is a  
9 dangerous contraindication, the pharmacist will call the  
10 doctor immediately.

11 Q So it's your opinion that if they go to fill the  
12 prescription, the pharmacist sees there's a contraindication,  
13 they're going to contact the doctor?

14 A Oh, absolutely.

15 Q And have you had that happen before?

16 A Oh, many times with many patients, yes.

17 Q Did Patient J.K. or K.K., Patient J.K.'s wife, show  
18 any concern over the prescriptions that you prescribed?

19 A Yeah. Her concern and only concern was with her  
20 medication -- her husband's medication Tikosyn, and that she  
21 was worried about the potential interactions with the  
22 medication Tikosyn.

23 Q Okay. And what did you advise her about that,  
24 specifically?

25 A I assured her that I am very aware of the potential

1 risks of the QT prolongation, I'm very familiar with this  
2 antibiotic, I'm actually the number one prescriber of this  
3 antibiotic, I know this antibiotic better than any physician  
4 in the area, and that the benefit far outweighs the risks.

5 Q And other than --

6 A Oh, and I said to her: "If it --" and this is the  
7 speech that I give to everybody: "But as a blanket, a safety  
8 blanket, the pharmacist, our computers -- because we're all  
9 electronic nowadays -- will communicate with each other, and  
10 you can talk to the pharmacist. If the pharmacist sees  
11 something that's a very dangerous contraindication, the  
12 pharmacist will give me a call."

13 And for the record, the pharmacy never gave me a  
14 call.

15 Q Okay. Are there any other risks in taking those two  
16 medications together, other than --

17 A Any other risks?

18 Q Yes.

19 A Oh, many, many risks. It's just not with Tikosyn.  
20 The Warfarin is a blood thinner. So the medication Tikosyn  
21 and amlodipine and Tylenol will all interfere with Warfarin,  
22 and a patient could bleed to death.

23 Q And those were all prior prescribed medications?

24 A Correct.

25 Can I bring your attention to -- the QT

1 prolongation, obviously, I'm not going to get too technical,  
2 but it is dependent on the potassium channel, and that's what  
3 these class III medications are all about. I trained under  
4 sotalol. Tikosyn is a newer version of sotalol.

5 This is an article, Exhibit C, titled: "Drug  
6 Induced QT Prolongation and Torsades de Pointes." Torsades is  
7 just simply fatal ventricular dysrhythmia. People can die  
8 from Torsades. That is the name of that article.

9 And I'm going to go ahead and submit it, but I'm  
10 going to bring your attention to a page here, 1367, and I  
11 would like to -- I should have my reading glasses, but -- it's  
12 kind of small, but I would like to -- I want to go ahead --  
13 and you can have this, because, obviously --

14 What's highlighted there are medications, and you're  
15 going to sotalol I highlighted for you and Tikosyn.

16 For the record, do you see that?

17 Q Yes.

18 A Okay. And also I highlighted right underneath the  
19 phrase, if I can read it and then I'll show it to you. It  
20 says here: "Similar to sotalol, Tikosyn (sic) also exhibits a  
21 dose dependent effect on QT prolongation and Torsades."

22 And the very next page, I kind of highlighted it --  
23 I will give this to you, okay? If I can read it, it says: In  
24 the case of fluoroquinolones, sparfloxacin --" it's an older  
25 fluoroquinolone, it's in the same family as Levaquin --

1 "lengthen the duration of the action potential in a  
2 concentration dependent manner, whereas ofloxacin," which is  
3 more of an eardrop, more superficial, "and Levaquin (sic),  
4 levofloxacin did not alter the action potential duration at a  
5 variety of concentrations. Thus, sparfloxacin exerts a pure  
6 class III electrophysiological --" I told you that was  
7 potassium channel "-- effect, whereas levofloxacin does not."

8           And then the next one I highlighted, which I'll give  
9 it to you, if I can read it: "As a whole, apart from the --  
10 possibly sparfloxacin --" it's the older medicine "-- the  
11 fluoroquinolones that are currently on the market are safe  
12 from the point of view of QT prolongation, with the frequency  
13 of this adverse event generally occurring at a rate of one per  
14 million." One per one million. I highlighted it in red for  
15 you, if you can look at that for me.

16           Q     Okay.

17           A     So that is the Exhibit C that I want to --

18                     So the point of this exhibit is just simply, once  
19 again, I'm very familiar, but to explain to the patient, I can  
20 use medical lingo. Even now, I'm trying my best to use plain  
21 English.

22           Q     And I try appreciate that.

23           A     And this is not me being -- I have to speak from my  
24 heart. This is not me trying to be -- what's the right word?  
25 -- "I know more than you." It's just my field. I'm very

1 proud of the field that I chose, emergency medicine.

2 But once I relate to a patient -- I've seen 100,000  
3 patients in the last 12 years plus. Out of those patients,  
4 I've had three encounters that I memorize like it happened  
5 yesterday. One was J.K. and his wife, K.K.

6 She was very upset when I explained to her there are  
7 going to be possible potential interactions, but the pros of  
8 using this medicine far outweighs the risks. She was upset  
9 from that point on.

10 So then I assured her, as I said before: "If it  
11 makes you feel better, the pharmacist will call me if she  
12 feels that there is a dangerous reaction or potential  
13 reaction, and we can go from there."And so then that's --  
14 that's what happened.

15 And so the point I'm trying to bring is that the  
16 Levaquin is an antibiotic that's commonly used. It's in the  
17 group of fluoroquinolone in structure. But the newer ones,  
18 especially Levaquin for five-day therapy --

19 Which the correct dosage is 750 milligrams for five  
20 days. The older dosage was 500 milligrams for 10 to 14 days.  
21 The shorter duration was shown to be superior to the 500  
22 milligrams, with the 750 milligrams, with safety profile being  
23 identical. Five-day once-a-day treatment versus 10 to 14 days  
24 of 500 milligrams. Equivalency, the side effect profile is  
25 the same.

1           So the newer correct dosage of Levaquin for the last  
2 ten years is 750 milligrams.

3           Q     Okay. And based on that -- you're very  
4 knowledgeable in all this -- what is your basis for following  
5 that? Is there specific articles, I know, up-to-date or  
6 things like that? How do you keep --

7           A     Oh, yeah. The -- again, during residency training,  
8 one month of research, we are hammered on how to constantly  
9 read articles, peer-reviewed journals, and really understand  
10 the difference between observational study versus a  
11 perspective study, single-blended, double-blended, et cetera.

12                 So I do credit my three years of residency to being  
13 able to always stay current in the field that I fell in love  
14 with, which is emergency medicine.

15                 And it happens that where I practice, pneumonia --  
16 oh, by the way, pneumonia is the number six killer of  
17 Americans today. Sometimes it will rank number seven or  
18 eighth, but it's usually at -- it ranks top ten every year.

19                 Pneumonia is -- can be fatal. Pneumonia is one of  
20 the most costly conditions diagnosed today, especially age  
21 dependent, senior citizens above age 65. Which, once again, I  
22 explained that 90 percent or more of my patients are above age  
23 65. And Patient J.K. was no different.

24           Q     Okay. This article, specifically, where did you  
25 obtain that article?

1           A     Yes, I highlighted that for you so you can have  
2 that. This is the -- oh, goodness, I wish I had my reading  
3 glasses, but --

4                     This is -- I always see it at the bottom here.  
5 Excuse me. It's from The Journal of Electrophysiology. "The  
6 Journal of Electrophysiology," electrophysiology is a  
7 subspecialty in cardiology. There is cardiology, general  
8 cardiologists, there's interventional cardiologists, and  
9 there's another subspecialty of cardiologists that are known  
10 as electrophysiologists. And so this is from their journal,  
11 electrophysiology.

12                    They're the ones that deal with dysrhythmias and  
13 irregular heart rhythms.

14           Q     Now, were you aware of this article during the time  
15 of treatment?

16           A     I am aware of articles, textbooks and articles with  
17 QT prolongation and Torsades. This article, itself, I  
18 researched it after the filing just to give an exhibit, so  
19 this way, you would have something to see that --

20                    You know, as we -- all physicians are supposed to  
21 stay current. It's not that this one article has or guideline  
22 has superiority over another. It is peer-reviewed. It is in  
23 the field of cardiology, electrophysiology. So it's to  
24 demonstrate that it's not -- and this was published -- give me  
25 one second.

1 Q Sure.

2 A Goodness gracious. This was published in -- oh,  
3 2003. I'm sorry.

4 Q And we can have this copy of the article?

5 A Yes, please. Take it.

6 Q What I'm going to do is put it with the court  
7 reporter materials, and that way it's all together with the  
8 deposition.

9 A There's a -- just one more. Exhibit B is -- again,  
10 once again, this here is another -- I'm going to be entering  
11 Exhibit B. It's just another example of medications that we  
12 are discussing. Sotalol I highlighted for you, being in the  
13 same class as Tikosyn.

14 What I want to bring your attention is under the  
15 Torsadogenic, which means the possibility of causing Torsades,  
16 which is the fatal arrhythmia that we're -- okay. I couldn't  
17 -- you know, for me, I pride myself in trying to explain  
18 everything more than most doctors, but yet still not using  
19 complicated medical terms, like Torsades de Pointes, what it  
20 means, et cetera.

21 But if you notice under Torsadogenic, which means  
22 the possibility of causing Torsades, it's listed as high.

23 And then same in the same Exhibit B, I bring your  
24 attention to Levaquin, levofloxacin. And under Torsadogenic,  
25 "none;" and under association, "proposed." And then under

1 comments: "Lower risk than that of similar agents."

2 Okay. So I'm going to give you this here.

3 And one more medicine I highlighted is  
4 diphenhydramine, which is just simple over-the-counter  
5 Benadryl, just to give you an idea. Benadryl, itself, is  
6 proposed to cause the QT prolongation and possible Torsades.

7 So this is Exhibit B.

8 Q Okay. So just to clarify. So this is high risk --

9 THE RESPONDENT: Can I get more water, if that's  
10 okay?

11 MS. EDWARDS: Absolutely. We'll take a break real  
12 quick.

13 (A short recess was taken at 3:34 p.m., and the  
14 deposition continued as follows at 3:38 p.m.):

15 A (Continuing.) So if I can, just one last, Exhibit  
16 Number Six --

17 MS. EDWARDS: And yes. And before, doctor, just so  
18 we can clarify on the record, we're going to change  
19 Exhibit C to Exhibit Five and we are going to change  
20 Exhibit B to Exhibit Six.

21 (The last-above-referred-to items were attached to  
22 the deposition as Exhibits Five and Six.)

23 A (Continuing.) Okay. So just one more. As, you  
24 know, I'm trying to answer questions, the diagnosis of  
25 pneumonia, because it is a number six killer of Americans, in

1 other words, it's a common medical condition that we come  
2 across, especially in senior citizens.

3 So the last exhibit that I have today is Exhibit  
4 Number Seven, and it's titled "Infectious Diseases of  
5 America/American Thoracic Society Consensus Guidelines on the  
6 Management of Community-Acquired Pneumonia." So this is the  
7 gold standard of treating pneumonia.

8 So whether you're in emergent medicine, family  
9 medicine, pediatrics, you know, this is the gold standard of  
10 diagnosing CAP, which is community-acquired pneumonia.

11 If I could bring your attention to page -- I forgot  
12 my reading glasses. I think that's page number 529. I am  
13 going to bring your attention to "Outpatient Treatment," and  
14 you're going to see it says there -- if I can read it and then  
15 I'll give it to you.

16 Q Absolutely.

17 A For outpatient treatment of pneumonia, it says, if  
18 there's presence of comorbidities -- "comorbidities" means --  
19 usually, the older the patient, the more comorbidities. In  
20 this case, Mr. J.K. had a serious heart condition. Okay.  
21 That's a comorbidity, whether it's diabetes, hypertension, et  
22 cetera.

23 In the presence of comorbidities: "A respiratory  
24 fluoroquinolone, such as Levaquin, 750 milligrams, strong  
25 recommendation; level I evidence."

1           And so what that means is this committee, when they  
2 give recommendations, Levaquin is the drug of choice for  
3 community-acquired pneumonia. I just wanted to bring that --

4           Q     And if you don't mind, since you're more familiar,  
5 you're talking about a level I. Is level I -- how does the  
6 ranking --

7           A     Yeah. So the committees will categorize -- so if  
8 you have a committee of experts, we'll just kind of say a  
9 dozen experts, they will all vote on the hundreds and hundreds  
10 of literature that they've read.

11                   And when they come to a consensus, they'll say:  
12 Does the evidence -- that's what we call it, evidence-based  
13 medicine, that term "evidence-based medicine" or "standard of  
14 care." They will use the level I, level II. Level III is  
15 unsure. Level II is probable. Level I means strongly  
16 recommended, the highest level.

17                   And so this Exhibit Seven is to show that Levaquin,  
18 750 milligrams, is the drug of choice for community-acquired  
19 pneumonia.

20           Q     And the same question. I know you said that -- is  
21 this an article that you were aware of during the time of  
22 treatment?

23           A     Yes. This is -- this here, this society, anybody  
24 who treats pneumonia will be very familiar with their  
25 guidelines.

1 Q Okay. And it looks like this article is from 2007;  
2 is that correct?

3 A Yes.

4 (The last-above-referred-to item was attached to the  
5 deposition as Exhibit Seven.)

6 BY MS. EDWARDS:

7 Q Okay. And you keep up-to-date with this?

8 A Oh, yes, yes. I'm obsessed. I love the field of  
9 emergency medicine. I was very proud of the residency  
10 program, my training years. And so, yes, I enjoy -- I love my  
11 specialty.

12 And even though I'm not physically working in the ER  
13 or ED, as correctly should be phrased, I love the fact that I  
14 get to see a lot of pathology on an outpatient basis versus  
15 inpatient, "inpatient" meaning inside the hospital.

16 Q Right. Okay. And thank you very much for providing  
17 all that information.

18 I want to go back, specifically, to Patient J.K. and  
19 K.K. So you gave them diagnosis, you gave them medication,  
20 you explained everything, and so then they left. After they  
21 left, did you have any contact with them?

22 A Yes. So the patient called and first spoke to my  
23 medical assistant. And so usually the medical assistant will  
24 take a message. And so I relate to the medical assistant to  
25 give her the message. Patient stated that she did not want to

1 take the antibiotic because she was told that it could kill  
2 her husband, something to that effect.

3 So then I explained to the medical assistant to give  
4 the patient a call and explain why it's important to take the  
5 medication as instructed, the sooner the better.

6 Because in the same Exhibit Number Seven, if I can  
7 bring your attention to -- almost there. I just want to make  
8 sure I have the right page.

9 Q Take your time.

10 A It's the -- it's on page -- it says -- I guess  
11 that's 553, time to the first antibiotic dose. The first  
12 antibiotic dose should be administered, basically, as soon as  
13 possible. And that's what this guideline is going to show.

14 Okay. So if I -- and this is on -- and then the  
15 following page, 554, it looks like: "Data from the Medicare  
16 database," which is usually in patients above age 65. There  
17 are exceptions.

18 "Data from the Medicare database indicated that  
19 antibiotic treatment before hospital admission was also  
20 associated with lower mortality. Conversely, a delay in  
21 antibiotic therapy has adverse consequences in many  
22 infections."

23 So the reason I bring that to your attention is it  
24 is very difficult to relay to the public, especially patients,  
25 especially an upset patient, that the timing of that first

1 dose of antibiotic is critical from preventing an early onset  
2 pneumonia from getting worse or increasing the morbidity and  
3 sometimes mortality, which is death.

4 So then the patient was adamant that she speak to  
5 me, so I got on the phone, spent about ten minutes on the  
6 phone with her. And I remember the conversation very well.

7 She said: "I refuse to give my husband this  
8 medication because I was told that it could kill him." So I  
9 assure the patient, again, that there are potential  
10 interactions with the cardiac medication, but it is very rare;  
11 and the pneumonia has to be treated with the correct  
12 antibiotic, so please have him take the medicine as soon as  
13 possible, as instructed.

14 She was upset, clearly upset over the phone, and she  
15 said: "I'm not doing that and I need your permission to tell  
16 him not to take it." And I said: "Ma'am, I cannot tell you  
17 that because, if I tell you that, that is malpractice,  
18 malpractice."

19 And she said: "No, no, no. You need to tell me --  
20 you need to give me permission to not take this medicine." I  
21 said: "Ma'am, I'm going to repeat. If I tell you to not take  
22 this antibiotic, that is malpractice. Your husband has early  
23 pneumonia and he needs to start the antibiotic as soon as  
24 possible."

25 And then she hung up on me, very upset. I thought

1 that was the last I was going to hear from her.

2 Q Okay. And not related to the case at all, did you  
3 hear from her again at all in close proximity in time?

4 A No. No, it wasn't until I found out that there was  
5 a complaint through the Department of Health.

6 Q Okay. And you said, to go back, when she spoke to  
7 you, she said she was told not to take it. Did she tell you  
8 who told her that?

9 A She said the cardiologist told her that -- well, you  
10 know what, instead of paraphrasing, if I can read exactly what  
11 she said. Give me one minute.

12 Yeah's, it's in the folder here. Okay. Unless you  
13 know where I'm going to be alluding to, I want to quote what  
14 she stated --

15 Q I think you're talking about, I think, it's Tab  
16 Three, page seven?

17 A No, not from my notes.

18 Q Not from your notes?

19 A It's from the -- from what she -- from her  
20 complaint.

21 Here we go. This is your -- so this is your  
22 Department of Health --

23 Q The file investigative report, page one. Okay.

24 A Okay. So it says: K.K. and J.K. consulted with the  
25 local pharmacist and the cardiologist, who both advised J.K.

1 not to take the Levaquin as it could cause fatal arrhythmia.

2 So -- and then -- because I remember at one point,  
3 she said: "Oh, that I was told not to give him the medicine  
4 because it would kill him." And I quote, she says: "I  
5 contacted the cardiology department in Wisconsin. I was told  
6 that under no circumstances should I give this drug to my  
7 husband as it could cause fatal arrhythmias."

8 Q And that's specifically what she told you as well?

9 A Well, she used the word: "I will not give my  
10 husband this medication because I was told not to give it to  
11 him and it can kill him."

12 Q Okay. And so she told you that because she had  
13 spoken to the cardiologist, as well as the pharmacist?

14 A That's what she told me on the phone.

15 Q And I know you said at that time --

16 A My job at that point is to assure the patient or a  
17 patient's wife, in this case, that there are always going to  
18 be risks to all medications, including over-the-counters. But  
19 it would have took me, literally, hours and hours for me to  
20 explain to her the Thoracic Society of Infectious Diseases,  
21 the electrophysiology recommendations, and the American  
22 College of Emergent Medicine and the American Academy all  
23 recommend Levaquin as a first line of therapy for documented,  
24 image-documented, in this case CT-documented pneumonia.

25 My talent, I feel, is usually I can take it and

1 explain it in plain English. And that's what I did. I  
2 assured her -- until she hung up. Up to that point, I assured  
3 her that I am well aware of the potential possible drug  
4 interaction, but it is rare, and pneumonia can be very  
5 dangerous, and he needs to start the medicine.

6 And after about ten minutes of going back and forth,  
7 she was upset and she hung up.

8 Q Okay. Are there any alternative medications that  
9 would have been an option?

10 A The alternatives that I considered were even more  
11 dangerous, and the -- I knew at that point, because of his  
12 comorbidity, the drug of choice would be Levaquin.

13 And looking at the risks, pros and cons, risk  
14 benefits, I felt very confident that the antibiotic was the  
15 correct choice, the safe choice, the right choice, but I could  
16 not convince the wife of that.

17 And that is part of the art of medicine, is -- and  
18 as I -- I did say this to her on the phone. I said: "Ma'am,  
19 ultimately, it is your right to not take any medicine, but it  
20 is up to me to educate you on the importance of these  
21 medicines."

22 And I did my best to make her feel comfortable, but  
23 she was upset, and so --

24 Q And so you noted on here that the medication can  
25 result in serious injury -- or not taking the medication,

1 serious injury or death, all based on the pneumonia?

2 A Absolutely. Absolutely.

3 Q And to your knowledge --

4 A Once again, it's probability. Pneumonia is the  
5 number -- once again, number six, number eight, number six to  
6 eight per year on mortality, deaths in the United States of  
7 America. The possible interaction of Levaquin with Tikosyn is  
8 one per one million prescriptions.

9 Q To your knowledge, did Patient J.K. ever fill the  
10 medication, the Levaquin?

11 A I -- at that point, when she hung up, as I do with  
12 all patients, is I hope that I convinced her to do the right  
13 thing and give him the medicine.

14 But I was not aware at that time whether she gave  
15 the Patient J.K. the medicine, antibiotic, the one we're  
16 talking about, whether she gave it to him or not. I was not  
17 aware after she hung up on me.

18 Q Okay. I apologize. We covered some of the stuff in  
19 my notes already.

20 Okay. So and after that -- just to verify, after  
21 she hung up, you didn't have any further interaction with  
22 either one?

23 A No.

24 Q Did Patient J.K. request a copy of medical records  
25 from you?

1           A     Usually, if the records are requested, it goes  
2 through the protocol, which is it goes to the staff. So all  
3 patients can request. They will get the permission, the slip  
4 signed.

5           A     And it doesn't have to reach the doctor. All  
6 patients have access. Sometimes they can use portal system in  
7 the computer, EMRs. Or if they want it faxed, mailed, it  
8 usually goes through the staff.

9           Q     Okay. So to your knowledge, did they request a copy  
10 of the medical records?

11          A     I would say I'm not aware. I don't recall.

12          Q     Okay. Who would have been the staff member at that  
13 time?

14          A     Oh, at that time, I had a big staff. I had a big  
15 staff, big clinic.

16          Q     Would you have -- if not now, but would you have  
17 somewhere documented? If someone requests records, do you  
18 write down who fulfills the records request?

19          A     The electronic medical, EMR is supposed to keep  
20 track of all that, but the -- through the -- unfortunately,  
21 the embezzlement and so forth, I no longer have access to that  
22 computer system, and, as of October of last year, I'm with a  
23 new EMR company. So those records are no longer accessible.

24          Q     Well, if you will turn to Tab Four, please.

25          A     Yes.

1 Q Okay. Do you recognize these?

2 A It looks like the same notice the other -- it's the  
3 3/15 visit notes. Yes, I recognize it.

4 Q All right. And would you agree that these are a  
5 copy of the medical records?

6 A Yes.

7 MS. EDWARDS: Okay. And we're going to mark that as  
8 Exhibit Four.

9 (The last-above-referred-to item was attached to the  
10 deposition as Exhibit Four.)

11 BY MS. EDWARDS:

12 Q If you can turn to page six.

13 A Page six.

14 Q And the impression diagnosis listed there, what is  
15 that?

16 A Yes. So I'm going to explain what "impression"  
17 means. It is simply impression. Impressions mean you can  
18 write down 15 impressions or you can write down two or you can  
19 write down six, and they are impressions.

20 So "impression diagnosis" means after a physician  
21 goes through the probability of different diagnoses, what are  
22 the top two, top three, top one, top 12. So some patients --  
23 I'm sorry. Some physicians will go and write 15 differentials  
24 and some --

25 So in this case, that's what impression diagnosis of

1 bronchitis and allergy unspecified, not elsewhere classified.

2           And by the way, these codes, the numbers next to it,  
3 the 466.0 next to acute bronchitis, and 995.3, these are all  
4 codes for billing. And it's clear -- it's important for you  
5 to understand that, in the world of electronic medical  
6 records, the diagnosis codes are created by the insurance  
7 companies, including Medicare.

8           And so these codes, for example, no longer exist  
9 because these were the ICD 9 codes. Now there are ICD 10  
10 codes. So it is more billing language, okay?

11           So the impressions, whether it's -- for example, the  
12 CAT scan report that we went over together, if you notice,  
13 there is findings, comparison, technique, clinical history,  
14 and then, if you notice, there's impression. So the  
15 radiologist has an impression based on the clinical findings,  
16 but it's not a final diagnosis.

17           The final diagnosis sometimes can never be proven  
18 in. A lot of cases, you don't get final diagnosis because  
19 whether -- and I'm not trying to be facetious here, but  
20 sometimes it's through autopsy you get a final diagnosis; a  
21 pathology report; from, let's say, a biopsy for skin cancer.  
22 That's the final diagnosis.

23           So the presumptive diagnosis may have been, I'll  
24 say, presumptive squamous cell carcinoma, but the biopsy  
25 result shows melanoma. So the melanoma becomes the final

1 diagnosis. But in clinical practice, most diagnoses, you do  
2 not get the final.

3 So even with something as sensitive and specific as  
4 a CAT scan, roughly 97, 98 percent sensitivity/specificity,  
5 you do not have a final diagnosis. It's still presumptive  
6 diagnosis.

7 Q Okay. And so in this case, the original presumption  
8 of just -- was bronchitis?

9 A Yes. Bronchitis is a pathophysiology process.  
10 Bronchitis can lead to bronchial pneumonia. There's chronic  
11 bronchitis, acute bronchitis, there's COPD bronchitis. So the  
12 word "bronchitis" means inflammation of the airways in the  
13 lungs.

14 Q And would Levaquin be used for bronchitis?

15 A Levaquin does cover bronchitis, yes.

16 Q Do you know when the diagnosis or the impression --

17 A The impression.

18 Q -- got changed to pneumonia?

19 A Oh, it's not changed, because there's no definitive.  
20 So I will explain it again. So when you look at the whole of  
21 a chart or whole of a patient, the CAT scan, because it has  
22 high sensitivity/specificity, it's going to carry a lot of  
23 weight.

24 If there was a blood culture and the blood culture  
25 showed, let's say, strep pneumoniae, that would be a final

1 organism that identified the cause of the bronchitis. But  
2 blood culture is only done inside the hospital, inpatient.

3 Outpatient -- so each one gets a different weight.  
4 So when I'm trying to diagnose or when a physician is  
5 diagnosing, like your expert witness, Dr. Anthony Davis,  
6 alluded to, you can order blood tests, you can order sputum  
7 tests, you can order a chest x-ray, imaging and studies, et  
8 cetera. They're all --

9 But the ultimate, there is no final diagnosis. The  
10 impression is made by the clinician. And the way I was  
11 trained is you treat the person, not a number, but you use all  
12 the diagnostics to help you come up with your best impression.

13 But none of it, including CAT scan, is 100 percent  
14 definitive, because it's not tissue-final diagnosis.

15 Q Okay. And so -- and I know that's not final. So  
16 would the bronchitis have been entered -- just so I'm  
17 understanding, would that might have been entered prior to  
18 getting the CAT scan results? Is that what you're --

19 A So the -- it's not -- the actual chart, itself, just  
20 like when you -- I don't know if you've ever had an EKG done  
21 or --

22 Q I have not.

23 A Are you familiar with EKG?

24 Q The basics. I've never had one.

25 A So electrocardiogram. So it's a snapshot of what

1 your heart electricity looks like. So even though it's a  
2 snapshot, it's a snapshot of something that's continuous, even  
3 though it's a snapshot.

4 So the idea is that the impressions could be in the  
5 body of the notes or could be the end of the notes. It could  
6 be within the body of the CAT scan. It could be as part of  
7 the blood tests, if there was blood tests done, which, in this  
8 case, was not done. I felt there was no need for it. The --

9 So the impressions comes from all the different  
10 diagnostic tests that you do. And so once again, Physician A,  
11 on the same patient, could list 12 impressions. Physician B  
12 might just list one impression. But that's not a final  
13 diagnosis. It's a snapshot of the person, the patient.

14 And the whole idea of chart review, which, as chief  
15 resident, I did plenty of chart reviews, is the person in  
16 charge of doing the chart review has to understand that charts  
17 is literally a snapshot of what was evolving in the moment,  
18 and you try to keep it in context.

19 It does not show you, when you read a note, was  
20 there panic amongst the nurse or the nurse's assistant; was a  
21 patient upset over -- arguing with his wife about: "I need to  
22 that medicine." So, unfortunately, a chart review cannot  
23 capture the full extent of the actual interaction.

24 But the final diagnosis comes from either tissue  
25 diagnosis or, unfortunately, pathology, which is after the

1 patient dies.

2 Q Okay. And you said that you felt there was no need  
3 for blood work. Why is that?

4 A Absolutely not. In Exhibit Number Seven, which --  
5 since you asked it, it's in Exhibit Number Seven. The  
6 imaging -- the diagnostic test of choice to diagnose  
7 pneumonia, which I was suspicious for, would be chest x-ray  
8 first, followed by a more sensitive and more specific test,  
9 which would be a CAT scan.

10 I believe -- it's just my opinion that your expert  
11 witness, Dr. Anthony Davis, when I read his comments, that he  
12 did not have the radiology training. But when I trained in  
13 emergent medicine for three years, that's when the helio CT  
14 scan became part of diagnosing a patient.

15 Prior to the 1980s, we can go back in the history  
16 of -- into medical history. Diagnostic tests are improving as  
17 we speak, whether it's in the diagnosis or certain types of  
18 cancers, pneumonias. So a physician that was trained, let's  
19 say, prior to 1990-- we'll say trained mostly in the 1980s  
20 will not have the knowledge base of a CT. They may not even  
21 know the full extent of what a CT does, the difference between  
22 a four slice, 12 slice, 32 slice.

23 Because I have the one month of training in  
24 radiology, this lingo that I'm trying to explain is this CAT  
25 scan supersedes any blood test. Because with blood tests,

1 there's risk of infection, risk of air embolism at the site,  
2 risk of infection at the site, and the blood tests are very  
3 low sensitivity and very low specificity.

4 So, hypothetically, if I would have stuck you for  
5 blood in this situation, it would be, number one, according to  
6 Exhibit Seven -- the thoracic society and infectious disease  
7 society -- not recommended.

8 But if I did order the blood test and the CBC or we  
9 say a complete blood count, it comes back elevated, it's  
10 nonspecific and low sensitivity. What that means is -- excuse  
11 me.

12 The art of medicine is practiced through --  
13 unfortunately, this will directly contradict Dr. Anthony  
14 Davis. If I was to ask myself, yes or no, can you have  
15 pneumonia without fever, the answer is "yes." Can you have  
16 pneumonia with a normal CBC or white blood cell count? The  
17 answer is "yes." Can you have what we call atypical  
18 pneumonia, which is not your typical organism? The answer is  
19 "yes." Can you have pneumonia with an oxygen saturation of 96  
20 percent? The answer is "yes," because a normal oxygen  
21 saturation should be closer to 100. Excuse me.

22 And especially one has to consider the context of a  
23 patient. A lot of senior citizens, The Villagers -- because  
24 I've been practicing for a long time -- assume  
25 over-the-counters are all safe. So they will take Tylenol for

1 fever, Excedrin for fever, Motrin for fever, and not realize  
2 how dangerous that is. And then they'll use Tylenol with  
3 Benadryl, or they call it Tylenol Sleep medications,  
4 over-the-counters.

5 And so what I see is -- and this case fits -- the  
6 wife stated: "Oh, you know, we treated the fever with  
7 Tylenol." And so that has to be taken into context. The  
8 patient without a documented fever does not mean no pneumonia.

9 And going back specifically to the blood tests, not  
10 only is it not recommended, but, because of the low  
11 sensitivity, low specificity, it's not warranted in this  
12 patient.

13 Q Okay.

14 A That's more of an inpatient, in-hospital testing.

15 MS. WALKER: All right. If you don't mind, do you  
16 want us to step out or --

17 We'll step out for just a second.

18 (A short recess was taken at 4:04 p.m., and the  
19 deposition continued as follows at 4:06 p.m.):

20 BY MS. WALKER:

21 Q All right. We just have a couple more. And this is  
22 general. Do you think you have had a fair opportunity to  
23 answer the questions?

24 A Yes. I was actually -- you know, Edwards, when I  
25 spoke to you on the phone, I have to apologize, because I

1 remember saying --

2 I just want to share a little bit of the heart here.  
3 As you know, you can't please all clients -- and this is for  
4 the record -- but I am one of those that takes -- maybe gives  
5 a little too much heart. I take pride in explaining things,  
6 and I feel, not in a pompous way or -- but the practice of  
7 medicine is very complicated, very difficult.

8 The newer -- the medications, the over-the-counter  
9 medications -- "over-the-counter medications" just means -- it  
10 doesn't mean safe. And then the supplements and herbal  
11 medications, and now CBD oil, et cetera, et cetera, the  
12 practice of medicine --

13 But I think, when I spoke to you on the phone, I  
14 shared with you I cannot believe that a patient was upset,  
15 complained, and then so-called expert witness with no  
16 residency training, who is very clumsy, in my opinion, when I  
17 looked over his c.v. resume, because of that, it came this  
18 far.

19 But at the same time I realized that today is the  
20 day that not only do you get to be heard, but I get to be  
21 heard.

22 Q Yes, sir.

23 A And so speaking from my heart, physician stress and  
24 burnout is pretty significant. In America, statistics show  
25 400 physicians commit suicide per year. Practicing physicians

1 may have their licensed suspended for various reasons, afraid  
2 to ask for help because they are feeling overwhelmed or  
3 depressed or have a broken marriage. I'm just -- give me 30  
4 seconds and I will explain.

5           So I think, for me, if I could, I would want to  
6 please every patient and their family. I get very sick  
7 patients. My reputation is -- because I am trained in  
8 emergency medicine, I feel that's part of the reason for that.  
9 Word of mouth has spread that Dr. Im can save your life.

10           Because of that, I get very complicated cases. You  
11 can work into it that, yes, in urgent care, we do runny noses.  
12 This is not what I practice. Part of it is -- 90 percent of  
13 the patients I see are above age 65, on medications. And some  
14 of those medications are incorrectly given to them by a  
15 cardiologist.

16           You know, I will stick to the facts. There are  
17 safer alternatives, as I showed you through the exhibit, than  
18 Tikosyn.

19           And these medications are called chemical conversion  
20 medications. And in plain English, it means, when the heart's  
21 electricity is fibrillating or irregular, there's two ways  
22 right now, the current standard of care, to try to put it back  
23 in rhythm.

24           Okay. Which during my, during my residency, I had  
25 great exposure putting in emergency pacemakers. Those are

1 situations that -- that's what residency training is all  
2 about. Okay. So during those years and leading to  
3 specifically in this case, not only am I well trained, I did  
4 the best that I could to explain the pros and cons of the  
5 medication.

6 But what I didn't get a chance to explain, which I  
7 get to be heard today, which is back to the cardiologist, is  
8 this should be a temporary medication. Because if you look at  
9 the patient's history, the patient had an ablation therapy or  
10 ablation twice in the past. I believe it was in 2011. It  
11 failed.

12 I will explain this. Ablation is done by an  
13 electrophysiologist. When I showed you one of the first  
14 exhibits, electrophysiologist cardiologists practice in the  
15 electrical aspect of the heart. So ablation is a procedure  
16 where -- you can think of it as if the wire is faulty at this  
17 point. They try to pinpoint where it is faulty and try to fix  
18 that point, hoping that the heart will go back into normal  
19 sinus rhythm for now.

20 When that fails, they can try what we call  
21 cardioversion, which I have done many times during residency  
22 training. That is when you shock somebody's heart. You shock  
23 them with electricity to temporarily stun or stop the heart,  
24 which sounds scary and it is.

25 And that's what residency training is to do. It is

1 training in these things under supervision and through  
2 repetition. In my training and experience, I did plenty. And  
3 during that process, you are hoping that the heart will --  
4 what we call the SA node takes over the electrical system and  
5 starts to beat normal again.

6 Unfortunately, these class I, class II, class III,  
7 class IV medications, hoping for chemical conversion, where  
8 the chemicals are potent enough where it interferes with the  
9 electricity, hoping it goes back to sinus rhythm. But the  
10 patients should never be on these medications long-term  
11 because of the dangerous side effects.

12 As I showed you in the exhibit, one of the more  
13 common causes of ventricular dysrhythmias, specifically QT  
14 prolongation and Torsades, is Tikosyn and other medicines in  
15 this class, such as sotalol, which I trained under.

16 If I had two hours, and if the patient's wife would  
17 have given me that opportunity, I would have asked some simple  
18 questions -- which I am going to actually do next week -- is I  
19 don't point fingers at other specialists. There are too many  
20 cooks in the kitchen is the phrase that The Villagers like to  
21 use here.

22 Okay. I'm one of the cooks. I have pneumonia in  
23 front of me. But any cardiologist or any pharmacist who will  
24 override the doctor who has a patient in front of them, in  
25 front of him or her, and say: "Don't use that antibiotic for

1 any reason," that would be substandard care, borderline  
2 malpractice.

3           It is not up to me to determine whether the  
4 cardiologist actually spoke to the patient or it was an  
5 assistant or a staff member. But during my residency  
6 training, I remember getting -- excuse my -- chewed out by  
7 senior residents: "You don't talk too much, because, if you  
8 talk too much to the patients, they're going to get confused."  
9 So we're almost trained --

10           But the point I'm trying to bring up is other  
11 specialist and the pharmacists, same thing. The pharmacist,  
12 did the pharmacist tell J.K. or his wife: "Under no situation  
13 do you take this medicine because it will kill you"? That  
14 pharmacist now has potential to lose her license or his  
15 license, if that comment is true.

16           So what I'm trying to say to you today, for the  
17 record, is there were multiple caregivers in this situation.  
18 And next week, I'm hoping to ask and bring to your attention  
19 and your client's attention that there were other medications  
20 that he was already on, prior to seeing me, that were so much  
21 more dangerous, astronomically more dangerous than the  
22 antibiotic that is the drug of choice for community-acquired  
23 pneumonia with people above 65 with comorbidities.

24           And even something as simple as saw palmetto, a  
25 supplement that's used a lot by The Villagers here, they use

1 -- some Villagers here average 15 bottles of supplements. Now  
2 I'm running into a lot of CBD oil, for example.

3 The possible interactions of something as simple as  
4 melatonin, which is an over-the-counter sleep aid, or saw  
5 palmetto, which is an herbal supplement is -- can be lethal to  
6 somebody who is on a blood thinner, Warfarin.

7 The stress of practicing good medicine -- and to  
8 this day I enjoy it like a kid, okay? I love going to work.  
9 I can't please all patients.

10 Q So I know we've covered a lot. Do you have any  
11 other opinions that you believe are important that you want to  
12 get off --

13 A No, I just want -- when I get a chance, what I will  
14 say is this. I always -- to every patient, I am one of the  
15 few doctors that still get on the phone and go over CT  
16 reports, x-ray reports.

17 I'm one of the few -- and I'm not putting down any  
18 of my colleagues -- that enjoy the talking aspect, as you  
19 might be able to tell. I enjoy that interaction.

20 But once a patient is upset, whether it's a mother  
21 of a child -- I have just a couple of examples, but I won't  
22 share them because it's not as pertinent -- that is the most  
23 difficult form of communication.

24 And I'm looking forward to deposing the Patient J.K.  
25 and his wife, and I think I have sufficient evidence that I

1 didn't present today, which I will present next week, that  
2 will prove beyond any reasonable doubt that the pharmacist did  
3 not say what the patient said and the cardiologist did not say  
4 what the patient said the cardiologist said.

5           Because if that is true, both the pharmacist and the  
6 cardiologist should be the one reported to Department of  
7 Health.

8           Q     Okay. All right. And so, while we're still on the  
9 record, your discovery responses that were e-mailed to you,  
10 the admissions and -- the e-mail from Will, okay, those are  
11 due by October 10th.

12          A     Which one is this?

13           MS. EDWARDS: Will, do you know when you e-mailed it  
14 to him?

15           MR. WALKER: It would have been around the 20th, if  
16 they're due the 10th, but I'll check.

17 BY MS. WALKER:

18          Q     It was on September 20th, Will, so William Walker,  
19 sent you an e-mail with attachments.

20          A     Could you send that to me again, so I can --

21           MR. WALKER: Absolutely.

22 BY MS. WALKER:

23          Q     We can re- --

24          A     Was that to the Exceptional Urgent Care gmail or was  
25 that johnimdo@yahoo.com?

1 Q It's whatever e-mail we were corresponding with.

2 A Yeah, my personal e-mail is better. My personal  
3 e-mail is better. And then what am I looking for?

4 Q So you're looking for an e-mail that will say  
5 "discovery."

6 A Discovery. Okay.

7 MR. WALKER: And I'm not -- I can't connect to the  
8 Internet, so --

9 A (Continuing.) But September 20-ish?

10 Q Yes. But what we'll do is we'll get that resent.  
11 And those --

12 A Yeah. And then you want me to answer all of those?

13 Q Those are due by October 10th.

14 A Oh, okay.

15 Q And, basically, that's the admissions, the discovery  
16 with it, and production. So things that you're going to need  
17 for the final trial.

18 So in the event -- this is just, like, something  
19 comes up in that that you've sent to us, and we may need to  
20 reconvene the deposition, if new information comes to light.  
21 I just wanted you aware that.

22 A Okay.

23 MS. EDWARDS: Okay. So I have no further questions.

24 We can go ahead and go off the record now.

25 (And the deposition was concluded at 4:18 p.m.)

## C E R T I F I C A T E

1 STATE OF FLORIDA

2 COUNTY OF MARION

3 I, Kelly Owen McCall, RPR, FPR, Stenographic Court  
 4 Reporter, do hereby certify that I was authorized to and did  
 5 stenographically report the foregoing deposition of  
 6 JOHN JOSEPH IM, D.O.; that said witness was duly sworn to  
 7 testify truthfully; that a review of the transcript was  
 8 requested; and that the foregoing pages, numbered 1 through 69,  
 9 inclusive, constitute a true and correct record of the  
 10 testimony given by said witness to the best of my ability.

11 I FURTHER CERTIFY that I am not a relative or  
 12 employee or attorney or counsel of any of the parties hereto,  
 13 nor a relative or employee of such attorney or counsel, nor  
 14 am I financially interested in the action.

15 WITNESS MY HAND this 9th day of October 2019 at  
 16 Ocala, Marion County, Florida.

17  
 18  
 19 /s/ Kelly Owen McCall  
 20 KELLY OWEN McCALL, RPR, FPR  
 21 Stenographic Court Reporter

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CERTIFICATE OF OATH

STATE OF FLORIDA

COUNTY OF MARION

I, the undersigned authority, certify that JOHN JOSEPH IM, D.O., personally appeared before me and was duly sworn on the 3rd day of October 2019.

WITNESS MY HAND AND OFFICIAL SEAL this 9th day of October 2019.

/s/ Kelly Owen McCall  
KELLY OWEN McCALL, RPR, FPR  
Notary Public  
State of Florida at Large  
My Commission No. FF 999265  
My Commission Expires 8/26/20

\_\_\_\_ Personally Known  
\_\_\_\_ Professionally Known  
X\_\_ Produced Identification of FDL John Joseph Im  
Exp. 4/29/2025





**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

---

**AMENDED NOTICE OF TAKING DEPOSITION**

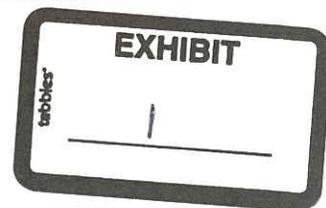
PLEASE TAKE NOTICE that the undersigned, as counsel for Petitioner, Department of Health, will take the following deposition in accordance with Florida Rules of Civil Procedure 1.280 and 1.310, of the following witness, at the date, time and place hereinafter set forth:

WITNESS: John Joseph Im, M.D.

DATE: October 3, 2019

TIME: 3:00 P.M.

LOCATION: Lady Lake Town Hall Commission Chambers  
409 Fennell Boulevard  
Lady Lake, Florida 32159



upon oral examination before Owen & Associates reporting firm or any other Notary Public or officer authorized by law to take depositions in the State of Florida. The deposition is being taken for the purposes of discovery or evidence, or both, for use at trial or for such other purpose as authorized by law and the Florida Rules of Civil Procedure.

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards

Assistant General Counsel

Florida Bar# 1003243

DOH Prosecution Services Unit

4052 Bald Cypress Way, Bin C-65

Tallahassee, FL 32399-3265

(850) 558-9892

(850) 245-4684 Facsimile

E-Mail: [Virginia.Edwards@flhealth.gov](mailto:Virginia.Edwards@flhealth.gov)

### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 19th day of September, 2019, to Respondent, John Joseph Im, D.O., 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards

Assistant General Counsel

cc: Owen & Associates  
(352) 352-624-2258  
E-mail: [owenassoc@aol.com](mailto:owenassoc@aol.com)

John Joseph Im, D.O.  
7722 SE 12<sup>th</sup> Circle  
Ocala, Florida 34480  
352-598-5997  
[johnimdo@yahoo.com](mailto:johnimdo@yahoo.com)

**OBJECTIVE:**

Planning and implementing urgent care centers

**PROFESSIONAL EXPERIENCE:**

- Started Exceptional Urgent Care Center I in April of 2004
- Started Exceptional Urgent Care Center II in February of 2008

**EMPLOYMENT:**

- 2004-Present Founder/Director of Exceptional Urgent Care in The Villages Florida
- 2002-2004 Employed by Munroe Regional Medical Center ER in Ocala Florida

**EDUCATION:**

- Brooklyn Technical High School, 1987
- Sate University of New York at Binghamton, 1992
- Michigan State University College of Osteopathic Medicine, 1998
- University of Wisconsin School of Medicine and Public Health, 2009
- Lab University, 2009

**TRAINING:**

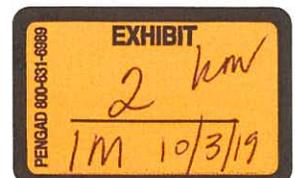
- Internship at Wyckoff Heights Medical Center in Brooklyn, New York, 1998-1999
- Residency in Emergency Medicine at Seton Hall University in Newark, New Jersey 1999-2002

**AWARDS/RECOGNITIONS:**

- Chief Resident in Emergency Medicine Residency, 2002
- Third place in national research competition in emergency medicine, 2001

**PROFESSIONAL ASSOCIATIONS:**

- American Academy of Emergency Medicine
- American Academy of Urgent Care Medicine
- American Osteopathic Association
- American Medical Association



PUBLICATIONS:

- Toxic Effects of Intracellular Calcium and Its Role in Cell Death, John Im and Robert Van Buskirk; 1992; Journal of In Vitro Toxicology

**Exceptional Urgent Care Center**  
 11950 County Rd. Suite 101  
 The Villages, FL 32162  
 Ph: (352) 391-5200 Fax: (352) 391-5903

Pt Name: [REDACTED] Date: 03-15-2018  
 Age: [REDACTED] DOB: [REDACTED] Gender: M MR# 22144

**History & Physical Narrative**

**Chief Complaint:** This 71 Y/O yr old M with c/o sudden onset fever yesterday, +sore throat. Denies cough

**Allergies:**

1. No Known Drug Allergies -

**Medications:**

| SIG NAME                      | SIG TEXT | DATE PRESC | DATE REFILLED | DATE RUNSOUT |
|-------------------------------|----------|------------|---------------|--------------|
| AMLODIPINE 10 MG<br>TABLET    |          |            |               |              |
| DOFETILIDE 250 MCG<br>CAPSULE |          |            |               |              |
| WARFARIN                      |          |            |               |              |
| TAMSULOSIN 0.4 MG<br>CAPSULE  |          |            |               |              |

**Past Medical** Hypertension, BPH, Arrhythmia

**Past Surgical** Cardioversion, Heart Ablation

**Family** Unremarkable

**Review Of Systems:**  Positive  Negative

**Allergic / Immunologic:**  allergic symptoms,  immunologic symptoms,

**Cardiovascular:**  cardiovascular problems or chest symptoms,

**Constitutional Symptoms:**  constitutional symptoms such as fever, headache, nausea, dizziness,

**Ears, Nose, Mouth, Throat:**  symptoms involving ear, nose, mouth or throat,

**Endocrine:**  endocrine-related symptoms,

**Eyes:**  eye or vision problems,

**Gastrointestinal:**  GI symptoms,

**Genitourinary:**  GU symptoms,

**Hematologic / Lymphatic:**  lymphatic-related symptoms,

**Integumentary:**  skin-related symptoms,

**Musculoskeletal:**  joint or musculoskeletal symptoms,

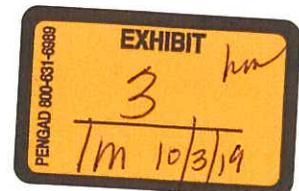
**Neurological:**  neurological symptoms or problems,

**Psychiatric:**  psychiatric or emotional difficulties,

**Respiratory:**  breathing difficulties, respiratory symptoms.

**Physical Examination Vital Signs**

BP DIAST 87  
 BP SYST 149



001

SPO2 96  
 TEMP 100.9  
 RESP 18  
 WT 165

Pt is a pleasant, 71 Y/O year old M in no apparent distress who looks their given age, is well developed and nourished with good attention to hygiene and body habitus.

Oriented to person, place and time.

Mood and affect normal, appropriate to the situation.

PE of Skin: Examination of skin reveals no abnormal findings

PE of Eyes: Examination of conjunctiva and lids reveals no signs or symptoms of infection bilaterally. Pupil exam reveals round and reactive pupils without afferent pupillary defect.

PE of ENT: Otoloscopic examination reveals no abnormalities. Examination of oropharynx reveals no abnormalities +rhinitis. Neck lymph nodes are normal

PE of Respiratory: Auscultation of lungs reveal clear lung fields and no rubs noted. NO Cough noted

PE of Cardiovascular: Heart auscultation reveals normal S1 and S2 and no murmurs, gallop, rubs or clicks.

PE of Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

PE of Musculoskeletal: Gait and station examination reveals midposition w/out abnormalities.

PE of Neurological: Alert and oriented, normal gross motor & sensory exam

**Impression:Diagnoses:**

| # | DI CODE | Description                                                        | Comment |
|---|---------|--------------------------------------------------------------------|---------|
| 1 | 780.6   | FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATION |         |

**Following in-house labs were performed: Strep, Influenza**

Lab Results:

Basic Metabolic Panel: None Recorded.

Comprehensive Met Panel: None Recorded.

Cbc Panel: None Recorded.

Sob Panel: None Recorded.

Liver Panel: None Recorded.

Lipid Panel: None Recorded.

PT/INR:

Strep:Negative

Influenza:Negative

Glucose:

Urinalysis: None Recorded.

**Following in-house procedures were performed: PROC LIST**

|          |                 |
|----------|-----------------|
| CPT CODE | CPT DESCRIPTION |
| 71010    | CHEST X-RAY     |

**Imaging results:** CXR is unremarkable

**Following outside services ordered:** None ordered

Medications Prescribed:

| SIG NAME                  | SIG TEXT                                                                            | DATE PRESC | DATE REFILLED | DATE RUNSOUT |
|---------------------------|-------------------------------------------------------------------------------------|------------|---------------|--------------|
| NAPROSYN 500 MG<br>TABLET | 1 Tablet(s) P.O.<br>Every 12 hr as<br>needed rfo pfever,<br>pain, take with<br>food | 03-15-2018 |               | 04-15-2043   |
| TAMIFLU 75 MG<br>CAPSULE  | 1 Capsule(s) P.O.<br>Twice a Day for 5<br>days                                      | 03-15-2018 |               | 04-15-2043   |

**Following referral was made:** None ordered

Follow up tomorrow If your symptoms do not improve or they worsen, return here for a follow-up or go to the emergency room. Use medications as directed. Continue current meds unless otherwise directed.

John Joseph Im, D.O.



**Exceptional Urgent Care Center**  
 11950 County Rd. Suite 101  
 The Villages, FL 32162  
 Ph: (352) 391-5200 Fax: (352) 391-5903

Pt Name: [REDACTED] Date: 03-16-2018  
 Age: [REDACTED] DOB: [REDACTED] Gender: M MR# 22144

**History & Physical Narrative**

**Chief Complaint:** This 71 Y/O yr old M with c/o fever recheck. Patient's wife states that he did not start Tamiflu because it was too expensive. Patient was seen at EUCC yesterday and was treated for presumptive influenza.

**Allergies:**  
 1. No Known Drug Allergies -

**Medications:**

| SIG NAME                                                      | SIG TEXT                                                                            | DATE PRESC | DATE REFILLED | DATE RUNSOUT |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------|------------|---------------|--------------|
| WARFARIN<br>AMLODIPINE 10 MG<br>TABLET                        |                                                                                     |            |               |              |
| DOFETILIDE 250 MCG<br>CAPSULE<br>TAMSULOSIN 0.4 MG<br>CAPSULE |                                                                                     |            |               |              |
| TAMIFLU 75 MG<br>CAPSULE                                      | 1 Capsule(s) P.O.<br>Twice a Day for 5<br>days                                      | 03-15-2018 |               | 04-15-2043   |
| NAPROSYN 500 MG<br>TABLET                                     | 1 Tablet(s) P.O.<br>Every 12 hr as<br>needed rfo pfever,<br>pain, take with<br>food | 03-15-2018 |               | 04-15-2043   |

**Past Medical** Hypertension, BPH, Arrythmia

**Past Surgical** Cardioversion, Heart Ablation

**Family** Unremarkable

**Review Of Systems:**  Positive  Negative

**Allergic / Immunologic:**  allergic symptoms,  immunologic symptoms,

**Cardiovascular:**  cardiovascular problems or chest symptoms,

**Constitutional Symptoms:**  constitutional symptoms such as fever, headache, nausea, dizziness,

**Ears, Nose, Mouth, Throat:**  symptoms involving ear, nose, mouth or throat,

**Endocrine:**  endocrine-related symptoms,

**Eyes:**  eye or vision problems,

**Gastrointestinal:**  GI symptoms,

**Genitourinary:**  GU symptoms,

**Hematologic / Lymphatic:**  lymphatic-related symptoms,

**Integumentary:**  skin-related symptoms,

**Musculoskeletal:**  joint or musculoskeletal symptoms,  
**Neurological:**  neurological symptoms or problems,  
**Psychiatric:**  psychiatric or emotional difficulties,  
**Respiratory:**  breathing difficulties, respiratory symptoms.

**Physical Examination Vital Signs**

|          |      |
|----------|------|
| BP DIAST | 74   |
| BP SYST  | 117  |
| SPO2     | 96   |
| TEMP     | 97.3 |
| RESP     | 16   |
| WT       | 165  |

Pt is a pleasant, 71 Y/O year old M in no apparent distress who looks their given age, is well developed and nourished with good attention to hygiene and body habitus.

Oriented to person, place and time.

Mood and affect normal, appropriate to the situation.

PE of Skin: Examination of skin reveals no abnormal findings

PE of Eyes: Examination of conjunctiva and lids reveals no signs or symptoms of infection bilaterally. Pupil exam reveals round and reactive pupils without afferent pupillary defect.

PE of ENT: Otoloscopic examination reveals no abnormalities. Examination of oropharynx reveals no abnormalities. Neck lymph nodes are normal

PE of Respiratory: Auscultation of lungs reveal clear lung fields and no rubs noted.

PE of Cardiovascular: Heart auscultation reveals normal S1 and S2 and no murmurs, gallop, rubs or clicks.

PE of Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

PE of Musculoskeletal: Gait and station examination reveals midposition w/out abnormalities.

PE of Neurological: Alert and oriented, normal gross motor & sensory exam

**Impression: Diagnoses:**

| # | DI CODE | Description                                    | Comment |
|---|---------|------------------------------------------------|---------|
| 1 | 482.9   | BACTERIAL PNEUMONIA, UNSPECIFIED               |         |
| 2 | 995.3   | ALLERGY, UNSPECIFIED, NOT ELSEWHERE CLASSIFIED | pollen  |

**Following in-house labs were performed: PT/INR**

**Lab Results:**

Basic Metabolic Panel: None Recorded.

Comprehensive Met Panel: None Recorded.

Cbc Panel: None Recorded.

Sob Panel: None Recorded.

Liver Panel: None Recorded.

Lipid Panel: None Recorded.

PT/INR: 25.4/2.1

Glucose:

Urinalysis: None Recorded.

**Following in-house procedures were performed: PROC LIST**

| Date       | Cpt Code | Cpt Description   |
|------------|----------|-------------------|
| 03-16-2018 | J1720    | INJ-SOLU-MEDROL   |
| 03-16-2018 | 71250    | CT THORAX W/O DYE |

**Imaging results:** see report

**Following outside services ordered:** None ordered

**Medications Prescribed:**

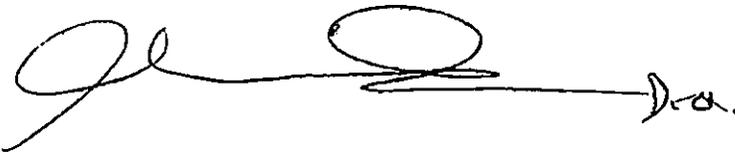
| SIG NAME                   | SIG TEXT                                                         | DATE PRESC | DATE REFILLED | DATE RUNSOUT |
|----------------------------|------------------------------------------------------------------|------------|---------------|--------------|
| LEVAQUIN 750 MG<br>TABLET  | 1 Tablet(s) P.O.<br>every morning                                | 03-16-2018 |               | 04-16-2043   |
| ZYRTEC 10 MG TABLET        | 1 Tablet(s) P.O.<br>every morning                                | 03-16-2018 |               | 04-16-2043   |
| PREDNISONE 20 MG<br>TABLET | 4 tabs qAM days<br>1-5, 2 tabs days<br>6-10, 1 tab days<br>11-15 | 03-16-2018 |               | 04-16-2043   |

**Following referral was made:** None ordered

NOTE: Spoke to wife on the phone. I explained the importance of compliance with therapy and that not taking the medications prescribed can result in serious injury and even death. Patient was adamant about not taking the antibiotic due to possible interactions with cardiac medications.

Follow up with your PCP as needed. If your symptoms do not improve or they worsen, return here for a follow-up or go to the emergency room. Use medications as directed. Continue current meds unless otherwise directed.

John Joseph Im, D.O.





Exceptional Urgent Care Center  
Final Radiology Report

24/7/365 assistance Call: 866.941.5695  
Online chat: <https://access.vrad.com/>

|                      |             |              |       |
|----------------------|-------------|--------------|-------|
| Patient Name:        | [REDACTED]  | MRN:         | 22144 |
| DOB (Age):           | [REDACTED]  | Gender:      | M     |
| Date of Exam:        | 03/16/2018  | Accession:   | 5248  |
| Referring Physician: | Im, John    | # of Images: | 66    |
| Ordered As:          | CT CHEST WO |              |       |

**EXAM:**  
CT Chest Without Intravenous Contrast

**CLINICAL HISTORY:**  
Signs and symptoms; Cough and fever; Symptoms not specified

**TECHNIQUE:**  
Axial computed tomography images of the chest without intravenous contrast. All CT scans at this facility use one or more dose reduction techniques, viz.: automated exposure control; ma/kV adjustment per patient size (including targeted exams where dose is matched to indication; i.e. head); or iterative reconstruction technique.

**COMPARISON:**  
No relevant prior studies available.

**FINDINGS:**

**Lungs:** Scattered small foci of groundglass opacity in the posterior right lower lobe and the medial left upper lobe. No focal airspace consolidation or mass. 5 mm nodular opacity in the right middle lobe (image 36, series 2).

**Pleural space:** Unremarkable No pneumothorax. No significant effusion.

**Heart:** Unremarkable No cardiomegaly. No significant pericardial effusion.

**Bones/joints:** Unremarkable No acute fracture. No dislocation.

**Soft tissues:** Unremarkable

**Vasculature:** Unremarkable No thoracic aortic aneurysm.

**Lymph nodes:** Unremarkable No enlarged lymph nodes.

**IMPRESSION:**

- Scattered small foci of groundglass opacity in the posterior right lower lobe and the medial left upper lobe. These findings are nonspecific and may represent hypoventilatory change or an infectious/inflammatory process (acute or chronic).

Accession: 5248 MRN:22144

Final Radiology Report

- No focal airspace consolidation or mass.

- 5 mm nodular opacity in the right middle lobe. In low-risk patients (minimal or absent history of smoking or other known risk factors), no follow-up is necessary. For high-risk patients (history of smoking or other known risk factors), an optional chest CT at 12 months could be performed.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Bitto Jr., Donald, MD  
03/16/2018 11:20 AM Eastern Time (US & Canada)

**CONFIDENTIALITY STATEMENT**

*This report is intended only for use by the referring physician, and only in accordance with law. If you received this in error, call 866-941-5695.*  
Page 2 of 2

3/15 VISIT

**Exceptional Urgent Care Center**  
11950 County Rd. Suite 101  
The Villages, FL 32162  
Ph: (352) 391-5200 Fax: (352) 391-5903

Pt Name: [REDACTED]  
Age: [REDACTED] DOB: [REDACTED] Gender: M

Date: 03-15-2018  
MR# 22144

**History & Physical Narrative**

**Chief Complaint:** This 71 Y/O yr old M with c/o sudden onset fever yesterday, +sore throat. Denies cough

**Allergies:**  
1. No Known Drug Allergies -

| Medications:               | SIG NAME | SIG TEXT | DATE PRESC | DATE REFILLED | DATE RUNSOUT |
|----------------------------|----------|----------|------------|---------------|--------------|
| AMLODIPINE 10 MG TABLET    |          |          |            |               |              |
| DOFETILIDE 250 MCG CAPSULE |          |          |            |               |              |
| WARFARIN                   |          |          |            |               |              |
| TAMSULOSIN 0.4 MG CAPSULE  |          |          |            |               |              |

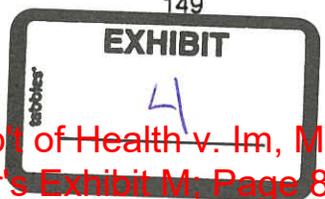
**Past Medical** Hypertension, BPH, Arrhythmia

**Past Surgical** Cardioversion, Heart Ablation

**Family** Unremarkable

- Review Of Systems:**  Positive  Negative
- Allergic / Immunologic:**  allergic symptoms,  immunologic symptoms.
- Cardiovascular:**  cardiovascular problems or chest symptoms.
- Constitutional Symptoms:**  constitutional symptoms such as fever, headache, nausea, dizziness.
- Ears, Nose, Mouth, Throat:**  symptoms involving ear, nose, mouth or throat.
- Endocrine:**  endocrine-related symptoms.
- Eyes:**  eye or vision problems.
- Gastrointestinal:**  GI symptoms.
- Genitourinary:**  GU symptoms.
- Hematologic / Lymphatic:**  lymphatic-related symptoms.
- Integumentary:**  skin-related symptoms.
- Musculoskeletal:**  joint or musculoskeletal symptoms.
- Neurological:**  neurological symptoms or problems.
- Psychiatric:**  psychiatric or emotional difficulties.
- Respiratory:**  breathing difficulties, respiratory symptoms

**Physical Examination** Vital Signs  
BP DIAST 87  
BP SYST 149



001

SPO2 96  
 TEMP 100.9  
 RESP 18  
 WT 165

Pt is a pleasant, 71 Y/O year old M in no apparent distress who looks their given age, is well developed and nourished with good attention to hygiene and body habitus.

Oriented to person, place and time.

Mood and affect normal, appropriate to the situation.

PE of Skin: Examination of skin reveals no abnormal findings

PE of Eyes: Examination of conjunctiva and lids reveals no signs or symptoms of infection bilaterally Pupil exam reveals round and reactive pupils without afferent pupillary defect.

PE of ENT: Otoloscopic examination reveals no abnormalities. Examination of oropharynx reveals no abnormalities +rhinitis. Neck lymph nodes are normal

PE of Respiratory: Auscultation of lungs reveal clear lung fields and no rubs noted. NO Cough noted

PE of Cardiovascular: Heart auscultation reveals normal S1 and S2 and no murmurs, gallop, rubs or clicks.

PE of Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

PE of Musculoskeletal: Gait and station examination reveals midposition w/out abnormalities.

PE of Neurological: Alert and oriented, normal gross motor & sensory exam

**Impression:Diagnoses:**

| # | DI CODE | Description                                                        | Comment |
|---|---------|--------------------------------------------------------------------|---------|
| 1 | 780.6   | FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATION |         |

**Following in-house labs were performed: Strep, Influenza**

**Lab Results:**

Basic Metabolic Panel: None Recorded.

Comprehensive Met Panel: None Recorded.

Cbc Panel: None Recorded.

Sob Panel: None Recorded.

Liver Panel: None Recorded.

Lipid Panel: None Recorded.

PT/INR:

Strep:Negative

Influenza:Negative

Glucose:

Urinalysis: None Recorded.

**Following in-house procedures were performed: PROC LIST**

| CPT CODE | CPT DESCRIPTION |
|----------|-----------------|
| 71010    | CHEST X-RAY     |

**Imaging results:** CXR is unremarkable

**Following outside services ordered:** None ordered

Medications Prescribed:

| SIG NAME                  | SIG TEXT                                                                            | DATE PRESC | DATE REFILLED | DATE RUNSOUT |
|---------------------------|-------------------------------------------------------------------------------------|------------|---------------|--------------|
| NAPROSYN 500 MG<br>TABLET | 1 Tablet(s) P.O.<br>Every 12 hr as<br>needed rfo pfever,<br>pain, take with<br>food | 03-15-2018 |               | 04-15-2043   |
| TAMIFLU 75 MG<br>CAPSULE  | 1 Capsule(s) P.O.<br>Twice a Day for 5<br>days                                      | 03-15-2018 |               | 04-15-2043   |

**Following referral was made:** None ordered

Follow up tomorrow if your symptoms do not improve or they worsen, return here for a follow-up or go to the emergency room. Use medications as directed. Continue current meds unless otherwise directed.

John Joseph Im, D.O.

*John Joseph Im, D.O.*

*seen by Kelly Reyes, ARNP*

RADIOLOGY REPORT



PROFESSIONAL RADIOLOGY ASSOCIATES  
211 N. 2ND STREET  
LEESBURG, FLORIDA 34748  
352-435-0723

PATIENT ID: 22144

DATE OF BIRTH:

PATIENT:

AGE / SEX:

DATE OF EXAM:

REFERRING  
PHYSICIAN:

John Im D.O.

Study: RADIOGRAPHS OF THE CHEST (TWO VIEWS)

CLINICAL HISTORY: Fever.

TECHNIQUE: Two views of the chest are obtained.

FINDINGS: The lung fields appear well-aerated. No alveolar consolidation or pneumonia noted. There is mild hyperinflation of the lung fields, consistent with chronic obstructive pulmonary disease. The central pulmonary vasculature appears normal. No vascular calcifications are noted.

IMPRESSION:

1. Chronic obstructive pulmonary disease.
2. No focal pneumonia identified.

Thank you for this referral.

*Michael P O'Neill*

MICHAEL P. O NEILL, MD  
Board Certified Radiologist  
Fellowship Trained Neuroradiologist

Digitally signed by: Michael O'Neill, M.D. on March 15, 2018 11:17:51 AM  
Date Dictated: March 15, 2018  
Date Transcribed: March 15, 2018 by Kimberly Branigan  
FINAL REPORT

**Exceptional Urgent Care Center**

11950 County Rd. Suite 101  
The Villages, FL 32162  
Ph: (352) 391-5200 Fax: (352) 391-5903

3/16 VISIT

Pt Name: [REDACTED]

Age: [REDACTED]

DOB: [REDACTED]

Gender: M

Date: 03-16-2018

MR# 22144

**History & Physical Narrative**

**Chief Complaint:** This 71 Y/O yr old M with c/o fever recheck. Patient states that he did not start Tamiflu because it was too expensive

**Allergies:**

1. No Known Drug Allergies -

**Medications:**

| SIG NAME                      | SIG TEXT                                                                            | DATE PRESC | DATE REFILLED | DATE RUNSOUT |
|-------------------------------|-------------------------------------------------------------------------------------|------------|---------------|--------------|
| WARFARIN                      |                                                                                     |            |               |              |
| AMLODIPINE 10 MG<br>TABLET    |                                                                                     |            |               |              |
| DOFETILIDE 250 MCG<br>CAPSULE |                                                                                     |            |               |              |
| TAMSULOSIN 0.4 MG<br>CAPSULE  |                                                                                     |            |               |              |
| TAMIFLU 75 MG<br>CAPSULE      | 1 Capsule(s) P.O.<br>Twice a Day for 5<br>days                                      | 03-15-2018 |               | 04-15-2043   |
| NAPROSYN 500 MG<br>TABLET     | 1 Tablet(s) P.O.<br>Every 12 hr as<br>needed rfo pfever,<br>pain, take with<br>food | 03-15-2018 |               | 04-15-2043   |

**Past Medical** Hypertension, BPH, Arrythmia

**Past Surgical** Cardioversion, Heart Ablation

**Family** Unremarkable

**Review Of Systems:**  Positive  Negative

**Allergic / Immunologic:**  allergic symptoms,  immunologic symptoms,

**Cardiovascular:**  cardiovascular problems or chest symptoms,

**Constitutional Symptoms:**  constitutional symptoms such as fever, headache, nausea, dizziness,

**Ears, Nose, Mouth, Throat:**  symptoms involving ear, nose, mouth or throat,

**Endocrine:**  endocrine-related symptoms,

**Eyes:**  eye or vision problems,

**Gastrointestinal:**  GI symptoms,

**Genitourinary:**  GU symptoms,

**Hematologic / Lymphatic:**  lymphatic-related symptoms,

**Integumentary:**  skin-related symptoms,

**Musculoskeletal:**  joint or musculoskeletal symptoms,

- Neurological:**  neurological symptoms or problems,  
**Psychiatric:**  psychiatric or emotional difficulties,  
**Respiratory:**  breathing difficulties, respiratory symptoms.

**Physical Examination Vital Signs**

|          |      |
|----------|------|
| BP DIAST | 74   |
| BP SYST  | 117  |
| SPO2     | 96   |
| TEMP     | 97.3 |
| RESP     | 16   |
| WT       | 165  |

Pt is a pleasant, 71 Y/O year old M in no apparent distress who looks their given age, is well developed and nourished with good attention to hygiene and body habitus.

Oriented to person, place and time.

Mood and affect normal, appropriate to the situation.

PE of Skin: Examination of skin reveals no abnormal findings

PE of Eyes: Examination of conjunctiva and lids reveals no signs or symptoms of infection bilaterally. Pupil exam reveals round and reactive pupils without afferent pupillary defect.

PE of ENT: Ooscopic examination reveals no abnormalities. Examination of oropharynx reveals no abnormalities. Neck lymph nodes are normal

PE of Respiratory: Auscultation of lungs reveal clear lung fields and no rubs noted.

PE of Cardiovascular: Heart auscultation reveals normal S1 and S2 and no murmurs, gallop, rubs or clicks.

PE of Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

PE of Musculoskeletal: Gait and station examination reveals midposition w/out abnormalities.

PE of Neurological: Alert and oriented, normal gross motor & sensory exam

**Impression:Diagnoses:**

| # | DI CODE | Description                                    | Comment |
|---|---------|------------------------------------------------|---------|
| 1 | 466.0   | BRONCHITIS, ACUTE                              |         |
| 2 | 995.3   | ALLERGY, UNSPECIFIED, NOT ELSEWHERE CLASSIFIED |         |

**Following in-house labs were performed: PT/INR**

**Lab Results:**

Basic Metabolic Panel: None Recorded.

Comprehensive Met Panel: None Recorded.

Cbc Panel: None Recorded.

Sob Panel: None Recorded.

Liver Panel: None Recorded.

Lipid Panel: None Recorded.

PT/INR: 25.4/2.1

Glucose:

Urinalysis: None Recorded.

**Following in-house procedures were performed: PROC LIST**

Date  
03-16-2018  
03-16-2018

Cpt Code  
J1720  
71250

Cpt Description  
INJ-SOLU-MEDROL  
CT THORAX W/O DYE

**Imaging results:** see report

**Following outside services ordered:** None ordered

**Medications Prescribed:**

| SIG NAME                     | SIG TEXT                                                         | DATE PRESC | DATE REFILLED | DATE RUNSOUT |
|------------------------------|------------------------------------------------------------------|------------|---------------|--------------|
| LEVAQUIN 750 MG<br>TABLET    | 1 Tablet(s) P.O.<br>every morning                                | 03-16-2018 |               | 04-16-2043   |
| ZYRTEC 10 MG TABLET          | 1 Tablet(s) P.O.<br>every morning                                | 03-16-2018 |               | 04-16-2043   |
| PREDNISONONE 20 MG<br>TABLET | 4 tabs qAM days<br>1-5, 2 tabs days<br>6-10, 1 tab days<br>11-15 | 03-16-2018 |               | 04-16-2043   |

**Following referral was made:** None ordered

Follow up with your PCP as needed. If your symptoms do not improve or they worsen, return here for a follow-up or go to the emergency room. Use medications as directed. Continue current meds unless otherwise directed.

John Joseph Im, D.O.





Exceptional Urgent Care Center  
Final Radiology Report

2477365 assistance Call: 866.941.5695  
Online chat: <https://access.vrad.conf>

|                      |             |              |       |
|----------------------|-------------|--------------|-------|
| Patient Name:        | [REDACTED]  | MRN:         | 22144 |
| DOB (Age):           | [REDACTED]  | Gender:      | M     |
| Date of Exam:        | 03/16/2018  | Accession:   | 5248  |
| Referring Physician: | Im, John    | # of Images: | 66    |
| Ordered As:          | CT CHEST WO |              |       |

**EXAM:**  
CT Chest Without Intravenous Contrast

**CLINICAL HISTORY:**  
Signs and symptoms; Cough and fever; Symptoms not specified

**TECHNIQUE:**  
Axial computed tomography images of the chest without intravenous contrast. All CT scans at this facility use one or more dose reduction techniques, viz.: automated exposure control; ma/kV adjustment per patient size (including targeted exams where dose is matched to indication; i.e. head); or iterative reconstruction technique.

**COMPARISON:**  
No relevant prior studies available.

**FINDINGS:**  
Lungs: Scattered small foci of groundglass opacity in the posterior right lower lobe and the medial left upper lobe. No focal airspace consolidation or mass. 5 mm nodular opacity in the right middle lobe (image 36, series 2).

Pleural space: Unremarkable No pneumothorax. No significant effusion.

Heart: Unremarkable No cardiomegaly. No significant pericardial effusion.

Bones/joints: Unremarkable No acute fracture. No dislocation.

Soft tissues: Unremarkable

Vasculature: Unremarkable No thoracic aortic aneurysm.

Lymph nodes: Unremarkable No enlarged lymph nodes.

**IMPRESSION:**  
Scattered small foci of groundglass opacity in the posterior right lower lobe and the medial left upper lobe. These findings are nonspecific and may represent hypoventilatory change or an infectious/inflammatory process (acute or chronic).

Accession: 6248 MRN:22144

Final Radiology Report

- No focal airspace consolidation or mass.

- 5 mm nodular opacity in the right middle lobe. In low-risk patients (minimal or absent history of smoking or other known risk factors), no follow-up is necessary. For high-risk patients (history of smoking or other known risk factors), an optional chest CT at 12 months could be performed.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Bitto Jr., Donald, MD  
03/16/2018 11:20 AM Eastern Time (US & Canada)

**CONFIDENTIALITY STATEMENT**

*This report is intended only for use by the referring physician, and only in accordance with law. If you received this in error call 805 941-5695.*

Page: 2 of 2

009

# DRUG INDUCED QT PROLONGATION AND TORSADES DE POINTES

Yee Guan Yap, A John Camm

1363

Heart 2003;89:1363-1372

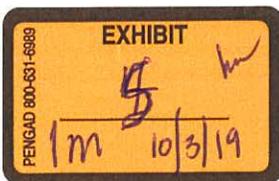
In 1966, Francois Dessertenne described a specific electrocardiographic form of polymorphic ventricular tachycardia, which he termed "torsades de pointes" (TdP).<sup>w1 w2</sup> The word "torsades" refers to an ornamental motif imitating twisted hairs or threads as seen on classical architectural columns, and "pointes" referred to points or peaks.<sup>w1 w2</sup> In the seminal article, Dessertenne made no attempt to suggest the mechanism of TdP and, until recently, there has been considerable conjecture as to the pathophysiology of this arrhythmia.

## CAUSES OF TORSADES DE POINTES

Since the original work by Dessertenne, it has been well recognised that many conditions may cause prolonged or abnormal repolarisation (that is, QT interval prolongation and/or abnormal T or T/U wave morphology), which is associated with TdP. If TdP is rapid or prolonged, it can lead to ventricular fibrillation and sudden cardiac death (fig 1). Essentially, TdP may be caused by either congenital or acquired long QT syndrome (LQTS). In recent years, there has been considerable renewed interest in the assessment and understanding of ventricular repolarisation and TdP. There are several reasons for this. Firstly, the cloning of cardiac ion channels has improved the understanding of the role of ionic channels in mediating cardiac repolarisation, the pathophysiological mechanism of LQTS (congenital and acquired forms), and the pathogenesis of TdP. Secondly, modern molecular techniques have unravelled the mutations in genes encoding cardiac ion channels that cause long QT syndrome, although the genetic defects in about 50% of patients are still unknown. Thirdly, there has been considerable enthusiasm for the development and use of class III antiarrhythmic drugs, which prolong repolarisation and cardiac refractoriness. Unfortunately, drugs that alter repolarisation have now been recognised to increase the propensity for TdP. Finally, an increasing number of drugs, especially non-cardiac drugs, have been recognised to delay cardiac repolarisation and to share the ability with class III antiarrhythmics to cause TdP occasionally.

Many of the drugs that were initially known to prolong the QT interval were antiarrhythmics, and quinidine was the most commonly implicated agent. Surprisingly, many non-cardiac drugs have also been reported to cause QT prolongation and/or TdP recently. In a survey in both the UK and Italy, non-cardiac drugs that have pro-arrhythmic potential (that is, have an official warning on QT prolongation or TdP, or with published data on QT prolongation, ventricular tachycardia, or class III effect) alone represented 3% and 2% of total prescriptions in both countries, respectively.<sup>1</sup> The danger of drug induced pro-arrhythmia is therefore serious. This issue has been identified as a considerable public health problem and has attracted attention from the drug regulatory authorities.

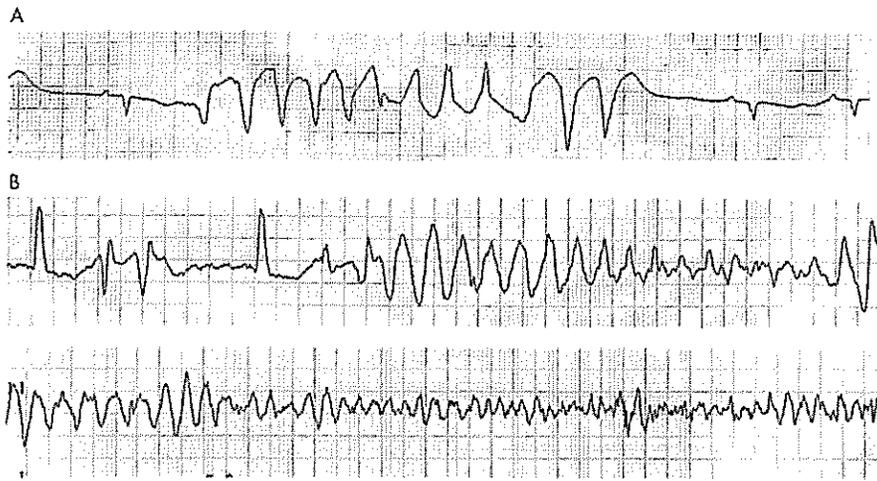
The exact incidence of drug induced TdP in the general population is largely unknown. Most of our understandings of the incidence, risk factors, and drug interaction of pro-arrhythmic drugs are derived from epidemiological studies, anecdotal case reports, clinical studies during drug development, and post-marketing surveillance. The awareness of drug induced TdP in the last few years has resulted in an increase in the number of spontaneous reports. Nevertheless, the absolute total number remains very low, although it has been suggested that the system of spontaneous reporting under-reports the true incidence of serious adverse reactions by a factor of at least 10.<sup>2</sup> Between 1983 and December 1999, 761 cases of TdP, of which 34 were fatal, were reported to the World Health Organization Drug Monitoring Centre by the member states.<sup>3</sup> The WHO data provide an insight into the incidence of TdP on the most commonly reported pro-arrhythmic drugs<sup>3</sup> (table 1). However, such a reporting system is undermined by the widely variable content and clinical information between different countries and sources. It is also compounded by various factors such as the patient's underlying disease, whether the adverse drug reaction is well known or has not been previously described, and the amount of attention paid by the medical community on a specific adverse drug reaction. In this article, we will review the risk of drug induced QT prolongation and/or TdP.



See end of article for authors' affiliations

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Figure 1 (A) Self limiting torsades de pointes (TdP). (B) TdP leading to ventricular fibrillation.



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**MECHANISM OF DRUG INDUCED QT PROLONGATION AND TORSADES DE POINTES**

At the cellular level, the repolarisation phase of the myocytes is driven predominantly by outward movement of potassium ions. A variety of different K<sup>+</sup> channel subtypes are present in the heart. Two important K<sup>+</sup> currents participating in ventricular repolarisation are the subtypes of the delayed rectifier current, I<sub>Kr</sub> ("rapid") and I<sub>Ks</sub> ("slow"). Blockade of either of these outward potassium currents may prolong the action potential. I<sub>Kr</sub> is the most susceptible to pharmacological influence. It is now understood that virtually without exception, the blockade of I<sub>Kr</sub> current by these drugs is at least in part responsible for their pro-arrhythmic effect. Blockade of the I<sub>Kr</sub> current manifests clinically as a prolonged QT interval and the emergence of other T or U wave abnormalities on the surface ECG. The prolongation of repolarisation may result in subsequent activation of an inward depolarisation current, known as an early after-depolarisation, which may promote triggered activity. When accompanied by the presence of a notably increased dispersion of repolarisation, this may induce re-entry and provoke

TdP, which is then sustained by further re-entry or spiral wave activity (fig 2). Such phenomena are more readily induced in the His-Purkinje network and also from a subset of myocardial cells from the mid ventricular myocardium, known as M cells.<sup>4</sup> Compared to subendocardial or subepicardial cells, M cells show much more pronounced action potential prolongation in response to I<sub>Kr</sub> blockade.<sup>4</sup> This property results in a pronounced dispersion of repolarisation (that is, heterogeneous recovery of excitability), creating a zone of functional refractoriness in the mid myocardial layer, which is probably the basis of the re-entry that is sustaining the TdP.

There is a characteristic initiating sequence before the onset of TdP, particularly in the acquired form. The first ventricular complex of the sequence is usually a ventricular ectopic beat or the last beat of a salvo of ventricular premature beats (fig 3). This is then followed by a compensatory pause terminated by a sinus beat. The sinus beat frequently has a very prolonged QT interval and an exaggerated U wave. A ventricular extrasystole then falls on the exaggerated U wave of the sinus beat and precipitates the

Table 1 Twenty most commonly reported drugs associated with torsades de pointes (TdP) between 1983 and 1999<sup>a</sup>

| Drug           | TdP (n) | Fatal (n) | Total (n) | TdP/total (%) |
|----------------|---------|-----------|-----------|---------------|
| Sotalol        | 130     | 1         | 2758      | 4.71          |
| Cisapride      | 97      | 6         | 6489      | 1.49          |
| Amiodarone     | 47      | 1         | 13725     | 0.34          |
| Erythromycin   | 44      | 2         | 24776     | 0.18          |
| Ibutilide      | 43      | 1         | 173       | 24.86         |
| Terfenadine    | 41      | 1         | 10047     | 0.41          |
| Quinidine      | 33      | 2         | 7353      | 0.45          |
| Clarithromycin | 33      | 0         | 17448     | 0.19          |
| Haloperidol    | 21      | 6         | 15431     | 0.14          |
| Fluoxetine     | 20      | 1         | 70929     | 0.03          |
| Digoxin        | 19      | 0         | 18925     | 0.10          |
| Procainamide   | 19      | 0         | 5867      | 0.32          |
| Terodiline     | 19      | 0         | 2248      | 0.85          |
| Fluconazole    | 17      | 0         | 5613      | 0.30          |
| Disopyramide   | 16      | 1         | 3378      | 0.47          |
| Bepiridil      | 15      | 0         | 384       | 3.91          |
| Furosemide     | 15      | 0         | 15119     | 0.10          |
| Thioridazine   | 12      | 0         | 6565      | 0.18          |
| Flecainide     | 11      | 2         | 3747      | 0.29          |
| Loratadine     | 11      | 1         | 5452      | 0.20          |

TdP (n), total number of adverse drug reaction reports which named TdP associated with this drug; Fatal (n), number of adverse drug reaction reports which named TdP with fatal outcome; Total (n), total number of adverse drug reaction reports for the drug.

Heart: first published as 10.1136/heart.89.11.1363 on 31 October 2003. Downloaded from http://heart.bmj.com/ on October 1, 2019 by guest. Protected by copyright.

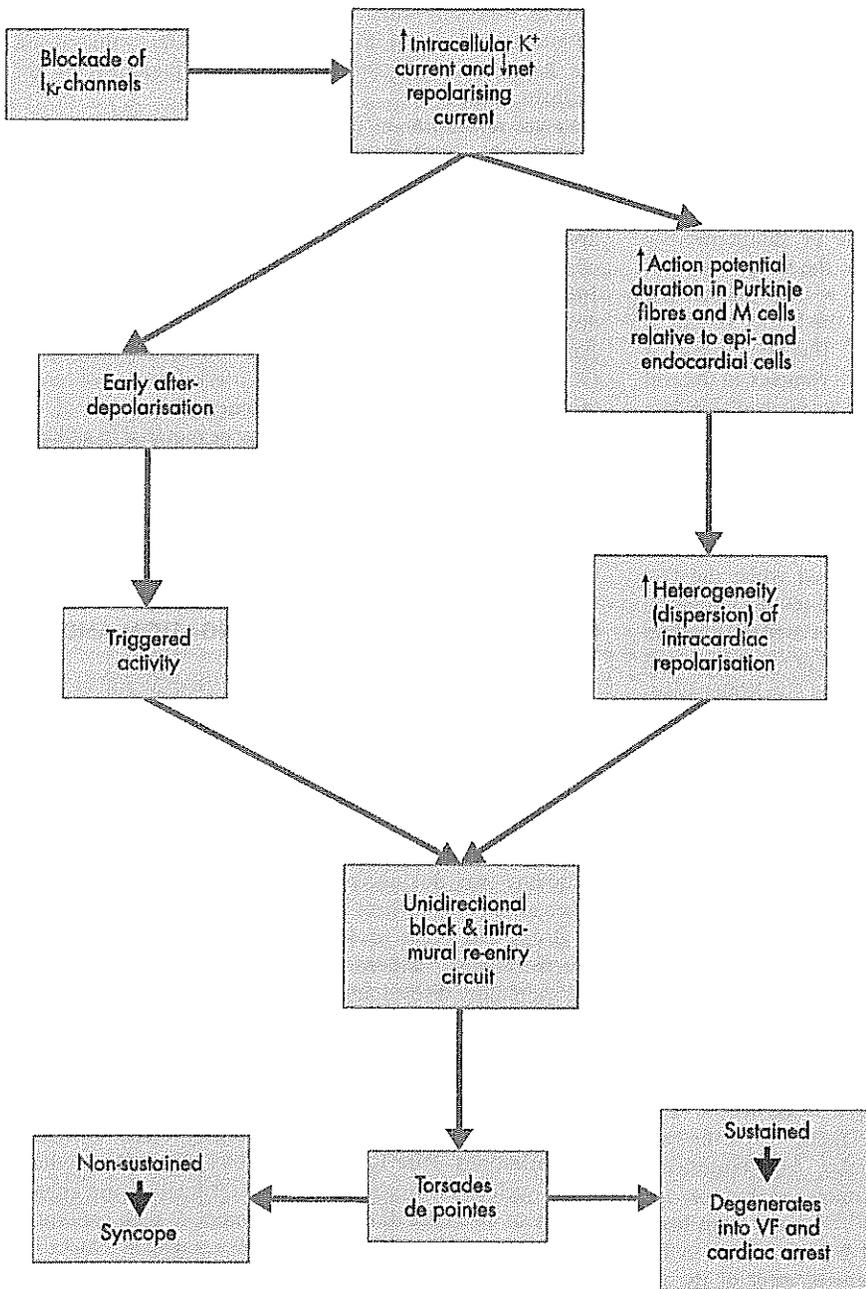


Figure 2 Arrhythmogenesis of torsades de pointes. VF, ventricular fibrillation.

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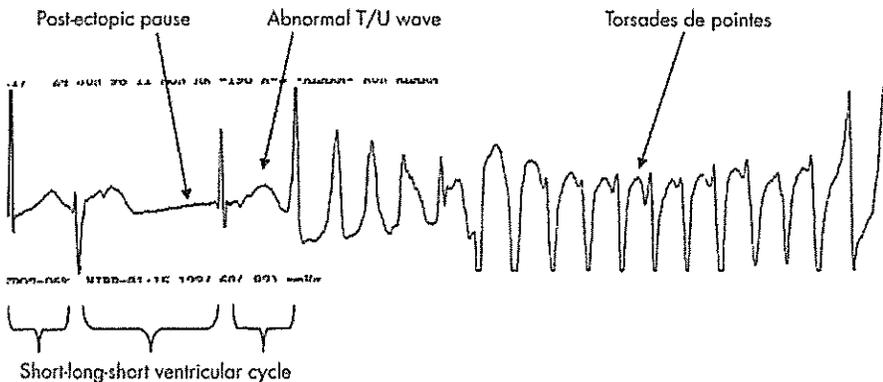


Figure 3 Rhythm strip in a patient with drug induced TdP. Note the typical short-long-short initiating ventricular cycle, pause dependent QT prolongation, and abnormal TU wave leading to the classical "twisting of a point" of the cardiac axis during TdP.

onset of TdP. It has been suggested that post-pause accentuation of the U wave, if present, may be a better predictor of drug induced TdP than the duration of QTc interval.<sup>5</sup>

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**METHOD FOR MEASUREMENT OF QT INTERVAL**

When measuring the QT interval, the ECG is best recorded at a paper speed of 50 mm/s and at an amplitude of 0.5 mV/cm using a multichannel recorder capable of simultaneously recording all 12 leads. A tangent line to the steepest part of the descending portion of the T wave is then drawn. The intercept between the tangent line and the isoelectric line is defined as the end of the T wave.<sup>w3</sup> The QT interval is measured from the beginning of the QRS complex to the end of the T wave on a standard ECG. There are no available data on which lead or leads to use for QT interval measurement. Traditionally, lead II has been used for QT interval measurement because in this lead, the vectors of repolarisation usually result in a long single wave rather than discrete T and U waves.<sup>6</sup>

Generally, QT prolongation is considered when the QTc interval is greater than 440 ms (men) and 460 ms (women), although arrhythmias are most often associated with values of 500 ms or more (table 2). The severity of pro-arrhythmia at a given QT interval varies from drug to drug and from patient to patient. Unfortunately, the extent of QT prolongation and risk of TdP with a given drug may not be linearly related to the dose or plasma concentration of the drug because patient and metabolic factors are also important (for example, sex, electrolyte concentrations, etc). Furthermore, there is not a simple relation between the degree of drug induced QT prolongation and the likelihood of the development of TdP, which can occasionally occur without any substantial prolongation of the QT interval.

The QT interval is influenced by heart rate. The RR interval preceding the QT interval should be measured for rate correction. Several formulae may be used to correct the QT interval for the biophysical effect of heart rate (QTc), but none is perfect. The most commonly used formulae are Fridericia's cube root formula ( $QTc = QT/RR^{1/3}$ ) and Bazett's square root formula ( $QTc = QT/RR^{1/2}$ ). Of the two, Bazett's formula is the more popular, but Fridericia's correction is preferred because it is more accurate at the extremes of physiological heart rate.<sup>w4 w5</sup> Apart from heart rate, the duration of the QT interval is also subject to the techniques of recording and measurement error of the QT interval, sympathovagal activity, drugs, genetic abnormalities, electrolyte disorders, cardiac or metabolic diseases, changes of cardiac afterload, and diurnal variation which can be up to 75–100 ms. It is important to remember that for every individual there is a different relation between the QT interval and the heart rate. Although the rate-correction formulae are useful clinically, they may not be accurate

enough, especially when assessing the minor changes of the QT interval induced by drugs. The suggested QTc values using the Bazett's formula for diagnosing QT prolongation are outlined in table 1.<sup>7</sup>

Newer repolarisation parameters such as QT dispersion (maximum – minimum QT intervals) on the 12 lead surface ECG, which is considered to be an indirect measure of spatial heterogeneity of repolarisation, may be useful in assessing drug efficacy and safety. In one important study, patients who received class 1a antiarrhythmic drugs and developed TdP had significantly increased precordial QT interval dispersion.<sup>w6</sup> In contrast, patients receiving amiodarone or class 1a antiarrhythmics without TdP did not have increased QT dispersion, although the QT interval was noticeably prolonged.<sup>w6</sup> Thus, spatial heterogeneity/dispersion of the ventricular repolarisation process may be required in addition to QT prolongation for the genesis of TdP. Although the use of QT dispersion in the assessment of drugs that prolong the QT interval needs further confirmation, it may provide information about the clinical significance of QT prolongation.

**DRUGS THAT CAUSE QT PROLONGATION AND/OR TORSADES DE POINTES**

The list of drugs that can prolong QT interval and/or cause TdP is extensive (table 3).

**Antiarrhythmics**

The early landmark report by Selzer and Wray observed that quinidine use was associated with syncope and ventricular fibrillation or flutter.<sup>w7</sup> In their report, the risk of TdP with quinidine was not necessarily a consequence of excessive doses of the drug. Others have confirmed that TdP with class Ia drugs can occur at low therapeutic or subtherapeutic concentrations.<sup>w8</sup> Indeed most of the class Ia drugs, including quinidine, disopyramide, and procainamide, are similar in this regard.<sup>w9</sup> On the other hand, antiarrhythmic agents such as sotalol are associated with a greater incidence of TdP as the dose increases.<sup>w10</sup> One possible explanation for such discrepancy is that the blockade of sodium channels by class Ia drugs suppresses the QT prolonging effect at higher concentrations. Pure I<sub>Kr</sub> potassium blocking antiarrhythmic drugs such as *d,l*-sotalol prolong the QT interval and induces TdP at an incidence directly proportionate to their concentration until the potassium currents are completely blocked.<sup>w9</sup> The mean effect on QTc prolongation by *d,l*-sotalol varies from 10–40 ms at doses from 160–640 mg/day.

It is noteworthy that while class Ia drugs are strongly concordant in their production of TdP, concordance with class III antiarrhythmic agents is less clear. For example, while both sotalol and amiodarone have the same potent effects on QT prolongation, the incidence of TdP is very low with amiodarone compared with sotalol. A literature review revealed that the incidence of TdP with amiodarone was only 0.7% in 17 uncontrolled studies (2878 patients) between 1982 and 1993, and that no pro-arrhythmia was reported in seven controlled studies (1464 patients) between 1987 and 1992.<sup>8</sup> Indeed, the evidence from a recent meta-analysis of amiodarone trials showed that amiodarone actually reduced the risk of arrhythmic death and resuscitated cardiac arrest in patients after myocardial infarction or with heart failure.<sup>w11</sup> The risk of TdP with amiodarone mainly occurs in patients with other co-existing risk factors such as hypokalaemia or bradycardia. In contrast, *d,l*-sotalol has a 0.3% incidence rate

**Table 2** QTc values for normal and prolonged QT interval after correction with Bazett's formula<sup>6</sup>

|                    | QTc values by age group and sex (ms) |             |               |
|--------------------|--------------------------------------|-------------|---------------|
|                    | 1–15 years                           | Adult males | Adult females |
| Normal             | <440                                 | <430        | <450          |
| Borderline         | 440–460                              | 430–450     | 450–470       |
| Prolonged (top 1%) | >460                                 | >450        | >470          |

**Table 3** Drugs that can prolong QT interval and torsades de pointes (this list is not comprehensive)

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Antiarrhythmic drugs                 | Type 1A (TdP reported in all)<br>Quinidine (TdP reported)<br>Procainamide (TdP reported)<br>Disopyramide (TdP reported)<br>Ajmaline (TdP reported)<br>Type 1C (increase QT by prolonging QRS interval)<br>Encainide<br>Flecainide<br>Type 3 (TdP reported in all)<br>Amiodarone<br><b>Sotalol</b><br><i>d</i> -Sotalol<br>Brevilium<br>Ibutilide<br><b>Dofetilide</b><br>Amakalant<br>Semantilide                                     |
| Calcium channel blockers             | Prenylamine (TdP reported, withdrawn)<br>Bepidil (TdP reported, withdrawn)<br>Terodiline (TdP reported, withdrawn)                                                                                                                                                                                                                                                                                                                    |
| Psychiatric drugs                    | Thioridazine (TdP reported)<br>Chlorpromazine (TdP reported)<br>Haloperidol (TdP reported)<br>Droperidol (TdP reported)<br>Amitriptyline<br>Nortriptyline<br>Imipramine (TdP reported)<br>Desipramine (TdP reported)<br>Clomipramine<br>Maprotiline (TdP reported)<br>Doxepin (TdP reported)<br>Lithium (TdP reported)<br>Chloral hydrate<br>Sertindole (TdP reported, withdrawn in the UK)<br>Pimozide (TdP reported)<br>Ziprasidone |
| Antihistamines                       | Terfenadine (TdP reported, withdrawn in the USA)<br>Astemizole (TdP reported)<br>Diphenhydramine (TdP reported)<br>Hydroxyzine<br>Ebastine<br>Loratadine<br>Mizolastine                                                                                                                                                                                                                                                               |
| Antimicrobial and antimalarial drugs | Erythromycin (TdP reported)<br>Clarithromycin (TdP reported)<br>Ketoconazole<br>Pentamidine (TdP reported)<br>Quinine<br>Chloroquine (TdP reported)<br>Halofantrine (TdP reported)<br>Amantadine (TdP reported)<br>Sparfloxacin<br>Grepafloxacin (TdP reported, withdrawn in the UK and USA)<br>Pentavalent antimonial meglumine                                                                                                      |
| Serotonin agonists/antagonists       | Ketanserin (TdP reported)<br>Cisapride (TdP reported, withdrawn in the UK and USA)<br>Tacrolimus (TdP reported)                                                                                                                                                                                                                                                                                                                       |
| Immunosuppressant                    | Vasopressin (TdP reported)                                                                                                                                                                                                                                                                                                                                                                                                            |
| Antidiuretic hormone                 | Adenosine                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Other agents                         | Organophosphates<br>Probucol (TdP reported)<br>Papaverine (TdP reported)<br>Cocaine                                                                                                                                                                                                                                                                                                                                                   |

of TdP for a daily dose of 80 mg, which rises to 3.8% for a daily dose of > 680 mg.<sup>w9</sup> The risk is greater in female patients, and patients with reduced creatinine clearance, congestive heart failure, or sustained ventricular tachycardia. In the USA, patients initiated or re-initiated on *d,l*-sotalol are required to be admitted to hospital for a minimum of three days (on their maintenance dose) in a facility that can provide cardiac resuscitation, continuous electrocardiographic monitoring, and calculations of creatinine clearance (that must precede administration of the first dose of *d,l*-sotalol), and in the presence of personnel trained in the

management of serious ventricular arrhythmias in order to minimise the risk of TdP.<sup>w12</sup> The risk of TdP can be reduced by adjustment of the *d,l*-sotalol dose according to creatinine clearance and by monitoring the ECG for excessive increases in the QT interval. *d,l*-Sotalol is contraindicated in patients with creatinine clearance < 40 ml/min or QTc interval > 450 ms.<sup>w12</sup>

Similar to *d,l*-sotalol, dofetilide also exhibits a dose dependent effect on QTc prolongation and TdP. The mean QTc prolongation with dofetilide varies from 5–20 ms at doses of 125–500 µg twice daily, and the incidence of TdP

Heart: first published as 10.1136/heart.89.11.1363 on 31 October 2003. Downloaded from http://heart.bmj.com/ on October 1, 2019 by guest. Protected by copyright.

ranges from 0–10.5% at doses < 250 µg to > 500 µg.<sup>w13</sup> Other new class III intravenous antiarrhythmics, such as ibutilide, are equally toxic in inducing TdP. In the ibutilide repeat dose study, 8.3% of the patients developed TdP during or soon after the start of two, 10 minute infusions, separated by 10 minutes of ibutilide (1.0 and 0.5 mg or 1.0 and 1.0 mg).<sup>w14</sup> Similarly, in patients with atrial fibrillation, intravenous almokalant induced TdP in 6% of the patients.<sup>w15</sup>

Oral azimilide at doses up to 200 mg/day prolongs the QTc interval by 4–42%.<sup>w16</sup> Several cases of TdP have been reported in association with azimilide use, usually when bradycardia, pauses, or hypokalaemia are present, but the preliminary results from the ALIVE (azimilide post-infarction survival evaluation) study showed that azimilide prescribed at 100 mg has a low incidence of TdP even in high risk post-myocardial infarction patients with reduced heart rate variability.<sup>w17</sup>

### Antihistamines

Since 1986, certain non-sedating antihistamines, the so called second generation antihistamines (mainly terfenadine and astemizole), have been reported to cause QT prolongation and, in some cases, TdP.<sup>9 w18</sup> These incidents have occurred when the recommended dose has been exceeded, at normal doses with concurrent use of drugs that inhibit hepatic cytochrome P450 enzymes (for example, imidazole, antifungals, and macrolide antibiotics), impaired liver function, or in patients with congenital long QT syndrome.<sup>9</sup> Like class III antiarrhythmics, terfenadine and astemizole were found to prolong the monophasic action potential and QT interval, which led to the development of early after-depolarisation and TdP through inhibition of the  $I_{Kr}$  channel.<sup>w19</sup> As almost all of the non-sedating antihistamines were metabolised via the hepatic cytochrome P450 CYP3A4 system, concomitant administration of drugs or food (grapefruit juice) that inhibit the hepatic cytochrome P450 or severely compromise liver function may result in the accumulation of the parent drug and cardiotoxicity.<sup>w19</sup> Furthermore, co-administration of non-sedating antihistamines with other drugs that prolong the QT interval by the same or other mechanism (for example, antiarrhythmics, antipsychotics, tricyclic antidepressants) also increases their adverse effect on cardiac repolarisation.<sup>w19</sup> Other drug related factors such as the physicochemical properties of the antihistamines (for example, diarylalkylamine moiety, quaternisation of diphenhydramine, lipophilicity of the side chain), their metabolic profile, and tissue distribution may also contribute to the cardiac response of antihistamines.

Newer non-sedating antihistamines (loratadine, cetirizine, acrivastine, mizolastine, ebastine, and fexofenadine) continue to be introduced into the market. The cardiac safety profile of these newer non-sedating antihistamines will require confirmation. Antihistamines with low or no potential to block the  $K^+$  rectification channel (for example,  $I_{Kr}$  channels are likely to possess cardiac safety advantages. The overall evidence so far indicates that the potential to cause TdP is not a class effect of non-sedating antihistamines; certain non-sedating antihistamines such as terfenadine and astemizole have potent pro-arrhythmic risk, whereas others have low risk of (for example, azelastine, mizolastine) or are probably not associated with (for example, loratadine, cetirizine, ebastine and fexofenadine) QT prolongation, TdP or other ventricular arrhythmias. It should be emphasised

that apart from the specific contraindications described, the incidence of cardiotoxicity with antihistamines is very low in view of the widespread use of the drugs.<sup>10</sup> Nevertheless, as they are widely prescribed for a self limiting, non-fatal disease, the risk attributable must be assessed very carefully.

### Antimicrobials

Macrolides (erythromycin, clarithromycin), fluoroquinolones, antifungals, and antimalarials have been implicated in predisposing to TdP as a result of QT prolongation.<sup>11 w20–23</sup> These reports are few and anecdotal. Similar to class III antiarrhythmics and antihistamines, macrolides prolong the QT interval and cause dispersion of repolarisation across the ventricular wall, resulting in the induction of TdP. In the case of fluoroquinolones, sparfloxacin lengthened the duration of the action potential in a concentration dependent manner,<sup>12</sup> whereas ofloxacin and levofloxacin did not alter the action potential duration at a variety of concentrations (1–100 µM).<sup>w24</sup> Thus, sparfloxacin exerts a pure class III electrophysiological effect whereas levofloxacin and ofloxacin do not. Clinically, it is not yet known whether sparfloxacin will cause any spontaneous TdP, particularly in low risk patients. Since the drug was marketed in 1994, there were very few cases of ventricular arrhythmia (three reversible ventricular tachycardias) reported during the European post-marketing surveillance of sparfloxacin, all of which occurred in patients with underlying cardiac conditions.<sup>12</sup> Grepafloxacin, a new fluoroquinolone available in the UK since 1998, has recently been withdrawn voluntarily by its distributor because of its effect on QT prolongation and some reported cases of TdP. The available evidence from preclinical and clinical studies suggested that there are significant differences in the potency to prolong QT interval among the fluoroquinolones, and the risk of arrhythmias varies between drugs<sup>13</sup> (fig 4). Sporadic cases of TdP have been reported in association with most, but not all, fluoroquinolones. As a whole, apart from grepafloxacin and possibly sparfloxacin, the fluoroquinolones that are currently on the market or soon to be launched are safe from the point of view of QT prolongation and TdP, with a frequency of this adverse event generally occurring at a rate of about one per million prescriptions.

Antimalarials deserve some attention as they are commonly prescribed worldwide. Quinine, quinidine, and halofantrine are capable of prolonging the QT interval.<sup>w25–28</sup> Quinine prolongs the QT interval at standard doses, as does halofantrine (60%). Halofantrine induces a dose related prolongation of the QT interval whereas mefloquine has no effect on QT interval.<sup>w25</sup> However, the risk of significant QT prolongation (> 25% or QTc  $\geq$  0.55 s<sup>1/2</sup>) was greater if halofantrine was given as a re-treatment following mefloquine failure than as primary treatment.<sup>w25</sup> The Committee of Safety of Medicines in the UK recommends that halofantrine should not be given with other drugs that prolong QT interval or to patients with any form of cardiac condition associated with QT prolongation. Cardiotoxicity of antimalarials is increased in patients with acute renal failure, especially after three days of treatment.<sup>w26</sup> Hence, it has been recommended that ECG monitoring should be carried out during quinidine infusion.<sup>w26</sup> However, it is interesting to note that pre-treatment ECGs were poorly predictive of QT prolongation during oral treatment of halofantrine, although it may be useful for evaluating patients with pre-existing

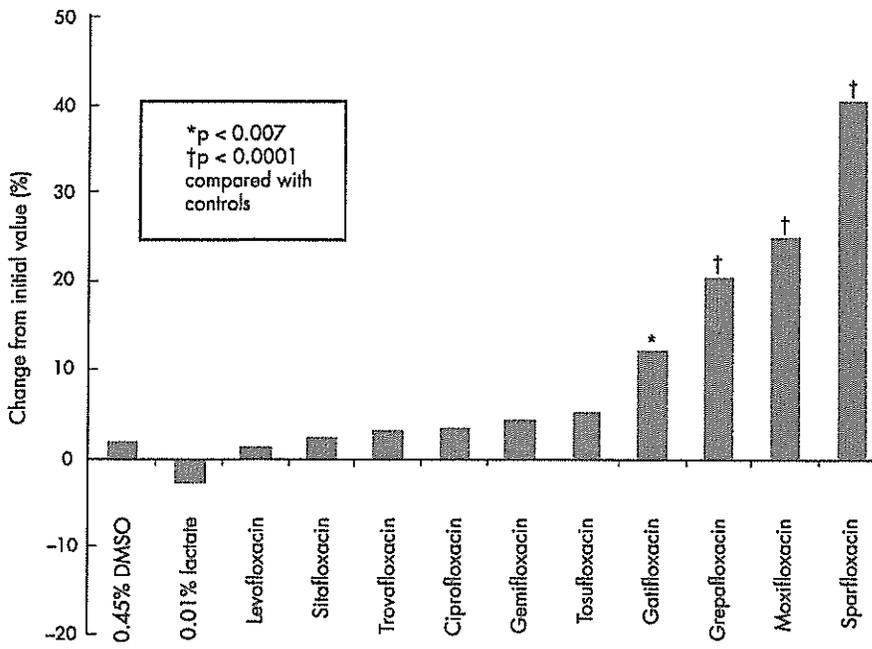


Figure 4 Effect of various fluoroquinolones on prolonging action potential duration. Modified and reproduced from Hagiwara and colleagues<sup>13</sup> with permission.

cardiac conditions.<sup>w27</sup> This is partly because the degree of QT prolongation is dependent on the plasma concentration of halofantrine.<sup>w28</sup>

The antifungal agents ketoconazole and itraconazole prolong the QT interval by blocking the I<sub>Kr</sub> channels.<sup>w29 w30</sup> Similar to macrolide antibiotics, ketoconazole and itraconazole also inhibit the hepatic cytochrome P450 CYP3A4 isoenzyme.<sup>w29 w30</sup> Therefore, co-administration of ketoconazole or itraconazole with another QT prolonging drug that is metabolised by the cytochrome P450 CYP3A4 isoenzyme, such as terfenadine, will result in a notably prolonged QT interval and increase the risk of TdP.<sup>w29-31</sup>

**Tricyclic antidepressants**

The use of tricyclic antidepressants (TCAs) has raised some concern about their cardiotoxicity. The effect of TCAs on the QT interval have been investigated, but with mixed results.<sup>w32-34</sup> Amitriptyline, doxepin, desipramine, imipramine, and clomipramine have been associated with a prolonged QT interval, whereas dothiepin has no effect on QT interval. In children, concerns about possible TCA associated adverse effects were raised after a few cases of sudden death in children treated with TCAs.<sup>w35 w36</sup> The TCAs implicated were desipramine, clomipramine, and imipramine. These cases of sudden death occurred without acute overdose. A possible mechanism is the "fast" or "slow" metabolism of TCA by hepatic cytochromes.<sup>14 w37</sup> For example, impaired metabolism caused by a genetically determined "slow metaboliser" phenotype of cytochrome CYP2D6 is suggested as a possible mechanism for the apparent toxicity of these tricyclic antidepressants.<sup>w37</sup> Co-administration of drugs that can alter the concentrations of both parent drug and metabolites will therefore affect the QTc interval. It has been recommended that children and adolescents on TCA have an ECG at baseline and after each dose increase.<sup>w38</sup>

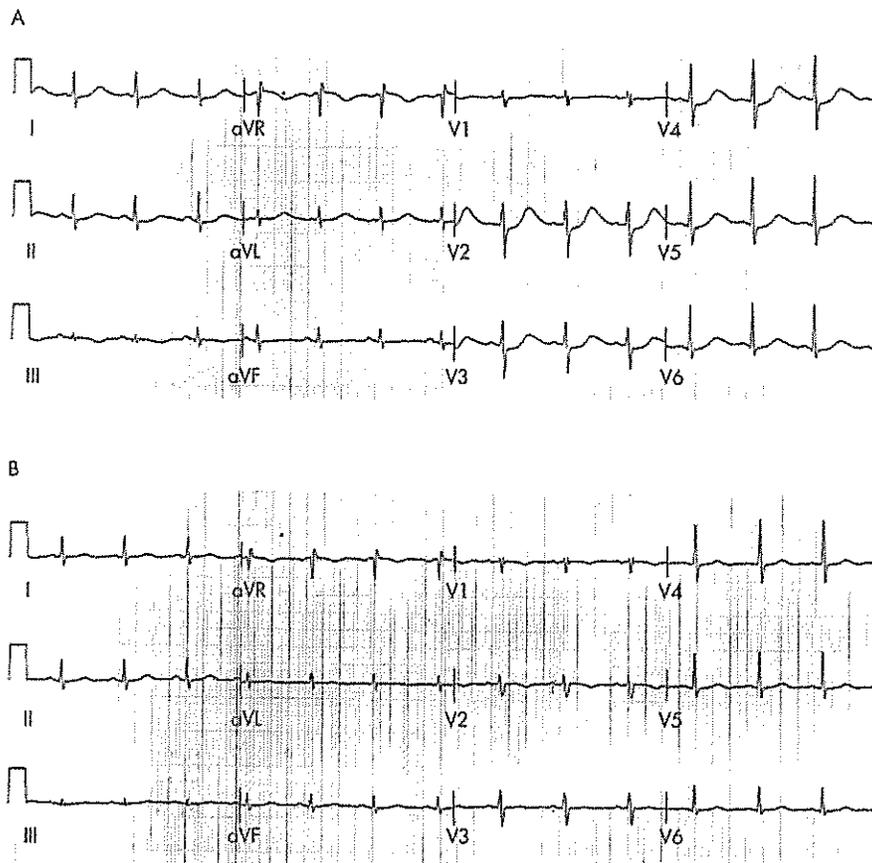
Recently, there have been case reports of abnormal ECG changes, akin to that observed in patients with Brugada's syndrome, following overdoses of antidepressants and neuroleptics (namely, phenothiazine, amitriptyline, fluoxetine),

and therapeutic doses of trifluoperazine and loxapine,<sup>w39 w40</sup> with tricyclic antidepressants being the most frequently implicated. The ECGs in these patients showed right bundle branch block and ST segment elevation on the precordial leads, similar to that seen in patients with Brugada's syndrome, following the ingestion of these drugs. These changes, however, disappeared after the withdrawal of the drugs and could not be reproduced with the subsequent flecainide tests on these patients. Evidence from cellular studies suggest that, similar to class Ic drugs, amitriptyline, phenothiazine, and fluoxetine induce cardiac sodium channel blockade and reduce I<sub>o</sub> activation, which may shorten the action potential durations and induce an intramyocardial electrical gradient that produces the typical ECG changes described above. However, such ECG changes will probably only occur upon massive overdose of these drugs as in the case of these patients, which may explain why the ECG changes could not be reproduced with subsequent flecainide challenge. Furthermore, it is also possible that these patients may have subclinical dysfunctional sodium channels that were unmasked by these drugs. Thus, it has been postulated that this could be another mechanism for drug induced sudden death in patients receiving chronic treatment with tricyclic antidepressants and neuroleptics. Nevertheless, further studies are required to investigate this phenomenon.

**Neuroleptics**

Neuroleptics have long been associated with sudden death and are reported to cause QT prolongation and TdP at therapeutic doses or in overdose (phenothiazines, thioridazine, haloperidol, chlorpromazine, trifluoperazine, pericycline, prochlorperazine, and fluphenazine).<sup>15 w41-45</sup> Among them, thioridazine was the most potent in causing QT prolongation and arrhythmia<sup>15</sup> (fig 5). In addition, the clinical use of thioridazine has also been known to cause a decrease in T wave amplitude, and a prominent U wave in approximately 50% of patients receiving 100-400 mg/day of the drug, albeit seldom with clinical consequences. At toxic

**Figure 5** (A) The ECG of a middle aged woman who was otherwise healthy but suffered a ventricular fibrillation cardiac arrest while receiving 20 mg daily of thioridazine. This ECG was recorded immediately after the cardiac arrest. Note the prolonged T wave offset resulting in a prolonged QTc interval of 619 ms. (B) The ECG of the same patient three days after the withdrawal of thioridazine (QTc = 399 ms).



concentrations, thioridazine can cause sinus bradycardia, atrioventricular block, pronounced QT prolongation, and recurrent ventricular tachycardia and fibrillation.<sup>w46</sup> At both therapeutic and toxic doses, thioridazine can induce TdP.<sup>w42 w46</sup> In the presence of hypokalaemia, TdP can develop even with a low dose (50 mg daily) of thioridazine.<sup>w43</sup>

Sertindole is a relatively new atypical antipsychotic for the treatment of schizophrenia. Its safety and efficacy were assessed in three double blind randomised studies in the USA, North America, and Europe.<sup>w47</sup> Slight QT prolongation was seen with sertindole in early clinical trials although TdP was not reported in these studies. However, 12 unexplained sudden deaths and 23 cases of syncope occurred among 1446 patients during the pre-marketing trials of sertindole.<sup>w48</sup> A total of 27 deaths associated with its use had been reported to the US Food and Drug Administration (FDA) by 1996. Although an independent review panel then did not find a causal relationship between sertindole and these deaths,<sup>w49</sup> in 1996 the drug was not approved for marketing in the USA.

Nevertheless, sertindole was marketed in Europe. However, in the UK the Committee of Safety of Medicines was notified of 36 suspected adverse drug reactions with a fatal outcome by the end of November 1998.<sup>w50</sup> Not all of these reports were related to sudden cardiac death. In addition, 13 reports of serious but non-fatal cardiac arrhythmia were also reported in the UK during the same period. Because of the number of adverse drug events, fatal and non-fatal, reported since the marketing of sertindole in the UK, it was considered that the risks of treatment with this drug outweighed its benefits. The manufacturers of

sertindole voluntarily suspended its marketing and use from December 1998 in the UK, pending further safety evaluations. It is now known that sertindole is a high affinity antagonist of the human cardiac  $I_{Kr}$  potassium channel, and this blockade underlies, at least in part, the prolongation of the QT interval observed with this drug.<sup>16</sup>

Pimozide is a diphenylpiperidine neuroleptic agent with known cardiovascular side effects including QT prolongation.<sup>w51</sup> TdP has been described after acute poisoning.<sup>w52</sup> The risk of pimozide cardiotoxicity may be increased with the concomitant use of drugs that inhibit the cytochrome P450 CYP3A4 isoenzyme—for example, clarithromycin, ketoconazole, etc.<sup>w53</sup> Forty reports (16 fatal) of serious cardiac reactions (predominantly arrhythmias) with pimozide use were reported to Committee of Safety of Medicines between 1971 and 1995,<sup>17</sup> and restricted labelling has now been introduced for pimozide in the UK.

#### Prokinetics

Cisapride is gastrointestinal prokinetic agent used to treat gastro-oesophageal reflux, gastroparesis, and childhood chronic intestinal pseudo-obstruction; it is structurally similar to procainamide. In the USA, while cisapride was being marketed from 1993 to 1999, the FDA received reports on a total of 341 individual patients who had serious adverse cardiac effects following the use of cisapride: 117 developed QT prolongation; 107 TdP; 16 polymorphic ventricular tachycardia; 27 ventricular tachycardia; 18 ventricular fibrillation; 25 cardiac arrest; 16 serious (unspecified) arrhythmia; and 15 sudden death.<sup>18</sup> Eighty (23%) of the 341 patients died.

Deaths were directly or indirectly associated with an arrhythmic event. Many of the patients (56%) were also taking an imidazole compound or a macrolide antibiotic, which could inhibit the P450 CYP3A4 isoenzyme that metabolises cisapride and results in increased serum concentrations.

In the UK, since cisapride was first marketed in 1988 the Medicines Control Agency has received reports of 60 serious cardiac adverse drug reactions, five of which were fatal. These included 24 reactions comprising ventricular arrhythmias, sudden unexplained death, cardiac arrest, and QT prolongation.<sup>w54</sup> Worldwide, there have been 386 reports of serious ventricular arrhythmias associated with cisapride treatment, 125 of which were fatal, and 50 reports of sudden unexplained death. In the UK, several relabellings of cisapride were required following these incidences, which had a limited effect in reducing co-prescription of cisapride with contraindicated medication. Serious cardiovascular reactions, including fatalities, continued to be reported. As a result, the Medicines Control Agency suspended the product licences for cisapride in the UK in July 2000 as the risks versus benefits balance was no longer considered favourable. Similarly, in the USA, the risk of fatal arrhythmia with cisapride was believed to outweigh the benefit for the approved indication, treatment of nocturnal heartburn, leading to the drug's discontinuation there. Cisapride inhibited the  $I_{Kr}$  current in isolated guinea pig ventricular myocytes in a concentration dependent manner with an IC50 of 15 nmol/l (therapeutic levels, 50–200 nmol/l).<sup>w55</sup> This explained the lengthening of cardiac repolarisation observed in patients receiving clinical doses of cisapride.

#### Other QT prolonging drugs that have been withdrawn

Early reports of TdP associated with cardiac drugs incriminated not only antiarrhythmics, but antianginal agents such as bepridil and prenylamine, both of which have been well documented to cause TdP.<sup>w56 w57</sup> These antianginal agents have now been withdrawn from the market in most regulatory jurisdictions. Terodiline, an antispasmodic agent used to treat urinary incontinence, was withdrawn in the UK following 69 reported cases of serious arrhythmias. Fourteen of these patients had sudden death and the remaining 55 patients had non-fatal arrhythmias, including 37 with ventricular tachyarrhythmia of which 24 were caused by TdP.<sup>w58</sup> It is now clear that the pro-arrhythmic effect of terodiline is a consequence of the blockade of  $I_{Kr}$  current,<sup>w59</sup> which occurs in a concentration dependent manner.

#### OTHER FACTORS THAT MAY INCREASE THE PROLONGATION OF VENTRICULAR REPOLARISATION OR PREDICT TORSADES DE POINTES

Apart from drugs, other conditions that are likely to cause QT prolongation include:

- ▶ organic heart disease (for example, congenital long QT syndrome, ischaemic heart disease, congestive heart failure, dilated cardiomyopathy, hypertrophic cardiomyopathy, myocarditis, and Kawasaki syndrome)<sup>w60–64</sup>
- ▶ metabolic abnormalities (for example, hypokalaemia (by far the most common), hypocalcaemia, hypomagnesaemia)<sup>w65–67</sup>
- ▶ bradycardia, atrioventricular and sinoatrial blocks<sup>w68 w69</sup>
- ▶ drug related factors (for example, narrow therapeutic window, a multiplicity of pharmacological actions and

inhibition and induction of cytochrome P450 enzymes, polypharmacy)<sup>w70</sup>

- ▶ female preponderance, which may be caused by sex differences in specific cardiac ion densities<sup>w71 w72</sup>
- ▶ hepatic impairment.

#### PREVENTION OF DRUG INDUCED QT PROLONGATION

In clinical practice, adverse effects of QT prolonging drugs can be prevented by not exceeding the recommended dose, avoiding their use in patients with pre-existing heart disease or risk factors as mentioned above, previous ventricular arrhythmias, and/or electrolyte imbalance such as hypokalaemia. Concomitant administration of drugs that inhibit the cytochrome P450 (for example, imidazole antifungals, macrolide antibiotics) or those that can prolong the QT interval or drugs that cause electrolyte disturbance should be avoided. The serum potassium concentration should be checked regularly as a matter of routine care when the patient is on potassium wasting diuretics. Furthermore, it may be sound clinical practice to perform ECGs routinely before and after an initiation or increment of dosage of a drug that may prolong the QT interval. If the patient develops TdP, the offending drug should be stopped and electrolyte abnormalities corrected. Drugs that can prolong the QT interval should ideally be listed and regularly updated in a national drug formulary, which is not the case at present. Any adverse event suggestive of cardiac arrhythmias should be reported urgently to drug safety authorities and/or drug manufacturers.

The management of patients with drug induced TdP includes identifying and withdrawing the offending drug(s), replenishing the potassium concentration to 4.5–5 mmol/l, and infusing intravenous magnesium (1–2 g). In resistant cases, temporary cardiac pacing may be needed to increase the heart rate and shorten the QT interval.

#### REGULATORY PERSPECTIVE IN DRUG DEVELOPMENT

Apart from antiarrhythmics, many drugs capable of inducing TdP are non-cardiac and are used for relatively benign conditions. Regulatory authorities in the European Union (EU) are now concerned that the risk should be identified and if possible quantified during the preclinical and clinical development of a drug. Currently there are no contemporary guidelines from other regulatory authorities to address this issue. In 1997, the UK Committee for Proprietary Medicinal Products (CPMP) adopted a document entitled *Points to consider: the assessment of the potential for QT interval prolongation by non-cardiovascular medicinal products*.<sup>20</sup> The CPMP guideline document should be viewed as a strong signal from the public health authorities that the problem of QT prolongation, especially by non-cardiac drugs, is significant and requires careful scrutiny. Additional research and development are needed for any compound with the potential to prolong the QT interval. The CPMP document details the necessary preclinical and clinical stages required for testing the safety of new active substances.

#### CONCLUSION

It has been well recognised that a prolonged QT interval (congenital or acquired) on the surface ECG is associated with an increased risk of TdP and/or sudden death. By far the most common cause of acquired long QT syndrome is drug induced, with antiarrhythmics being the group of drugs most

**Drug induced QT prolongation and torsades de pointes: key points**

- ▶ Drug induced QT prolongation and torsades de pointes are an increasing public health problem
- ▶ The blockade of  $I_{K_r}$  potassium current by these drugs is responsible for their pro-arrhythmic effect
- ▶ Measurement of QT interval should be corrected for heart rate
- ▶ Antiarrhythmic drugs, non-sedating antihistamines, macrolides antibiotics, antifungals, antimalarials, tricyclic antidepressants, neuroleptics, and prokinetics have all been implicated in causing QT prolongation and/or torsades de pointes
- ▶ Co-administration of multiple drugs, especially with other QT prolonging drug(s) and/or hepatic cytochrome P450 CYP3A4 isoenzyme inhibitors, must be avoided
- ▶ The risk of QT prolongation is increased in females, patients with organic heart disease (for example, congenital long QT syndrome, myocardial infarction, congestive heart failure, dilated cardiomyopathy, hypertrophic cardiomyopathy, bradycardia), hypokalaemia, and hepatic impairment
- ▶ The treatment of drug induced torsades de pointes includes identifying and withdrawing the offending drug(s), replenishing the potassium concentration to 4.5–5 mmol/l, and infusing intravenous magnesium (1–2 g). In resistant cases, temporary cardiac pacing may be needed

commonly implicated. Since the 1990s, seven non-cardiac drugs marketed in the UK—namely, terfenadine, astemizole, cisapride, terodiline, halofantrine, sertindole, and pimozone—have attracted regulatory attention because of their propensity to produce QT prolongation, TdP, and/or sudden death. The list of drugs, especially non-cardiac drugs, which can cause some degree of QT prolongation may continue to grow. The risk of TdP is therefore likely to remain a significant problem in the future. All physicians and pharmacists, and patients who receive these drugs, should be made aware of this risk and educated accordingly, and take precautions to minimise pro-arrhythmia. Preclinical and clinical evaluations remain the cornerstone for assessing the arrhythmogenic potential of any new drug before approval. Finally, post-marketing surveillance is also important for monitoring spontaneous adverse cardiac effects.

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Additional references appear on the *Heart* website—[www.heartjnl.com/supplemental](http://www.heartjnl.com/supplemental)

# EXHIBIT B

## DRUGS ASSOCIATED WITH QT INTERVAL PROLONGATION<sup>2-65</sup>

| Drugs by Class          | Association <sup>a</sup> | Torsadogenic <sup>b</sup> | FDA Labelling <sup>c</sup> | Comments                                                           |
|-------------------------|--------------------------|---------------------------|----------------------------|--------------------------------------------------------------------|
| <b>Anesthetics</b>      |                          |                           |                            |                                                                    |
| Halothane               | Probable                 | —                         | —                          | Non-specific arrhythmias reported in PI.                           |
| Isoflurane              | Probable                 | —                         | —                          |                                                                    |
| <b>Anti-arrhythmics</b> |                          |                           |                            |                                                                    |
| Amiodarone              | Definite                 | High                      | QT, TdP                    | IV affects QTc less than oral; proarrhythmia infrequent.           |
| Adenosine               | Proposed                 | —                         | —                          |                                                                    |
| Disopyramide            | Definite                 | High                      | QT, TdP                    | Rate appears lower than that of quinidine.                         |
| Flecainide              | Definite                 | —                         | QT, TdP                    | Proarrhythmia "rare."                                              |
| Ibutilide               | Definite                 | High                      | QT, TdP                    | Proarrhythmia 1.7%.                                                |
| Procainamide            | Definite                 | High                      | QT, TdP                    | Rate appears lower than that of quinidine.                         |
| Propafenone             | Definite                 | Medium high               | QT, TdP                    | Proarrhythmia "rare."                                              |
| Quinidine               | Definite                 | High                      | QT, TdP                    | "Quinidine syncope" in 2-6% of patients.                           |
| Sotalol                 | Definite                 | High                      | QT, TdP                    | Proarrhythmia ~2%.                                                 |
| <b>Anticonvulsants</b>  |                          |                           |                            |                                                                    |
| Fosphenytoin            | Proposed                 | —                         | QT <sup>d</sup>            | No cases through MEDLINE search.                                   |
| <b>Antidepressants</b>  |                          |                           |                            |                                                                    |
| Amitriptyline           | Definite                 | Medium high               | —                          | Non-specific ECG changes reported in PI.                           |
| Citalopram              | Probable                 | —                         | —                          |                                                                    |
| Desipramine             | Definite                 | —                         | QT                         | VF, sudden death reported in PI.                                   |
| Doxepin                 | Definite                 | Medium high               | —                          |                                                                    |
| Fluoxetine              | Probable                 | —                         | QT, TdP                    | 1 in 10,000 ventricular arrhythmias reported in PI.                |
| Imipramine              | Definite                 | Medium high               | —                          | Non-specific arrhythmias reported in PI.                           |
| Maprotiline             | Definite                 | —                         | —                          | ECG changes; QRS reported in PI.                                   |
| Nortriptyline           | Definite                 | —                         | —                          | Non-specific arrhythmias reported in PI.                           |
| Paroxetine              | Probable                 | —                         | TdP                        | Lower risk than that of TCAs.                                      |
| Sertraline              | Probable                 | —                         | QT, TdP                    | Lower risk than that of TCAs.                                      |
| Venlafaxine             | Proposed                 | —                         | QT                         | 1:1000 risk of arrhythmia reported in PI.                          |
| <b>Antihistamines</b>   |                          |                           |                            |                                                                    |
| Clemastine              | Proposed                 | —                         | —                          |                                                                    |
| Diphenhydramine         | Proposed                 | —                         | —                          |                                                                    |
| Loratadine              | Proposed                 | Not clear                 | —                          | Prolongation appears unlikely.                                     |
| <b>Antiinfectives</b>   |                          |                           |                            |                                                                    |
| Clarithromycin          | Probable                 | Medium high               | QT, TdP                    |                                                                    |
| Erythromycin            | Definite                 | Medium high               | QT, TdP                    | Known drug-drug interactions with other agents (e.g. terfenadine). |

**EXHIBIT**

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| Drugs by Class                             | Association <sup>a</sup> | Torsadogenic <sup>b</sup> | FDA Labelling <sup>c</sup> | Comments                                                         |
|--------------------------------------------|--------------------------|---------------------------|----------------------------|------------------------------------------------------------------|
| Fluconazole                                | Probable                 | —                         | —                          | Risk may be higher with IV dosing.                               |
| Foscarnet                                  | Proposed                 | —                         | QT                         |                                                                  |
| Ganciclovir                                | Proposed                 | —                         | —                          |                                                                  |
| Gatifloxacin                               | Probable                 | —                         | QT                         |                                                                  |
| Ketoconazole                               | Probable                 | —                         | —                          | Known drug–drug interactions with other agents (e.g. cisapride). |
| Levofloxacin                               | Proposed                 | —                         | TdP                        | Lower risk than that of similar agents.                          |
| Mefloquine                                 | Proposed                 | —                         | —                          | QT with halofantrine.                                            |
| Moxifloxacin                               | Probable                 | —                         | QT                         | Lower risk than that of similar agents.                          |
| Pentamidine                                | Definite                 | Medium high               | QT, TdP                    |                                                                  |
| Quinine                                    | Probable                 | Medium high               |                            |                                                                  |
| Trimethoprim-sulfamethoxazole              | Proposed                 | Low                       | —                          |                                                                  |
| <b>Antipsychotics</b>                      |                          |                           |                            |                                                                  |
| Chlorpromazine                             | Probable                 | —                         | —                          | Non-specific ECG changes and sudden death reported in PI.        |
| Clozapine                                  | Proposed                 | —                         | —                          | Non-specific ECG changes reported in PI.                         |
| Haloperidol                                | Definite                 | Medium high               | QT, TdP                    |                                                                  |
| Pimozide                                   | Definite                 | —                         | QT                         | Drug–drug interactions also lead to QT prolongation.             |
| Quetiapine                                 | Proposed                 | —                         | QT                         |                                                                  |
| Risperidone                                | Proposed                 | —                         | QT                         | Sudden death reported in PI.                                     |
| Ziprasidone                                | Definite                 | —                         | QT                         |                                                                  |
| <b>Cancer chemotherapeutic agents</b>      |                          |                           |                            |                                                                  |
| Arsenic trioxide                           | Definite                 | —                         | QT, TdP                    |                                                                  |
| Tamoxifen                                  | Probable                 | —                         | QT                         | Overdose situations.                                             |
| <b>Cardiovascular non-anti-arrhythmics</b> |                          |                           |                            |                                                                  |
| Indapamide                                 | Proposed                 | —                         | QT                         |                                                                  |
| Probucol                                   | Definite                 | —                         | NA                         | Removed from US market.                                          |
| <b>Gastrointestinal agents</b>             |                          |                           |                            |                                                                  |
| Octreotide                                 | Proposed                 | —                         | QT                         |                                                                  |
| Droperidol                                 | Definite                 | Medium high               | QT, TdP                    |                                                                  |
| Dolasetron                                 | Proposed                 | —                         | QT <sup>d</sup>            |                                                                  |
| <b>Migraine agents</b>                     |                          |                           |                            |                                                                  |
| Naratriptan                                | Probable                 | —                         | QT                         |                                                                  |
| Sumatriptan                                | Probable                 | —                         | QT                         |                                                                  |
| Rizatriptan                                | Probable                 | —                         | —                          | 1:1000 risk of arrhythmia.                                       |
| Zolmitriptan                               | Probable                 | —                         | QT                         |                                                                  |

| Drugs by Class              | Association <sup>a</sup> | Torsadogenic <sup>b</sup> | FDA Labelling <sup>c</sup> | Comments                   |
|-----------------------------|--------------------------|---------------------------|----------------------------|----------------------------|
| <b>Miscellaneous agents</b> |                          |                           |                            |                            |
| Amantadine                  | Low                      | —                         | —                          |                            |
| Epinephrine                 | Proposed                 | —                         | —                          |                            |
| Methadone                   | Probable                 | —                         | —                          | Syncope reported in PI.    |
| Salmeterol                  | Proposed                 | —                         | QT <sup>d</sup>            |                            |
| Tacrolimus                  | Proposed                 | —                         | —                          |                            |
| Tizanidine                  | Probable                 | —                         | QT                         | 1:1000 risk of arrhythmia. |

FDA = United States Food and Drug Administration

IV = intravenous

PI = package insert

QT = QT Interval prolongation

TdP = torsades de pointes

ECG = electrocardiogram

VF = ventricular fibrillation

TCA = tricyclic antidepressant

NA = not applicable

HCTZ = hydrochlorothiazide.

<sup>a</sup> Associations are based on the strength of evidence that supports whether QT prolongation can occur. This categorization does not delineate an individual patient's risk of QT prolongation.

<sup>b</sup> Torsadogenic potential is divided into four categories as characterized in a previous publication<sup>1</sup>: high = drugs that are potent blockers of currents prolonging myocardial repolarization; medium high = drugs that prolong myocardial repolarization at higher doses, or at normal doses with concurrent administration of drugs that inhibit drug metabolism; low = drugs that prolong action potential duration and QT interval at high doses or concentrations that are clearly above the therapeutic range; and not clear = drugs that block repolarizing ion currents in vitro but that have so far not been shown to prolong repolarization in other in vitro models.

<sup>c</sup> Describes whether the FDA-approved product labelling includes mention of QT prolongation, torsades de pointes, or both.<sup>2-65</sup>

<sup>d</sup> Drug reported in the product labelling to prolong the QT interval, but evidence to support such an effect is lacking or published data suggest otherwise.

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6. G. D. Searle. Norpace (disopyramide) package insert. Chicago; 1999.
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9. Pharmacia and Upjohn Company. Corvert (ibutilide) package insert. Kalamazoo (MI); 1999.
10. Apothecon. Pronestyl (procainamide) package insert. Princeton (NJ); 1991.
11. Knoll Pharmaceutical Company. Rythmol (propafenone) package insert. Mount Olive (NY); 1998.
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18. Pfizer, Inc. Sinequan (doxepin) package insert. New York; 1996.
19. Dista Products Company. Prozac (fluoxetine) package insert. Indianapolis (IN); 2001.
20. Geneva Pharmaceuticals, Inc. Imipramine [generic] package insert. Broomfield (CT); 1999.
21. Mylan Pharmaceuticals, Inc. Maprotiline [generic] package insert. Morgantown (WV); 2001.
22. Watson Laboratories, Inc. Nortriptyline [generic] package insert. Corona (CA); 2001.

EXHIBIT A

# 67

SUPPLEMENT ARTICLE

# Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults

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## EXECUTIVE SUMMARY

Improving the care of adult patients with community-acquired pneumonia (CAP) has been the focus of many different organizations, and several have developed guidelines for management of CAP. Two of the most widely referenced are those of the Infectious Diseases Society of America (IDSA) and the American Thoracic Society (ATS). In response to confusion regarding differences between their respective guidelines, the IDSA and the ATS convened a joint committee to develop a unified CAP guideline document.

The guidelines are intended primarily for use by emergency medicine physicians, hospitalists, and primary care practitioners; however, the extensive literature evaluation suggests that they are also an appropriate starting point for consultation by specialists.

Substantial overlap exists among the patients whom these guidelines address and those discussed in the recently published guidelines for health care-associated pneumonia (HCAP). Pneumonia in nonambulatory residents of nursing homes and other long-term care facilities epidemiologically mirrors hospital-acquired pneumonia and should be treated according to the HCAP guidelines. However, certain other patients whose conditions are included in the designation of HCAP are better served by management in accordance with CAP guidelines with concern for specific pathogens.

## Implementation of Guideline Recommendations

1. Locally adapted guidelines should be implemented to improve process of care variables and relevant clinical outcomes. (Strong recommendation; level I evidence.)

EXHIBIT  
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Im 10/3/19

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This official statement of the Infectious Diseases Society of America (IDSA) and the American Thoracic Society (ATS) was approved by the IDSA Board of Directors on 5 November 2006 and the ATS Board of Directors on 29 September 2006.

<sup>a</sup> Committee cochairs.

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It is important to realize that guidelines cannot always account for individual variation among patients. They are not intended to supplant physician judgment with respect to particular patients or special clinical situations. The IDSA considers adherence to these guidelines to be voluntary, with the ultimate determination regarding their application to be made by the physician in the light of each patient's individual circumstances.

Enthusiasm for developing these guidelines derives, in large part, from evidence that previous CAP guidelines have led to improvement in clinically relevant outcomes. Consistently beneficial effects in clinically relevant parameters (listed in table 3) followed the introduction of a comprehensive protocol (including a combination of components from table 2) that increased compliance with published guidelines. The first recommendation, therefore, is that CAP management guidelines be locally adapted and implemented.

#### **Documented benefits.**

2. CAP guidelines should address a comprehensive set of elements in the process of care rather than a single element in isolation. (Strong recommendation; level III evidence.)
3. Development of local CAP guidelines should be directed toward improvement in specific and clinically relevant outcomes. (Moderate recommendation; level III evidence.)

#### **Site-of-Care Decisions**

Almost all of the major decisions regarding management of CAP, including diagnostic and treatment issues, revolve around the initial assessment of severity. Site-of-care decisions (e.g., hospital vs. outpatient, intensive care unit [ICU] vs. general ward) are important areas for improvement in CAP management.

#### **Hospital admission decision.**

4. Severity-of-illness scores, such as the CURB-65 criteria (confusion, uremia, respiratory rate, low blood pressure, age  $\geq 65$  years or greater), or prognostic models, such as the Pneumonia Severity Index (PSI), can be used to identify patients with CAP who may be candidates for outpatient treatment. (Strong recommendation; level I evidence.)
5. Objective criteria or scores should always be supplemented with physician determination of subjective factors, including the ability to safely and reliably take oral medication and the availability of outpatient support resources. (Strong recommendation; level II evidence.)
6. For patients with CURB-65 scores  $\geq 2$ , more-intensive treatment—that is, hospitalization or, where appropriate and available, intensive in-home health care services—is usually warranted. (Moderate recommendation; level III evidence.)

Physicians often admit patients to the hospital who could be well managed as outpatients and who would generally prefer to be treated as outpatients. Objective scores, such as the CURB-65 score or the PSI, can assist in identifying patients who may be appropriate for outpatient care, but the use of such scores must be tempered by the physician's determination of additional critical factors, including the ability to safely and reliably

take oral medication and the availability of outpatient support resources.

#### **ICU admission decision.**

7. Direct admission to an ICU is required for patients with septic shock requiring vasopressors or with acute respiratory failure requiring intubation and mechanical ventilation. (Strong recommendation; level II evidence.)
8. Direct admission to an ICU or high-level monitoring unit is recommended for patients with 3 of the minor criteria for severe CAP listed in table 4. (Moderate recommendation; level II evidence.)

In some studies, a significant percentage of patients with CAP are transferred to the ICU in the first 24–48 h after hospitalization. Mortality and morbidity among these patients appears to be greater than those among patients admitted directly to the ICU. Conversely, ICU resources are often overstretched in many institutions, and the admission of patients with CAP who would not directly benefit from ICU care is also problematic. Unfortunately, none of the published criteria for severe CAP adequately distinguishes these patients from those for whom ICU admission is necessary. In the present set of guidelines, a new set of criteria has been developed on the basis of data on individual risks, although the previous ATS criteria format is retained. In addition to the 2 major criteria (need for mechanical ventilation and septic shock), an expanded set of minor criteria (respiratory rate,  $>30$  breaths/min; arterial oxygen pressure/fraction of inspired oxygen ( $\text{PaO}_2/\text{FiO}_2$ ) ratio,  $<250$ ; multilobar infiltrates; confusion; blood urea nitrogen level,  $>20$  mg/dL; leukopenia resulting from infection; thrombocytopenia; hypothermia; or hypotension requiring aggressive fluid resuscitation) is proposed (table 4). The presence of at least 3 of these criteria suggests the need for ICU care but will require prospective validation.

#### **Diagnostic Testing**

9. In addition to a constellation of suggestive clinical features, a demonstrable infiltrate by chest radiograph or other imaging technique, with or without supporting microbiological data, is required for the diagnosis of pneumonia. (Moderate recommendation; level III evidence.)

#### **Recommended diagnostic tests for etiology.**

10. Patients with CAP should be investigated for specific pathogens that would significantly alter standard (empirical) management decisions, when the presence of such pathogens is suspected on the basis of clinical and epidemiologic clues. (Strong recommendation; level II evidence.)

Recommendations for diagnostic testing remain controversial. The overall low yield and infrequent positive impact on clinical care argue against the routine use of common tests,

such as blood and sputum cultures. Conversely, these cultures may have a major impact on the care of an individual patient and are important for epidemiologic reasons, including the antibiotic susceptibility patterns used to develop treatment guidelines. A list of clinical indications for more extensive diagnostic testing (table 5) was, therefore, developed, primarily on the basis of 2 criteria: (1) when the result is likely to change individual antibiotic management and (2) when the test is likely to have the highest yield.

11. Routine diagnostic tests to identify an etiologic diagnosis are optional for outpatients with CAP. (Moderate recommendation; level III evidence.)
12. Pretreatment blood samples for culture and an expectorated sputum sample for stain and culture (in patients with a productive cough) should be obtained from hospitalized patients with the clinical indications listed in table 5 but are optional for patients without these conditions. (Moderate recommendation; level I evidence.)
13. Pretreatment Gram stain and culture of expectorated sputum should be performed only if a good-quality specimen can be obtained and quality performance measures for collection, transport, and processing of samples can be met. (Moderate recommendation; level II evidence.)
14. Patients with severe CAP, as defined above, should at least have blood samples drawn for culture, urinary antigen tests for *Legionella pneumophila* and *Streptococcus pneumoniae* performed, and expectorated sputum samples collected for culture. For intubated patients, an endotracheal aspirate sample should be obtained. (Moderate recommendation; level II evidence.)

The most clear-cut indication for extensive diagnostic testing is in the critically ill CAP patient. Such patients should at least have blood drawn for culture and an endotracheal aspirate obtained if they are intubated; consideration should be given to more extensive testing, including urinary antigen tests for *L. pneumophila* and *S. pneumoniae* and Gram stain and culture of expectorated sputum in nonintubated patients. For inpatients without the clinical indications listed in table 5, diagnostic testing is optional (but should not be considered wrong).

### Antibiotic Treatment

**Empirical antimicrobial therapy.** Empirical antibiotic recommendations (table 7) have not changed significantly from those in previous guidelines. Increasing evidence has strengthened the recommendation for combination empirical therapy for severe CAP. Only 1 recently released antibiotic has been added to the recommendations: ertapenem, as an acceptable  $\beta$ -lactam alternative for hospitalized patients with risk factors for infection with gram-negative pathogens other than *Pseudomonas aeruginosa*. At present, the committee is awaiting further evaluation of the safety of telithromycin by the US Food

and Drug Administration before making its final recommendation regarding this drug. Recommendations are generally for a class of antibiotics rather than for a specific drug, unless outcome data clearly favor one drug. Because overall efficacy remains good for many classes of agents, the more potent drugs are given preference because of their benefit in decreasing the risk of selection for antibiotic resistance.

### Outpatient treatment

15. Previously healthy and no risk factors for drug-resistant *S. pneumoniae* (DRSP) infection:
  - A. A macrolide (azithromycin, clarithromycin, or erythromycin) (strong recommendation; level I evidence)
  - B. Doxycycline (weak recommendation; level III evidence)
16. Presence of comorbidities, such as chronic heart, lung, liver, or renal disease; diabetes mellitus; alcoholism; malignancies; asplenia; immunosuppressing conditions or use of immunosuppressing drugs; use of antimicrobials within the previous 3 months (in which case an alternative from a different class should be selected); or other risks for DRSP infection:
  - A. A respiratory fluoroquinolone (moxifloxacin, gemifloxacin, or levofloxacin [750 mg]) (strong recommendation; level I evidence)
  - B. A  $\beta$ -lactam plus a macrolide (strong recommendation; level I evidence) (High-dose amoxicillin [e.g., 1 g 3 times daily] or amoxicillin-clavulanate [2 g 2 times daily] is preferred; alternatives include ceftriaxone, cefpodoxime, and cefuroxime [500 mg 2 times daily]; doxycycline [level II evidence] is an alternative to the macrolide.)
17. In regions with a high rate (>25%) of infection with high-level (MIC,  $\geq 16$   $\mu\text{g}/\text{mL}$ ) macrolide-resistant *S. pneumoniae*, consider the use of alternative agents listed above in recommendation 16 for any patient, including those without comorbidities. (Moderate recommendation; level III evidence.)

### Inpatient, non-ICU treatment

18. A respiratory fluoroquinolone (strong recommendation; level I evidence)
19. A  $\beta$ -lactam plus a macrolide (strong recommendation; level I evidence) (Preferred  $\beta$ -lactam agents include cefotaxime, ceftriaxone, and ampicillin; ertapenem for selected patients; with doxycycline [level III evidence] as an alternative to the macrolide. A respiratory fluoroquinolone should be used for penicillin-allergic patients.)

Increasing resistance rates have suggested that empirical therapy with a macrolide alone can be used only for the treat-

ment of carefully selected hospitalized patients with nonsevere disease and without risk factors for infection with drug-resistant pathogens. However, such monotherapy cannot be routinely recommended.

#### Inpatient, ICU treatment

20. A  $\beta$ -lactam (cefotaxime, ceftriaxone, or ampicillin-sulbactam) **plus** either azithromycin (level II evidence) or a fluoroquinolone (level I evidence) (strong recommendation) (For penicillin-allergic patients, a respiratory fluoroquinolone and aztreonam are recommended.)
21. For *Pseudomonas* infection, use an antipneumococcal, antipseudomonal  $\beta$ -lactam (piperacillin-tazobactam, ceftepime, imipenem, or meropenem) plus either ciprofloxacin or levofloxacin (750-mg dose)  
**or**  
the above  $\beta$ -lactam plus an aminoglycoside and azithromycin  
**or**  
the above  $\beta$ -lactam plus an aminoglycoside and an antipneumococcal fluoroquinolone (for penicillin-allergic patients, substitute aztreonam for the above  $\beta$ -lactam). (Moderate recommendation; level III evidence.)
22. For community-acquired methicillin-resistant *Staphylococcus aureus* infection, add vancomycin or linezolid. (Moderate recommendation; level III evidence.)

Infections with the overwhelming majority of CAP pathogens will be adequately treated by use of the recommended empirical regimens. The emergence of methicillin-resistant *S. aureus* as a CAP pathogen and the small but significant incidence of CAP due to *P. aeruginosa* are the exceptions. These pathogens occur in specific epidemiologic patterns and/or with certain clinical presentations, for which empirical antibiotic coverage may be warranted. However, diagnostic tests are likely to be of high yield for these pathogens, allowing early discontinuation of empirical treatment if results are negative. The risk factors are included in the table 5 recommendations for indications for increased diagnostic testing.

#### **Pathogens suspected on the basis of epidemiologic considerations.**

Risk factors for other uncommon etiologies of CAP are listed in table 8, and recommendations for treatment are included in table 9.

#### **Pathogen-directed therapy.**

23. Once the etiology of CAP has been identified on the basis of reliable microbiological methods, antimicrobial therapy should be directed at that pathogen. (Moderate recommendation; level III evidence.)
24. Early treatment (within 48 h of the onset of symptoms)

with oseltamivir or zanamivir is recommended for influenza A. (Strong recommendation; level I evidence.)

25. Use of oseltamivir and zanamivir is not recommended for patients with uncomplicated influenza with symptoms for >48 h (level I evidence), but these drugs may be used to reduce viral shedding in hospitalized patients or for influenza pneumonia. (Moderate recommendation; level III evidence.)

#### Pandemic influenza

26. Patients with an illness compatible with influenza and with known exposure to poultry in areas with previous H5N1 infection should be tested for H5N1 infection. (Moderate recommendation; level III evidence.)
27. In patients with suspected H5N1 infection, droplet precautions and careful routine infection control measures should be used until an H5N1 infection is ruled out. (Moderate recommendation; level III evidence.)
28. Patients with suspected H5N1 infection should be treated with oseltamivir (level II evidence) and antibacterial agents targeting *S. pneumoniae* and *S. aureus*, the most common causes of secondary bacterial pneumonia in patients with influenza (level III evidence). (Moderate recommendation.)

#### **Time to first antibiotic dose.**

29. For patients admitted through the emergency department (ED), the first antibiotic dose should be administered while still in the ED. (Moderate recommendation; level III evidence.)

Rather than designating a specific window in which to initiate treatment, the committee felt that hospitalized patients with CAP should receive the first antibiotic dose in the ED.

#### **Switch from intravenous to oral therapy.**

30. Patients should be switched from intravenous to oral therapy when they are hemodynamically stable and improving clinically, are able to ingest medications, and have a normally functioning gastrointestinal tract. (Strong recommendation; level II evidence.)
31. Patients should be discharged as soon as they are clinically stable, have no other active medical problems, and have a safe environment for continued care. Inpatient observation while receiving oral therapy is not necessary. (Moderate recommendation; level II evidence.)

#### **Duration of antibiotic therapy.**

32. Patients with CAP should be treated for a minimum of 5 days (level I evidence), should be afebrile for 48–72 h, and should have no more than 1 CAP-associated sign of clinical instability (table 10) before discontinuation of therapy (level II evidence). (Moderate recommendation.)

33. A longer duration of therapy may be needed if initial therapy was not active against the identified pathogen or if it was complicated by extrapulmonary infection, such as meningitis or endocarditis. (Weak recommendation; level III evidence.)

### Other Treatment Considerations

34. Patients with CAP who have persistent septic shock despite adequate fluid resuscitation should be considered for treatment with drotrecogin alfa activated within 24 h of admission. (Weak recommendation; level II evidence.)

35. Hypotensive, fluid-resuscitated patients with severe CAP should be screened for occult adrenal insufficiency. (Moderate recommendation; level II evidence.)

36. Patients with hypoxemia or respiratory distress should receive a cautious trial of noninvasive ventilation unless they require immediate intubation because of severe hypoxemia ( $\text{PaO}_2/\text{FiO}_2$  ratio,  $<150$ ) and bilateral alveolar infiltrates. (Moderate recommendation; level I evidence.)

37. Low-tidal-volume ventilation ( $6 \text{ cm}^3/\text{kg}$  of ideal body weight) should be used for patients undergoing ventilation who have diffuse bilateral pneumonia or acute respiratory distress syndrome. (Strong recommendation; level I evidence.)

### Management of Nonresponding Pneumonia

#### Definitions and classification.

38. The use of a systematic classification of possible causes of failure to respond, based on time of onset and type of failure (table 11), is recommended. (Moderate recommendation; level II evidence.)

As many as 15% of patients with CAP may not respond appropriately to initial antibiotic therapy. A systematic approach to these patients (table 11) will help to determine the cause. Because determination of the cause of failure is more accurate if the original microbiological etiology is known, risk factors for nonresponse or deterioration (table 12) figure prominently in the list of situations in which more aggressive and/or extensive initial diagnostic testing is warranted (table 5).

#### Prevention (see table 13)

39. All persons  $\geq 50$  years of age, others at risk for influenza complications, household contacts of high-risk persons, and health care workers should receive inactivated influenza vaccine as recommended by the Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention. (Strong recommendation; level I evidence.)

40. The intranasally administered live attenuated vaccine is an alternative vaccine formulation for some persons 5–49 years of age without chronic underlying diseases, including immunodeficiency, asthma, or chronic medical conditions. (Strong recommendation; level I evidence.)

41. Health care workers in inpatient and outpatient settings and long-term care facilities should receive annual influenza immunization. (Strong recommendation; level I evidence.)

42. Pneumococcal polysaccharide vaccine is recommended for persons  $\geq 65$  years of age and for those with selected high-risk concurrent diseases, according to current Advisory Committee on Immunization Practices guidelines. (Strong recommendation; level II evidence.)

43. Vaccination status should be assessed at the time of hospital admission for all patients, especially those with medical illnesses. (Moderate recommendation; level III evidence.)

44. Vaccination may be performed either at hospital discharge or during outpatient treatment. (Moderate recommendation; level III evidence.)

45. Influenza vaccine should be offered to persons at hospital discharge or during outpatient treatment during the fall and winter. (Strong recommendation; level III evidence.)

46. Smoking cessation should be a goal for persons hospitalized with CAP who smoke. (Moderate recommendation; level III evidence.)

47. Smokers who will not quit should also be vaccinated for both pneumococcus and influenza. (Weak recommendation; level III evidence.)

48. Cases of pneumonia that are of public health concern should be reported immediately to the state or local health department. (Strong recommendation; level III evidence.)

49. Respiratory hygiene measures, including the use of hand hygiene and masks or tissues for patients with cough, should be used in outpatient settings and EDs as a means to reduce the spread of respiratory infections. (Strong recommendation; level III evidence.)

### INTRODUCTION

Improving the care of patients with community-acquired pneumonia (CAP) has been the focus of many different organizations. Such efforts at improvement in care are warranted, because CAP, together with influenza, remains the seventh leading cause of death in the United States [1]. According to one estimate, 915,900 episodes of CAP occur in adults  $\geq 65$  years of age each year in the United States [2]. Despite advances in antimicrobial therapy, rates of mortality due to pneumonia have not decreased significantly since penicillin became routinely available [3].

Groups interested in approaches to the management of CAP include professional societies, such as the American Thoracic Society (ATS) and the Infectious Diseases Society of America (IDSA); government agencies or their contract agents, such as the Center for Medicare and Medicaid Services and the Department of Veterans Affairs; and voluntary accrediting agencies, such as the Joint Commission on Accreditation of Healthcare Organizations. In addition, external review groups and consumer groups have chosen CAP outcomes as major quality indicators. Such interest has resulted in numerous guidelines for the management of CAP [4]. Some of these guidelines represent truly different perspectives, including differences in health care systems, in the availability of diagnostic tools or therapeutic agents, or in either the etiology or the antibiotic susceptibility of common causative microorganisms. The most widely referenced guidelines in the United States have been those published by the ATS [5, 6] and the IDSA [7–9].

Differences, both real and imagined, between the ATS and IDSA guidelines have led to confusion for individual physicians, as well as for other groups who use these published guidelines rather than promulgating their own. In response to this concern, the IDSA and the ATS convened a joint committee to develop a unified CAP guideline document. This document represents a consensus of members of both societies, and both governing councils have approved the statement.

**Purpose and scope.** The purpose of this document is to update clinicians with regard to important advances and controversies in the management of patients with CAP. The committee chose not to address CAP occurring in immunocompromised patients, including solid organ, bone marrow, or stem cell transplant recipients; patients receiving cancer chemotherapy or long-term (>30 days) high-dose corticosteroid treatment; and patients with congenital or acquired immunodeficiency or those infected with HIV who have CD4 cell counts <350 cells/mm<sup>3</sup>, although many of these patients may be infected with the same microorganisms. Pneumonia in children (≤18 years of age) is also not addressed.

Substantial overlap exists among the patients these guidelines address and those discussed in the recently published guidelines for health care–associated pneumonia (HCAP) [10]. Two issues are pertinent: (1) an increased risk of infection with drug-resistant isolates of usual CAP pathogens, such as *Streptococcus pneumoniae*, and (2) an increased risk of infection with less common, usually hospital-associated pathogens, such as *Pseudomonas* and *Acinetobacter* species and methicillin-resistant *Staphylococcus aureus* (MRSA). Pneumonia in nonambulatory residents of nursing homes and other long-term care facilities epidemiologically mirrors hospital-acquired pneumonia and should be treated according to the HCAP guidelines. However, certain other patients whose conditions are included under the designation of HCAP are better served by management in ac-

cordance with CAP guidelines with concern for specific pathogens. For example, long-term dialysis alone is a risk for MRSA infection but does not necessarily predispose patients to infection with other HCAP pathogens, such as *Pseudomonas aeruginosa* or *Acinetobacter* species. On the other hand, certain patients with chronic obstructive pulmonary disease (COPD) are at greater risk for infection with *Pseudomonas* species but not MRSA. These issues will be discussed in specific sections below.

The committee started with the premise that mortality due to CAP can be decreased. We, therefore, have placed the greatest emphasis on aspects of the guidelines that have been associated with decreases in mortality. For this reason, the document focuses mainly on management and minimizes discussions of such factors as pathophysiology, pathogenesis, mechanisms of antibiotic resistance, and virulence factors.

The committee recognizes that the majority of patients with CAP are cared for by primary care, hospitalist, and emergency medicine physicians [11], and these guidelines are, therefore, directed primarily at them. The committee consisted of infectious diseases, pulmonary, and critical care physicians with interest and expertise in pulmonary infections. The expertise of the committee and the extensive literature evaluation suggest that these guidelines are also an appropriate starting point for consultation by these types of physicians.

Although much of the literature cited originates in Europe, these guidelines are oriented toward the United States and Canada. Although the guidelines are generally applicable to other parts of the world, local antibiotic resistance patterns, drug availability, and variations in health care systems suggest that modification of these guidelines is prudent for local use.

**Methodology.** The process of guideline development started with the selection of committee cochairs by the presidents of the IDSA [12] and ATS [13], in consultation with other leaders in the respective societies. The committee cochairs were charged with selection of the rest of the committee. The IDSA members were those involved in the development of previous IDSA CAP guidelines [9], whereas ATS members were chosen in consultation with the leadership of the Mycobacteria Tuberculosis and Pulmonary Infection Assembly, with input from the chairs of the Clinical Pulmonary and Critical Care assemblies. Committee members were chosen to represent differing expertise and viewpoints on the various topics. One acknowledged weakness of this document is the lack of representation by primary care, hospitalist, and emergency medicine physicians.

The cochairs generated a general outline of the topics to be covered that was then circulated to committee members for input. A conference phone call was used to review topics and to discuss evidence grading and the general aims and expectations of the document. The topics were divided, and committee members were assigned by the cochairs and charged

with presentation of their topic at an initial face-to-face meeting, as well as with development of a preliminary document dealing with their topic. Controversial topics were assigned to 2 committee members, 1 from each society.

An initial face-to-face meeting of a majority of committee members involved presentations of the most controversial topics, including admission decisions, diagnostic strategies, and antibiotic therapy. Prolonged discussions followed each presentation, with consensus regarding the major issues achieved before moving to the next topic. With input from the rest of the committee, each presenter and committee member assigned to the less controversial topics prepared an initial draft of their section, including grading of the evidence. Iterative drafts of the statement were developed and distributed by e-mail for critique, followed by multiple revisions by the primary authors. A second face-to-face meeting was also held for discussion of the less controversial areas and further critique of the initial drafts. Once general agreement on the separate topics was obtained, the cochairs incorporated the separate documents into a single statement, with substantial editing for style and consistency. The document was then redistributed to committee members to review and update with new information from the literature up to June 2006. Recommended changes were reviewed by all committee members by e-mail and/or conference phone call and were incorporated into the final document by the cochairs.

This document was then submitted to the societies for approval. Each society independently selected reviewers, and changes recommended by the reviewers were discussed by the committee and incorporated into the final document. The guideline was then submitted to the IDSA Governing Council and the ATS Board of Directors for final approval.

**Grading of guideline recommendations.** Initially, the committee decided to grade only the strength of the evidence, using a 3-tier scale (table 1) used in a recent guideline from both societies [10]. In response to reviewers' comments and the maturation of the field of guideline development [14], a separate grading of the strength of the recommendations was added to the final draft. More extensive and validated criteria, such as GRADE [14], were impractical for use at this stage. The 3-tier scale similar to that used in other IDSA guideline documents [12] and familiar to many of the committee members was therefore chosen.

The strength of each recommendation was graded as "strong," "moderate," or "weak." Each committee member independently graded each recommendation on the basis of not only the evidence but also expert interpretation and clinical applicability. The final grading of each recommendation was a composite of the individual committee members' grades. For the final document, a strong recommendation required  $\geq 6$  (of

**Table 1. Levels of evidence.**

| Evidence level      | Definition                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level I (high)      | Evidence from well-conducted, randomized controlled trials.                                                                                                                                                                                                                                                                                                                   |
| Level II (moderate) | Evidence from well-designed, controlled trials without randomization (including cohort, patient series, and case-control studies). Level II studies also include any large case series in which systematic analysis of disease patterns and/or microbial etiology was conducted, as well as reports of data on new therapies that were not collected in a randomized fashion. |
| Level III (low)     | Evidence from case studies and expert opinion. In some instances, therapy recommendations come from antibiotic susceptibility data without clinical observations.                                                                                                                                                                                                             |

12) of the members to consider it to be strong and the majority of the others to grade it as moderate.

The implication of a strong recommendation is that most patients should receive that intervention. Significant variability in the management of patients with CAP is well documented. Some who use guidelines suggest that this variability itself is undesirable. Industrial models suggesting that variability per se is undesirable may not always be relevant to medicine [15]. Such models do not account for substantial variability among patients, nor do they account for variable end points, such as limitation of care in patients with end-stage underlying diseases who present with CAP. For this reason, the committee members feel strongly that 100% compliance with guidelines is not the desired goal. However, the rationale for variation from a strongly recommended guideline should be apparent from the medical record.

Conversely, moderate or weak recommendations suggest that, even if a majority would follow the recommended management, many practitioners may not. Deviation from guidelines may occur for a variety of reasons [16, 17]. One document cannot cover all of the variable settings, unique hosts, or epidemiologic patterns that may dictate alternative management strategies, and physician judgment should always supersede guidelines. This is borne out by the finding that deviation from guidelines is greatest in the treatment of patients with CAP admitted to the ICU [18]. In addition, few of the recommendations have level I evidence to support them, and most are, therefore, legitimate topics for future research. Subsequent publication of studies documenting that care that deviates from guidelines results in better outcomes will stimulate revision of the guidelines. The committee anticipates that this will occur, and, for this reason, both the ATS and IDSA leaderships have committed to the revision of these guidelines on a regular basis.

We recognize that these guidelines may be used as a measure of quality of care for hospitals and individual practitioners. Although these guidelines are evidence based, the committee strongly urges that deviations from them not necessarily be considered substandard care, unless they are accompanied by evidence for worse outcomes in a studied population.

## IMPLEMENTATION OF GUIDELINE RECOMMENDATIONS

1. Locally adapted guidelines should be implemented to improve process of care variables and relevant clinical outcomes. (Strong recommendation; level I evidence.)

Enthusiasm for developing this set of CAP guidelines derives, in large part, from evidence that previous CAP guidelines have led to improvement in clinically relevant outcomes [17, 19–21]. Protocol design varies among studies, and the preferable randomized, parallel group design has been used in only a small minority. Confirmatory studies that use randomized, parallel groups with precisely defined treatments are still needed, but a consistent pattern of benefit is found in the other types of level I studies.

**Documented benefits.** Published protocols have varied in primary focus and comprehensiveness, and the corresponding benefits vary from one study to another. However, the most impressive aspect of this literature is the consistently beneficial effect seen in some clinically relevant parameter after the introduction of a protocol that increases compliance with published guidelines.

A decrease in mortality with the introduction of guideline-based protocols was found in several studies [19, 21]. A 5-year study of 28,700 patients with pneumonia who were admitted during implementation of a pneumonia guideline demonstrated that the crude 30-day mortality rate was 3.2% lower with the guideline (adjusted OR, 0.69; 95% CI, 0.49–0.97) [19], compared with that among patients treated concurrently by nonaffiliated physicians. After implementation of a practice guideline at one Spanish hospital [21], the survival rate at 30 days was higher (OR, 2.14; 95% CI, 1.23–3.72) than at baseline and in comparison with 4 other hospitals without overt protocols. Lower mortality was seen in other studies, although the differences were not statistically significant [22, 23]. Studies that documented lower mortality emphasized increasing the number of patients receiving guideline-recommended antibiotics, confirming results of the multivariate analysis of a retrospective review [24].

When the focus of a guideline was hospitalization, the number of less ill patients admitted to the hospital was consistently found to be lower. Using admission decision support, a prospective study of >1700 emergency department (ED) visits in

19 hospitals randomized between pathway and “conventional” management found that admission rates among low-risk patients at pathway hospitals decreased (from 49% to 31% of patients in Pneumonia Severity Index [PSI] classes I–III;  $P < .01$ ) without differences in patient satisfaction scores or rate of readmission [20]. Calculating the PSI score and assigning the risk class, providing oral clarithromycin, and home nursing follow-up significantly ( $P = .01$ ) decreased the number of low-mortality-risk admissions [25]. However, patient satisfaction among outpatients was lower after implementation of this guideline, despite survey data that suggested most patients would prefer outpatient treatment [26]. Of patients discharged from the ED, 9% required hospitalization within 30 days, although another study showed lower readmission rates with the use of a protocol [23]. Admission decision support derived from the 1993 ATS guideline [5] recommendations, combined with outpatient antibiotic recommendations, reduced the CAP hospitalization rate from 13.6% to 6.4% [23], and admission rates for other diagnoses were unchanged. Not surprisingly, the resultant overall cost of care decreased by half ( $P = .01$ ).

Protocols using guidelines to decrease the duration of hospitalization have also been successful. Guideline implementation in 31 Connecticut hospitals decreased the mean length of hospital stay (LOS) from 7 to 5 days ( $P < .001$ ) [27]. An ED-based protocol decreased the mean LOS from 9.7 to 6.4 days ( $P < .0001$ ), with the benefits of guideline implementation maintained 3 years after the initial study [22]. A 7-site trial, randomized by physician group, of guideline alone versus the same guideline with a multifaceted implementation strategy found that addition of an implementation strategy was associated with decreased duration of intravenous antibiotic therapy and LOS, although neither decrease was statistically significant [28]. Several other studies used guidelines to significantly shorten the LOS, by an average of >1.5 days [20, 21].

Markers of process of care can also change with the use of a protocol. The time to first antibiotic dose has been effectively decreased with CAP protocols [22, 27, 29]. A randomized, parallel group study introduced a pneumonia guideline in 20 of 36 small Oklahoma hospitals [29], with the identical protocol implemented in the remaining hospitals in a second phase. Serial measurement of key process measures showed significant improvement in time to first antibiotic dose and other variables, first in the initial 20 hospitals and later in the remaining 16 hospitals. Implementing a guideline in the ED halved the time to initial antibiotic dose [22].

2. CAP guidelines should address a comprehensive set of elements in the process of care rather than a single element in isolation. (Strong recommendation; level III evidence.)

Common to all of the studies documented above, a com-

**Table 2. Elements important for local community-acquired pneumonia guidelines.**

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|                                                                                 |
|---------------------------------------------------------------------------------|
| All patients                                                                    |
| Initiation of antibiotic therapy at site of diagnosis for hospitalized patients |
| Antibiotic selection                                                            |
| Empirical                                                                       |
| Specific                                                                        |
| Admission decision support                                                      |
| Assessment of oxygenation                                                       |
| Intensive care unit admission support                                           |
| Smoking cessation                                                               |
| Influenza and pneumococcal vaccine administration                               |
| Follow-up evaluation                                                            |
| Inpatients only                                                                 |
| Diagnostic studies                                                              |
| Timing                                                                          |
| Types of studies                                                                |
| Prophylaxis against thromboembolic disease                                      |
| Early mobilization                                                              |
| Thoracentesis for patients with significant parapneumonic effusions             |
| Discharge decision support                                                      |
| Patient education                                                               |

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prehensive protocol was developed and implemented, rather than one addressing a single aspect of CAP care. No study has documented that simply changing 1 metric, such as time to first antibiotic dose, is associated with a decrease in mortality. Elements important in CAP guidelines are listed in table 2. Of these, rapid and appropriate empirical antibiotic therapy is consistently associated with improved outcome. We have also included elements of good care for general medical inpatients, such as early mobilization [30] and prophylaxis against thromboembolic disease [31]. Although local guidelines need not include all elements, a logical constellation of elements should be addressed.

3. Development of local CAP guidelines should be directed toward improvement in specific and clinically relevant outcomes. (Moderate recommendation; level III evidence.)

In instituting CAP protocol guidelines, the outcomes most relevant to the individual center or medical system should be addressed first. Unless a desire to change clinically relevant outcomes exists, adherence to guidelines will be low, and institutional resources committed to implement the guideline are likely to be insufficient. Guidelines for the treatment of pneumonia must use approaches that differ from current practice and must be successfully implemented before process of care and outcomes can change. For example, Rhew et al. [32] designed a guideline to decrease LOS that was unlikely to change

care, because the recommended median LOS was longer than the existing LOS for CAP at the study hospitals. The difficulty in implementing guidelines and changing physician behavior has also been documented [28, 33].

Clinically relevant outcome parameters should be evaluated to measure the effect of the local guideline. Outcome parameters that can be used to measure the effect of implementation of a CAP guideline within an organization are listed in table 3. Just as it is important not to focus on one aspect of care, studying more than one outcome is also important. Improvements in one area may be offset by worsening in a related area; for example, decreasing admission of low-acuity patients might increase the number of return visits to the ED or hospital readmissions [25].

### SITE-OF-CARE DECISIONS

Almost all of the major decisions regarding management of CAP, including diagnostic and treatment issues, revolve around the initial assessment of severity. We have, therefore, organized the guidelines to address this issue first.

**Hospital admission decision.** The initial management decision after diagnosis is to determine the site of care—outpatient, hospitalization in a medical ward, or admission to an ICU. The decision to admit the patient is the most costly issue in the management of CAP, because the cost of inpatient care for pneumonia is up to 25 times greater than that of outpatient care [34] and consumes the majority of the estimated \$8.4–\$10 billion spent yearly on treatment.

Other reasons for avoiding unnecessary admissions are that patients at low risk for death who are treated in the outpatient setting are able to resume normal activity sooner than those who are hospitalized, and 80% are reported to prefer outpatient therapy [26, 35]. Hospitalization also increases the risk of

**Table 3. Clinically relevant outcome parameters in community-acquired pneumonia.**

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|                                                                        |
|------------------------------------------------------------------------|
| Mortality                                                              |
| Rate of hospital admission                                             |
| Rate of intensive care unit admission                                  |
| Delayed transfer to the intensive care unit                            |
| Treatment failure                                                      |
| Drug toxicity and adverse effects                                      |
| Antibiotic resistance in common pathogens                              |
| Length of stay                                                         |
| Thirty-day readmission rate                                            |
| Unscheduled return to emergency department or primary physician office |
| Return to work/school/normal activities                                |
| Patient satisfaction                                                   |
| Cost of care                                                           |

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thromboembolic events and superinfection by more-virulent or resistant hospital bacteria [36].

4. Severity-of-illness scores, such as the CURB-65 criteria (confusion, uremia, respiratory rate, low blood pressure, age  $\geq 65$  years or greater), or prognostic models, such as the PSI, can be used to identify patients with CAP who may be candidates for outpatient treatment. (Strong recommendation; level I evidence.)

Significant variation in admission rates among hospitals and among individual physicians is well documented. Physicians often overestimate severity and hospitalize a significant number of patients at low risk for death [20, 37, 38]. Because of these issues, interest in objective site-of-care criteria has led to attempts by a number of groups to develop such criteria [39–48]. The relative merits and limitations of various proposed criteria have been carefully evaluated [49]. The 2 most interesting are the PSI [42] and the British Thoracic Society (BTS) criteria [39, 45].

The PSI is based on derivation and validation cohorts of 14,199 and 38,039 hospitalized patients with CAP, respectively, plus an additional 2287 combined inpatients and outpatients [42]. The PSI stratifies patients into 5 mortality risk classes, and its ability to predict mortality has been confirmed in multiple subsequent studies. On the basis of associated mortality rates, it has been suggested that risk class I and II patients should be treated as outpatients, risk class III patients should be treated in an observation unit or with a short hospitalization, and risk class IV and V patients should be treated as inpatients [42].

Yealy et al. [50] conducted a cluster-randomized trial of low-, moderate-, and high-intensity processes of guideline implementation in 32 EDs in the United States. Their guideline used the PSI for admission decision support and included recommendations for antibiotic therapy, timing of first antibiotic dose, measurement of oxygen saturation, and blood cultures for admitted patients. EDs with moderate- to high-intensity guideline implementation demonstrated more outpatient treatment of low-risk patients and higher compliance with antibiotic recommendations. No differences were found in mortality rate, rate of hospitalization, median time to return to work or usual activities, or patient satisfaction. This study differs from those reporting a mortality rate difference [19, 21] in that many hospitalized patients with pneumonia were not included. In addition, EDs with low-intensity guideline implementation formed the comparison group, rather than EDs practicing non-guideline, usual pneumonia care.

The BTS original criteria of 1987 have subsequently been modified [39, 51]. In the initial study, risk of death was increased 21-fold if a patient, at the time of admission, had at

least 2 of the following 3 conditions: tachypnea, diastolic hypotension, and an elevated blood urea nitrogen (BUN) level. These criteria appear to function well except among patients with underlying renal insufficiency and among elderly patients [52, 53].

The most recent modification of the BTS criteria includes 5 easily measurable factors [45]. Multivariate analysis of 1068 patients identified the following factors as indicators of increased mortality: confusion (based on a specific mental test or disorientation to person, place, or time), BUN level  $>7$  mmol/L (20 mg/dL), respiratory rate  $\geq 30$  breaths/min, low blood pressure (systolic,  $<90$  mm Hg; or diastolic,  $\leq 60$  mm Hg), and age  $\geq 65$  years; this gave rise to the acronym CURB-65. In the derivation and validation cohorts, the 30-day mortality among patients with 0, 1, or 2 factors was 0.7%, 2.1%, and 9.2%, respectively. Mortality was higher when 3, 4, or 5 factors were present and was reported as 14.5%, 40%, and 57%, respectively. The authors suggested that patients with a CURB-65 score of 0–1 be treated as outpatients, that those with a score of 2 be admitted to the wards, and that patients with a score of  $\geq 3$  often required ICU care. A simplified version (CRB-65), which does not require testing for BUN level, may be appropriate for decision making in a primary care practitioner's office [54].

The use of objective admission criteria clearly can decrease the number of patients hospitalized with CAP [20, 23, 25, 55]. Whether the PSI or the CURB-65 score is superior is unclear, because no randomized trials of alternative admission criteria exist. When compared in the same population, the PSI classified a slightly larger percentage of patients with CAP in the low-risk categories, compared with the CURB or CURB-65 criteria, while remaining associated with a similar low mortality rate among patients categorized as low risk [56]. Several factors are important in this comparison. The PSI includes 20 different variables and, therefore, relies on the availability of scoring sheets, limiting its practicality in a busy ED [55]. In contrast, the CURB-65 criteria are easily remembered. However, CURB-65 has not been as extensively studied as the PSI, especially with prospective validation in other patient populations (e.g., the indigent inner-city population), and has not been specifically studied as a means of reducing hospital admission rates. In EDs with sufficient decision support resources (either human or computerized), the benefit of greater experience with the PSI score may favor its use for screening patients who may be candidates for outpatient management [50, 57–59].

5. Objective criteria or scores should always be supplemented with physician determination of subjective factors, including the ability to safely and reliably take oral medication and the availability of outpatient support resources. (Strong recommendation; level II evidence.)

Studies show that certain patients with low PSI or CURB-65 scores [20, 60, 61] require hospital admission, even to the ICU [49, 62, 63]. Both scores depend on certain assumptions. One is that the main rationale for admission of a patient with CAP is risk of death. This assumption is clearly not valid in all cases. Another is that the laboratory and vital signs used for scoring are stable over time rather than indicative of transient abnormalities. This is also not true in all cases. Therefore, dynamic assessment over several hours of observation may be more accurate than a score derived at a single point in time. Although advantageous to making decisions regarding hospital admission, sole reliance on a score for the hospital admission decision is unsafe.

Reasons for the admission of low-mortality-risk patients fall into 4 categories: (1) complications of the pneumonia itself, (2) exacerbation of underlying diseases(s), (3) inability to reliably take oral medications or receive outpatient care, and/or (4) multiple risk factors falling just above or below thresholds for the score [62]. Use of the PSI score in clinical trials has demonstrated some of its limitations, which may be equally applicable to other scoring techniques. A modification of the original PSI score was needed when it was applied to the admission decision. An arterial saturation of  $<90\%$  or an arterial oxygen pressure ( $\text{PaO}_2$ ) of  $<60$  mm Hg as a complication of the pneumonia, was added as a sole indicator for admission for patients in risk classes I–III as an added “margin of safety” in one trial [42]. In addition to patients who required hospital admission because of hypoxemia, a subsequent study identified patients in low PSI risk classes (I–III) who needed hospital admission because of shock, decompensated coexisting illnesses, pleural effusion, inability to maintain oral intake, social problems (the patient was dependent or no caregiver was available), and lack of response to previous adequate empirical antibiotic therapy [64]. Of 178 patients in low PSI risk classes who were treated as inpatients, 106 (60%) presented with at least 1 of these factors. Other medical or psychosocial needs requiring hospital care include intractable vomiting, injection drug abuse, severe psychiatric illness, homelessness, poor overall functional status [65], and cognitive dysfunction [61, 66].

The PSI score is based on a history of diseases that increase risk of death, whereas the CURB-65 score does not directly address underlying disease. However, pneumonia may exacerbate an underlying disease, such as obstructive lung disease, congestive heart failure, or diabetes mellitus, which, by themselves, may require hospital admission [60, 67]. Atlas et al. [25] were able to reduce hospital admissions among patients in PSI risk classes I–III from 58% in a retrospective control group to 43% in a PSI-based intervention group. Ten of 94 patients in the latter group (compared with 0 patients in the control population) were subsequently admitted, several for reasons unrelated to their pneumonia. Also, the presence of rare illnesses,

such as neuromuscular or sickle cell disease, may require hospitalization but not affect the PSI score.

The necessary reliance on dichotomous predictor variables (abnormal vs. normal) in most criteria and the heavy reliance on age as a surrogate in the PSI score may oversimplify their use for admission decisions. For example, a previously healthy 25-year-old patient with severe hypotension and tachycardia and no additional pertinent prognostic factors would be placed in risk class II, whereas a 70-year-old man with a history of localized prostate cancer diagnosed 10 months earlier and no other problems would be placed in risk class IV [42]. Finally, patient satisfaction was lower among patients treated outside the hospital in one study with a PSI-based intervention group [25], suggesting that the savings resulting from use of the PSI may be overestimated and that physicians should consider additional factors not measured by the PSI.

6. For patients with CURB-65 scores  $\geq 2$ , more-intensive treatment—that is, hospitalization or, where appropriate and available, intensive in-home health care services—is usually warranted. (Moderate recommendation; level III evidence.)

Although the PSI and CURB-65 criteria are valuable aids in avoiding inappropriate admissions of low-mortality-risk patients, another important role of these criteria may be to help identify patients at high risk who would benefit from hospitalization. The committee preferred the CURB-65 criteria because of ease of use and because they were designed to measure illness severity more than the likelihood of mortality. Patients with a CURB-65 score  $\geq 2$  are not only at increased risk of death but also are likely to have clinically important physiologic derangements requiring active intervention. These patients should usually be considered for hospitalization or for aggressive in-home care, where available. In a cohort of  $\sim 3000$  patients, the mortality with a CURB-65 score of 0 was only 1.2%, whereas 3–4 points were associated with 31% mortality [45].

Because the PSI score is not based as directly on severity of illness as are the CURB-65 criteria, a threshold for patients who would require hospital admission or intensive outpatient treatment is harder to define. The higher the score, the greater the need for hospitalization. However, even a patient who meets criteria for risk class V on the basis of very old age and multiple stable chronic illnesses may be successfully managed as an outpatient [23].

#### *ICU admission decision.*

7. Direct admission to an ICU is required for patients with septic shock requiring vasopressors or with acute respiratory failure requiring intubation and mechanical ventilation. (Strong recommendation; level II evidence.)

8. Direct admission to an ICU or high-level monitoring unit is recommended for patients with 3 of the minor criteria for severe CAP listed in table 4. (Moderate recommendation; level II evidence.)

The second-level admission decision is whether to place the patient in the ICU or a high-level monitoring unit rather than on a general medical floor. Approximately 10% of hospitalized patients with CAP require ICU admission [68–70], but the indications vary strikingly among patients, physicians, hospitals, and different health care systems. Some of the variability among institutions results from the availability of high-level monitoring or intermediate care units appropriate for patients at increased risk of complications. Because respiratory failure is the major reason for delayed transfer to the ICU, simple cardiac monitoring units would not meet the criteria for a high-level monitoring unit for patients with severe CAP. One of the most important determinants of the need for ICU care is the presence of chronic comorbid conditions [68–72]. However, approximately one-third of patients with severe CAP were previously healthy [73].

The rationale for specifically defining severe CAP is 4-fold:

- Appropriate placement of patients optimizes use of limited ICU resources.
- Transfer to the ICU for delayed respiratory failure or delayed onset of septic shock is associated with increased mortality [74]. Although low-acuity ICU admissions do occur, the major concern is initial admission to the general medical unit, with subsequent transfer to the ICU. As many as 45% of patients with CAP who ultimately require ICU admission were initially admitted to a non-ICU setting [75]. Many delayed transfers to the ICU represent rapidly progressive pneumonia that is not obvious on admission. However, some have subtle findings, including those included in the minor criteria in table 4, which might warrant direct admission to the ICU.
- The distribution of microbial etiologies differs from that of CAP in general [76–79], with significant implications for diagnostic testing and empirical antibiotic choices. Avoidance of inappropriate antibiotic therapy has also been associated with lower mortality [80, 81].
- Patients with CAP appropriate for immunomodulatory treatment must be identified. The systemic inflammatory response/severe sepsis criteria typically used for generic sepsis trials may not be adequate when applied specifically to severe CAP [82]. For example, patients with unilateral lobar pneumonia may have hypoxemia severe enough to meet criteria for acute lung injury but not have a systemic response.

Several criteria have been proposed to define severe CAP. Most case series have defined it simply as CAP that necessitates ICU admission. Objective criteria to identify patients for ICU

**Table 4. Criteria for severe community-acquired pneumonia.**

|                                                                      |
|----------------------------------------------------------------------|
| Minor criteria <sup>a</sup>                                          |
| Respiratory rate <sup>b</sup> $\geq 30$ breaths/min                  |
| PaO <sub>2</sub> /FiO <sub>2</sub> ratio <sup>b</sup> $\leq 250$     |
| Multilobar infiltrates                                               |
| Confusion/disorientation                                             |
| Uremia (BUN level, $\geq 20$ mg/dL)                                  |
| Leukopenia <sup>c</sup> (WBC count, $<4000$ cells/mm <sup>3</sup> )  |
| Thrombocytopenia (platelet count, $<100,000$ cells/mm <sup>3</sup> ) |
| Hypothermia (core temperature, $<36^\circ\text{C}$ )                 |
| Hypotension requiring aggressive fluid resuscitation                 |
| Major criteria                                                       |
| Invasive mechanical ventilation                                      |
| Septic shock with the need for vasopressors                          |

**NOTE.** BUN, blood urea nitrogen; PaO<sub>2</sub>/FiO<sub>2</sub>, arterial oxygen pressure/fraction of inspired oxygen; WBC, white blood cell.

<sup>a</sup> Other criteria to consider include hypoglycemia (in nondiabetic patients), acute alcoholism/alcoholic withdrawal, hyponatremia, unexplained metabolic acidosis or elevated lactate level, cirrhosis, and asplenia.

<sup>b</sup> A need for noninvasive ventilation can substitute for a respiratory rate  $>30$  breaths/min or a PaO<sub>2</sub>/FiO<sub>2</sub> ratio  $<250$ .

<sup>c</sup> As a result of infection alone.

admission include the initial ATS definition of severe CAP [5] and its subsequent modification [6, 82], the CURB criteria [39, 45], and PSI severity class V (or IV and V) [42]. However, none of these criteria has been prospectively validated for the ICU admission decision. Recently, these criteria were retrospectively evaluated in a cohort of patients with CAP admitted to the ICU [63]. All were found to be both overly sensitive and nonspecific in comparison with the original clinical decision to admit to the ICU. Revisions of the criteria or alternative criteria were, therefore, recommended.

For the revised criteria, the structure of the modified ATS criteria for severe CAP was retained [6]. The 2 major criteria—mechanical ventilation with endotracheal intubation and septic shock requiring vasopressors—are absolute indications for admission to an ICU.

In contrast, the need for ICU admission is less straightforward for patients who do not meet the major criteria. On the basis of the published operating characteristics of the criteria, no single set of minor criteria is adequate to define severe CAP. Both the ATS minor criteria [75] and the CURB criteria [45] have validity when predicting which patients will be at increased risk of death. Therefore, the ATS minor criteria and the CURB variables were included in the new proposed minor criteria (table 4). Age, by itself, was not felt to be an appropriate factor for the ICU admission decision, but the remainder of the CURB-65 criteria [45] were retained as minor criteria (with the exception of hypotension requiring vasopressors as a major criterion). Rather than the complex criteria for confusion in the original CURB studies, the definition of confusion should be new-onset disorientation to person, place, or time.

Three additional minor criteria were added. Leukopenia (white blood cell count,  $<4000$  cells/mm<sup>3</sup>) resulting from CAP has consistently been associated with excess mortality, as well as with an increased risk of complications such as acute respiratory distress syndrome (ARDS) [77, 79, 83–87]. In addition, leukopenia is seen not only in bacteremic pneumococcal disease but also in gram-negative CAP [88, 89]. When leukopenia occurs in patients with a history of alcohol abuse, the adverse manifestations of septic shock and ARDS may be delayed or masked. Therefore, these patients were thought to benefit from ICU monitoring. The coagulation system is often activated in CAP, and development of thrombocytopenia (platelet count,  $<100,000$  cells/mm<sup>3</sup>) is also associated with a worse prognosis [86, 90–92]. Nonexposure hypothermia (core temperature,  $<36^{\circ}\text{C}$ ) also carries an ominous prognosis in CAP [83, 93]. The committee felt that there was sufficient justification for including these additional factors as minor criteria.

Other factors associated with increased mortality due to CAP were also considered, including acute alcohol ingestion and delirium tremens [79, 85, 94], hypoglycemia and hyperglycemia, occult metabolic acidosis or elevated lactate levels [91], and hyponatremia [95]. However, many of these criteria overlap with those selected. Future studies validating the proposed criteria should record these factors as well, to determine whether addition or substitution improves the predictive value of our proposed criteria.

With the addition of more minor criteria, the threshold for ICU admission was felt to be the presence of at least 3 minor criteria, based on the mortality association with the CURB criteria. Selecting 2 criteria appears to be too nonspecific, as is demonstrated by the initial ATS criteria [5]. Whether each of the criteria is of equal weight is also not clear. Therefore, prospective validation of this set of criteria is clearly needed.

## DIAGNOSTIC TESTING

9. In addition to a constellation of suggestive clinical features, a demonstrable infiltrate by chest radiograph or other imaging technique, with or without supporting microbiological data, is required for the diagnosis of pneumonia. (Moderate recommendation; level III evidence.)

The diagnosis of CAP is based on the presence of select clinical features (e.g., cough, fever, sputum production, and pleuritic chest pain) and is supported by imaging of the lung, usually by chest radiography. Physical examination to detect rales or bronchial breath sounds is an important component of the evaluation but is less sensitive and specific than chest radiographs [96]. Both clinical features and physical exam findings may be lacking or altered in elderly patients. All patients should be screened by pulse oximetry, which may suggest both

the presence of pneumonia in patients without obvious signs of pneumonia and unsuspected hypoxemia in patients with diagnosed pneumonia [42, 97, 98].

A chest radiograph is required for the routine evaluation of patients who are likely to have pneumonia, to establish the diagnosis and to aid in differentiating CAP from other common causes of cough and fever, such as acute bronchitis. Chest radiographs are sometimes useful for suggesting the etiologic agent, prognosis, alternative diagnoses, and associated conditions. Rarely, the admission chest radiograph is clear, but the patient's toxic appearance suggests more than bronchitis. CT scans may be more sensitive, but the clinical significance of these findings when findings of radiography are negative is unclear [99]. For patients who are hospitalized for suspected pneumonia but who have negative chest radiography findings, it may be reasonable to treat their condition presumptively with antibiotics and repeat the imaging in 24–48 h.

Microbiological studies may support the diagnosis of pneumonia due to an infectious agent, but routine tests are frequently falsely negative and are often nonspecific. A history of recent travel or endemic exposure, if routinely sought, may identify specific potential etiologies that would otherwise be unexpected as a cause of CAP (see table 8) [100].

## Recommended Diagnostic Tests for Etiology

10. Patients with CAP should be investigated for specific pathogens that would significantly alter standard (empirical) management decisions, when the presence of such pathogens is suspected on the basis of clinical and epidemiologic clues. (Strong recommendation; level II evidence.)

The need for diagnostic testing to determine the etiology of CAP can be justified from several perspectives. The primary reason for such testing is if results will change the antibiotic management for an individual patient. The spectrum of antibiotic therapy can be broadened, narrowed, or completely altered on the basis of diagnostic testing. The alteration in therapy that is potentially most beneficial to the individual is an escalation or switch of the usual empirical regimen because of unusual pathogens (e.g., endemic fungi or *Mycobacterium tuberculosis*) or antibiotic resistance issues. Broad empirical coverage, such as that recommended in these guidelines, would not provide the optimal treatment for certain infections, such as psittacosis or tularemia. Increased mortality [80] and increased risk of clinical failure [81, 101] are more common with inappropriate antibiotic therapy. Management of initial antibiotic failure is greatly facilitated by an etiologic diagnosis at admission. De-escalation or narrowing of antibiotic therapy on the basis of diagnostic testing is less likely to decrease an in-

**Table 5. Clinical indications for more extensive diagnostic testing.**

| Indication                                 | Blood culture | Sputum culture | <i>Legionella</i> UAT | Pneumococcal UAT | Other          |
|--------------------------------------------|---------------|----------------|-----------------------|------------------|----------------|
| Intensive care unit admission              | X             | X              | X                     | X                | X <sup>a</sup> |
| Failure of outpatient antibiotic therapy   |               | X              | X                     | X                |                |
| Cavitary infiltrates                       | X             | X              |                       |                  | X <sup>b</sup> |
| Leukopenia                                 | X             |                |                       | X                |                |
| Active alcohol abuse                       | X             | X              | X                     | X                |                |
| Chronic severe liver disease               | X             |                |                       | X                |                |
| Severe obstructive/structural lung disease |               | X              |                       |                  |                |
| Asplenia (anatomic or functional)          | X             |                |                       | X                |                |
| Recent travel (within past 2 weeks)        |               |                | X                     |                  | X <sup>c</sup> |
| Positive <i>Legionella</i> UAT result      |               | X <sup>d</sup> | NA                    |                  |                |
| Positive pneumococcal UAT result           | X             | X              |                       | NA               |                |
| Pleural effusion                           | X             | X              | X                     | X                | X <sup>e</sup> |

**NOTE.** NA, not applicable; UAT, urinary antigen test.

<sup>a</sup> Endotracheal aspirate if intubated, possibly bronchoscopy or nonbronchoscopic bronchoalveolar lavage.

<sup>b</sup> Fungal and tuberculosis cultures.

<sup>c</sup> See table 8 for details.

<sup>d</sup> Special media for *Legionella*.

<sup>e</sup> Thoracentesis and pleural fluid cultures.

dividual's risk of death but may decrease cost, drug adverse effects, and antibiotic resistance pressure.

Some etiologic diagnoses have important epidemiologic implications, such as documentation of severe acute respiratory syndrome (SARS), influenza, legionnaires disease, or agents of bioterrorism. Diagnostic testing for these infections may affect not only the individual but also many other people. Although pneumonia etiologies that should be reported to public health officials vary by state, in general, most states' health regulations require reporting of legionnaires disease, SARS, psittacosis, avian influenza (H5N1), and possible agents of bioterrorism (plague, tularemia, and anthrax). In addition, specific diagnostic testing and reporting are important for pneumonia cases of any etiology thought to be part of a cluster or caused by pathogens not endemic to the area.

There are also societal reasons for encouraging diagnostic testing. The antibiotic recommendations in the present guidelines are based on culture results and sensitivity patterns from patients with positive etiologic diagnoses [102]. Without the accumulated information available from these culture results, trends in antibiotic resistance are more difficult to track, and empirical antibiotic recommendations are less likely to be accurate.

The main downside of extensive diagnostic testing of all patients with CAP is cost, which is driven by the poor quality of most sputum microbiological samples and the low yield of positive culture results in many groups of patients with CAP. A clear need for improved diagnostic testing in CAP, most likely using molecular methodology rather than culture, has been recognized by the National Institutes of Health [103].

The cost-benefit ratio is even worse when antibiotic therapy

is not streamlined when possible [104, 105] or when inappropriate escalation occurs [95]. In clinical practice, narrowing of antibiotic therapy is, unfortunately, unusual, but the committee strongly recommends this as best medical practice. The possibility of polymicrobial CAP and the potential benefit of combination therapy for bacteremic pneumococcal pneumonia have complicated the decision to narrow antibiotic therapy. Delays in starting antibiotic therapy that result from the need to obtain specimens, complications of invasive diagnostic procedures, and unneeded antibiotic changes and additional testing for false-positive tests are also important considerations.

The general recommendation of the committee is to strongly encourage diagnostic testing whenever the result is likely to change individual antibiotic management. For other patients with CAP, the recommendations for diagnostic testing focus on patients in whom the diagnostic yield is thought to be greatest. These 2 priorities often overlap. Recommendations for patients in whom routine diagnostic testing is indicated for the above reasons are listed in table 5. Because of the emphasis on clinical relevance, a variety of diagnostic tests that may be accurate but the results of which are not available in a time window to allow clinical decisions are neither recommended nor discussed.

11. Routine diagnostic tests to identify an etiologic diagnosis are optional for outpatients with CAP. (Moderate recommendation; level III evidence.)

Retrospective studies of outpatient CAP management usually show that diagnostic tests to define an etiologic pathogen are infrequently performed, yet most patients do well with empir-

ical antibiotic treatment [42, 106]. Exceptions to this general rule may apply to some pathogens important for epidemiologic reasons or management decisions. The availability of rapid point-of-care diagnostic tests, specific treatment and chemoprevention, and epidemiologic importance make influenza testing the most logical. Influenza is often suspected on the basis of typical symptoms during the proper season in the presence of an epidemic. However, respiratory syncytial virus (RSV) can cause a similar syndrome and often occurs in the same clinical scenario [107]. Rapid diagnostic tests may be indicated when the diagnosis is uncertain and when distinguishing influenza A from influenza B is important for therapeutic decisions.

Other infections that are important to verify with diagnostic studies because of epidemiologic implications or because they require unique therapeutic intervention are SARS and avian (H5N1) influenza, disease caused by agents of bioterrorism, *Legionella* infection, community-acquired MRSA (CA-MRSA) infection, *M. tuberculosis* infection, or endemic fungal infection. Attempts to establish an etiologic diagnosis are also appropriate in selected cases associated with outbreaks, specific risk factors, or atypical presentations.

12. Pretreatment blood samples for culture and an expectorated sputum sample for stain and culture (in patients with a productive cough) should be obtained from hospitalized patients with the clinical indications listed in table 5 but are optional for patients without these conditions. (Moderate recommendation; level I evidence.)
13. Pretreatment Gram stain and culture of expectorated sputum should be performed only if a good-quality specimen can be obtained and quality performance measures for collection, transport, and processing of samples can be met. (Moderate recommendation; level II evidence.)
14. Patients with severe CAP, as defined above, should at least have blood samples drawn for culture, urinary antigen tests for *Legionella pneumophila* and *S. pneumoniae* performed, and expectorated sputum samples collected for culture. For intubated patients, an endotracheal aspirate sample should be obtained. (Moderate recommendation; level II evidence.)

The only randomized controlled trial of diagnostic strategy in CAP has demonstrated no statistically significant differences in mortality rate or LOS between patients receiving pathogen-directed therapy and patients receiving empirical therapy [108]. However, pathogen-directed therapy was associated with lower mortality among the small number of patients admitted to the ICU. The study was performed in a country with a low incidence of antibiotic resistance, which may limit its applicability to areas with higher levels of resistance. Adverse effects were significantly more common in the empirical therapy group but

may have been unique to the specific antibiotic choice (erythromycin).

The lack of benefit overall in this trial should not be interpreted as a lack of benefit for an individual patient. Therefore, performing diagnostic tests is never incorrect or a breach of the standard of care. However, information from cohort and observational studies may be used to define patient groups in which the diagnostic yield is increased. Patient groups in which routine diagnostic testing is indicated and the recommended tests are listed in table 5.

**Blood cultures.** Pretreatment blood cultures yielded positive results for a probable pathogen in 5%–14% in large series of nonselected patients hospitalized with CAP [104, 105, 109–111]. The yield of blood cultures is, therefore, relatively low (although it is similar to yields in other serious infections), and, when management decisions are analyzed, the impact of positive blood cultures is minor [104, 105]. The most common blood culture isolate in all CAP studies is *S. pneumoniae*. Because this bacterial organism is always considered to be the most likely pathogen, positive blood culture results have not clearly led to better outcomes or improvements in antibiotic selection [105, 112]. False-positive blood culture results are associated with prolonged hospital stay, possibly related to changes in management based on preliminary results showing gram-positive cocci, which eventually prove to be coagulase-negative staphylococci [95, 109]. In addition, false-positive blood culture results have led to significantly more vancomycin use [95].

For these reasons, blood cultures are optional for all hospitalized patients with CAP but should be performed selectively (table 5). The yield for positive blood culture results is halved by prior antibiotic therapy [95]. Therefore, when performed, samples for blood culture should be obtained before antibiotic administration. However, when multiple risk factors for bacteremia are present, blood culture results after initiation of antibiotic therapy are still positive in up to 15% of cases [95] and are, therefore, still warranted in these cases, despite the lower yield.

The strongest indication for blood cultures is severe CAP. Patients with severe CAP are more likely to be infected with pathogens other than *S. pneumoniae*, including *S. aureus*, *P. aeruginosa*, and other gram-negative bacilli [77–80, 95, 113, 114]. Many of the factors predictive of positive blood culture results [95] overlap with risk factors for severe CAP (table 4). Therefore, blood cultures are recommended for all patients with severe CAP because of the higher yield, the greater possibility of the presence of pathogens not covered by the usual empirical antibiotic therapy, and the increased potential to affect antibiotic management.

Blood cultures are also indicated when patients have a host defect in the ability to clear bacteremia—for example, as a result

of asplenia or complement deficiencies. Patients with chronic liver disease also are more likely to have bacteremia with CAP [95]. Leukopenia is also associated with a high incidence of bacteremia [79, 95].

**Respiratory tract specimen Gram stain and culture.** The yield of sputum bacterial cultures is variable and strongly influenced by the quality of the entire process, including specimen collection, transport, rapid processing, satisfactory use of cytologic criteria, absence of prior antibiotic therapy, and skill in interpretation. The yield of *S. pneumoniae*, for example, is only 40%–50% from sputum cultures from patients with bacteremic pneumococcal pneumonia in studies performed a few decades ago [115, 116]. A more recent study of 100 cases of bacteremic pneumococcal pneumonia found that sputum specimens were not submitted in 31% of cases and were judged as inadequate in another 16% of cases [117]. When patients receiving antibiotics for >24 h were excluded, Gram stain showed pneumococci in 63% of sputum specimens, and culture results were positive in 86%. For patients who had received no antibiotics, the Gram stain was read as being consistent with pneumococci in 80% of cases, and sputum culture results were positive in 93%.

Although there are favorable reports of the utility of Gram stain [118], a meta-analysis showed a low yield, considering the number of patients with adequate specimens and definitive results [119]. Recent data show that an adequate specimen with a predominant morphotype on Gram stain was found in only 14% of 1669 hospitalized patients with CAP [120]. Higher PSI scores did not predict higher yield. However, a positive Gram stain was highly predictive of a subsequent positive culture result.

The benefit of a sputum Gram stain is, therefore, 2-fold. First, it broadens initial empirical coverage for less common etiologies, such as infection with *S. aureus* or gram-negative organisms. This indication is probably the most important, because it will lead to less inappropriate antibiotic therapy. Second, it can validate the subsequent sputum culture results.

Forty percent or more of patients are unable to produce any sputum or to produce sputum in a timely manner [108, 120]. The yield of cultures is substantially higher with endotracheal aspirates, bronchoscopic sampling, or transthoracic needle aspirates [120–126], although specimens obtained after initiation of antibiotic therapy are unreliable and must be interpreted carefully [120, 127, 128]. Interpretation is improved with quantitative cultures of respiratory secretions from any source (sputum, tracheal aspirations, and bronchoscopic aspirations) or by interpretation based on semiquantitative culture results [122, 123, 129]. Because of the significant influence on diagnostic yield and cost effectiveness, careful attention to the details of specimen handling and processing are critical if sputum cultures are obtained.

Because the best specimens are collected and processed before antibiotics are given, the time to consider obtaining expectorated sputum specimens from patients with factors listed in table 5 is before initiation of antibiotic therapy. Once again, the best indication for more extensive respiratory tract cultures is severe CAP. Gram stain and culture of endotracheal aspirates from intubated patients with CAP produce different results than expectorated sputum from non-ICU patients [76, 120]. Many of the pathogens in the broader microbiological spectrum of severe CAP are unaffected by a single dose of antibiotics, unlike *S. pneumoniae*. In addition, an endotracheal aspirate does not require patient cooperation, is clearly a lower respiratory tract sample, and is less likely to be contaminated by oropharyngeal colonizers. Nosocomial tracheal colonization is not an issue if the sample is obtained soon after intubation. Therefore, culture and Gram stain of endotracheal aspirates are recommended for patients intubated for severe CAP. In addition to routine cultures, a specific request for culture of respiratory secretions on buffered charcoal yeast extract agar to isolate *Legionella* species may be useful in this subset of patients with severe CAP in areas where *Legionella* is endemic, as well as in patients with a recent travel history [130].

The fact that a respiratory tract culture result is negative does not mean that it has no value. Failure to detect *S. aureus* or gram-negative bacilli in good-quality specimens is strong evidence against the presence of these pathogens. Growth inhibition by antibiotics is lower with these pathogens than with *S. pneumoniae*, but specimens obtained after initiation of antibiotic therapy are harder to interpret, with the possibility of colonization. Necrotizing or cavitary pneumonia is a risk for CA-MRSA infection, and sputum samples should be obtained in all cases. Negative Gram stain and culture results should be adequate to withhold or stop treatment for MRSA infection.

Severe COPD and alcoholism are major risk factors for infection with *P. aeruginosa* and other gram-negative pathogens [131]. Once again, Gram stain and culture of an adequate sputum specimen are usually adequate to exclude the need for empirical coverage of these pathogens.

A sputum culture in patients with suspected legionnaires disease is important, because the identification of *Legionella* species implies the possibility of an environmental source to which other susceptible individuals may be exposed. Localized community outbreaks of legionnaires disease might be recognized by clinicians or local health departments because  $\geq 2$  patients might be admitted to the same hospital. However, outbreaks of legionnaires disease associated with hotels or cruise ships [132–134] are rarely detected by individual clinicians, because travelers typically disperse from the source of infection before developing symptoms. Therefore, a travel history should be actively sought from patients with CAP, and *Legionella* testing should be performed for those who have traveled in the 2

weeks before the onset of symptoms. Urinary antigen tests may be adequate to diagnose and treat an individual, but efforts to obtain a sputum specimen for culture are still indicated to facilitate epidemiologic tracking. The availability of a culture isolate of *Legionella* dramatically improves the likelihood that an environmental source of *Legionella* can be identified and remediated [135–137]. The yield of sputum culture is increased to 43%–57% when associated with a positive urinary antigen test result [138, 139].

Attempts to obtain a sample for sputum culture from a patient with a positive pneumococcal urinary antigen test result may be indicated for similar reasons. Patients with a productive cough and positive urinary antigen test results have positive sputum culture results in as many as 40%–80% of cases [140–143]. In these cases, not only can sensitivity testing confirm the appropriate choice for the individual patient, but important data regarding local community antibiotic resistance rates can also be acquired.

**Other cultures.** Patients with pleural effusions >5 cm in height on a lateral upright chest radiograph [111] should undergo thoracentesis to yield material for Gram stain and culture for aerobic and anaerobic bacteria. The yield with pleural fluid cultures is low, but the impact on management decisions is substantial, in terms of both antibiotic choice and the need for drainage.

Nonbronchoscopic bronchoalveolar lavage (BAL) in the ED has been studied in a small, randomized trial of intubated patients with CAP [144]. A high percentage (87%) of non-bronchoscopic BAL culture results were positive, even in some patients who had already received their first dose of antibiotics. Unfortunately, tracheal aspirates were obtained from only a third of patients in the control group, but they all were culture positive. Therefore, it is unclear that endotracheal aspirates are inferior to nonbronchoscopic BAL. The use of bronchoscopic BAL, protected specimen brushing, or transthoracic lung aspiration has not been prospectively studied for initial management of patients with CAP [123]. The best indications are for immunocompromised patients with CAP or for patients with CAP in whom therapy failed [101, 145].

**Antigen tests.** Urinary antigen tests are commercially available and have been cleared by the US Food and Drug Administration (FDA) for detection of *S. pneumoniae* and *L. pneumophila* serogroup 1 [138, 140, 146–149]. Urinary antigen testing appears to have a higher diagnostic yield in patients with more severe illness [139, 140].

For pneumococcal pneumonia, the principal advantages of antigen tests are rapidity (~15 min), simplicity, reasonable specificity in adults, and the ability to detect pneumococcal pneumonia after antibiotic therapy has been started. Studies in adults show a sensitivity of 50%–80% and a specificity of >90% [146, 149, 150]. This is an attractive test for detecting pneumococcal

pneumonia when samples for culture cannot be obtained in a timely fashion or when antibiotic therapy has already been initiated. Serial specimens from patients with known bacteremia were still positive for pneumococcal urinary antigen in 83% of cases after 3 days of therapy [147]. Comparisons with Gram stain show that these 2 rapidly available tests often do not overlap, with only 28% concordance (25 of 88) among patients when results of either test were positive [140]. Only ~50% of Binax pneumococcal urinary antigen–positive patients can be diagnosed by conventional methods [140, 150]. Disadvantages include cost (approximately \$30 per specimen), although this is offset by increased diagnosis-related group–based reimbursement for coding for pneumococcal pneumonia, and the lack of an organism for in vitro susceptibility tests. False-positive results have been seen in children with chronic respiratory diseases who are colonized with *S. pneumoniae* [151] and in patients with an episode of CAP within the previous 3 months [152], but they do not appear to be a significant problem in colonized patients with COPD [140, 152].

For *Legionella*, several urinary antigen assays are available, but all detect only *L. pneumophila* serogroup 1. Although this particular serogroup accounts for 80%–95% of community-acquired cases of legionnaires disease [138, 153] in many areas of North America, other species and serogroups predominate in specific locales [154, 155]. Prior studies of culture-proven legionnaires disease indicate a sensitivity of 70%–90% and a specificity of nearly 99% for detection of *L. pneumophila* serogroup 1. The urine is positive for antigen on day 1 of illness and continues to be positive for weeks [138, 150].

The major issue with urinary bacterial antigen detection is whether the tests allow narrowing of empirical antibiotic therapy to a single specific agent. The recommended empirical antibiotic regimens will cover both of these microorganisms. Results of a small observational study suggest that therapy with a macrolide alone is adequate for hospitalized patients with CAP who test positive for *L. pneumophila* urinary antigen [156]. Further research is needed in this area.

In contrast, rapid antigen detection tests for influenza, which can also provide an etiologic diagnosis within 15–30 min, can lead to consideration of antiviral therapy. Test performance varies according to the test used, sample type, duration of illness, and patient age. Most show a sensitivity of 50%–70% in adults and a specificity approaching 100% [157–159]. Advantages include the high specificity, the ability of some assays to distinguish between influenza A and B, the rapidity with which the results can be obtained, the possibly reduced use of antibacterial agents, and the utility of establishing this diagnosis for epidemiologic purposes, especially in hospitalized patients who may require infection control precautions. Disadvantages include cost (approximately \$30 per specimen), high rates of false-negative test results, false-positive assays with adenovirus

infections, and the fact that the sensitivity is not superior to physician judgment among patients with typical symptoms during an influenza epidemic [157, 158, 160].

Direct fluorescent antibody tests are available for influenza and RSV and require ~2 h. For influenza virus, the sensitivity is better than with the point-of-care tests (85%–95%). They will detect animal subtypes such as H5N1 and, thus, may be preferred for hospitalized patients [161, 162]. For RSV, direct fluorescent antibody tests are so insensitive (sensitivity, 20%–30%) in adults that they are rarely of value [163].

**Acute-phase serologic testing.** The standard for diagnosis of infection with most atypical pathogens, including *Chlamydomphila pneumoniae*, *Mycoplasma pneumoniae*, and *Legionella* species other than *L. pneumophila*, relies on acute- and convalescent-phase serologic testing. Most studies use a microimmunofluorescence serologic test, but this test shows poor reproducibility [164]. Management of patients on the basis of a single acute-phase titer is unreliable [165], and initial antibiotic therapy will be completed before the earliest time point to check a convalescent-phase specimen.

**PCR.** A new PCR test (BD ProbeTec ET *Legionella pneumophila*; Becton Dickinson) that will detect all serotypes of *L. pneumophila* in sputum is now cleared by the FDA, but extensive published clinical experience is lacking. Most PCR reagents for other respiratory pathogens (except *Mycobacterium* species) are “home grown,” with requirements for use based on compliance with NCCLS criteria for analytical validity [166]. Despite the increasing use of these tests for atypical pathogens [167, 168], a 2001 review by the Centers for Disease Control and Prevention (CDC) of diagnostic assays for detection of *C. pneumoniae* indicated that, of the 18 PCR reagents, only 4 satisfied the criteria for a validated test [166]. The diagnostic criteria defined in this review are particularly important for use in prospective studies of CAP, because most prior reports used liberal criteria, which resulted in exaggerated rates. For SARS, several PCR assays have been developed, but these tests are inadequate because of high rates of false-negative assays in early stages of infection [169, 170].

## ANTIBIOTIC TREATMENT

A major goal of therapy is eradication of the infecting organism, with resultant resolution of clinical disease. As such, antimicrobials are a mainstay of treatment. Appropriate drug selection is dependent on the causative pathogen and its antibiotic susceptibility. Acute pneumonia may be caused by a wide variety of pathogens (table 6). However, until more accurate and rapid diagnostic methods are available, the initial treatment for most patients will remain empirical. Recommendations for therapy (table 7) apply to most cases; however, physicians should consider specific risk factors for each patient (table 8). A syndromic approach to therapy (under the assumption that an etiology

**Table 6. Most common etiologies of community-acquired pneumonia.**

| Patient type        | Etiology                                                                                                                                                                    |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outpatient          | <i>Streptococcus pneumoniae</i><br><i>Mycoplasma pneumoniae</i><br><i>Haemophilus influenzae</i><br><i>Chlamydomphila pneumoniae</i><br>Respiratory viruses <sup>a</sup>    |
| Inpatient (non-ICU) | <i>S. pneumoniae</i><br><i>M. pneumoniae</i><br><i>C. pneumoniae</i><br><i>H. influenzae</i><br><i>Legionella</i> species<br>Aspiration<br>Respiratory viruses <sup>a</sup> |
| Inpatient (ICU)     | <i>S. pneumoniae</i><br><i>Staphylococcus aureus</i><br><i>Legionella</i> species<br>Gram-negative bacilli<br><i>H. influenzae</i>                                          |

**NOTE.** Based on collective data from recent studies [171]. ICU, intensive care unit.

<sup>a</sup> Influenza A and B, adenovirus, respiratory syncytial virus, and parainfluenza.

correlates with the presenting clinical manifestations) is not specific enough to reliably predict the etiology of CAP [172–174]. Even if a microbial etiology is identified, debate continues with regard to pathogen-specific treatment, because recent studies suggest coinfection by atypical pathogens (such as *C. pneumoniae*, *Legionella* species, and viruses) and more traditional bacteria [120, 175]. However, the importance of treating multiple infecting organisms has not been firmly established.

The majority of antibiotics released in the past several decades have an FDA indication for CAP, making the choice of antibiotics potentially overwhelming. Selection of antimicrobial regimens for empirical therapy is based on prediction of the most likely pathogen(s) and knowledge of local susceptibility patterns. Recommendations are generally for a class of antibiotics rather than a specific drug, unless outcome data clearly favor one drug. Because overall efficacy remains good for many classes of agents, the more potent drugs are given preference because of their benefit in decreasing the risk of selection for antibiotic resistance. Other factors for consideration of specific antimicrobials include pharmacokinetics/pharmacodynamics, compliance, safety, and cost.

### Likely Pathogens in CAP

Although CAP may be caused by a myriad of pathogens, a limited number of agents are responsible for most cases. The emergence of newly recognized pathogens, such as the novel

**Table 7. Recommended empirical antibiotics for community-acquired pneumonia.**

**Outpatient treatment**

1. Previously healthy and no use of antimicrobials within the previous 3 months  
A macrolide (strong recommendation; level I evidence)  
Doxycycline (weak recommendation; level III evidence)
2. Presence of comorbidities such as chronic heart, lung, liver or renal disease; diabetes mellitus; alcoholism; malignancies; asplenia; immunosuppressing conditions or use of immunosuppressing drugs; or use of antimicrobials within the previous 3 months (in which case an alternative from a different class should be selected)  
A respiratory fluoroquinolone (moxifloxacin, gemifloxacin, or levofloxacin [750 mg]) (strong recommendation; level I evidence)  
A  $\beta$ -lactam plus a macrolide (strong recommendation; level I evidence)
3. In regions with a high rate (>25%) of infection with high-level (MIC  $\geq$  16  $\mu$ g/mL) macrolide-resistant *Streptococcus pneumoniae*, consider use of alternative agents listed above in (2) for patients without comorbidities (moderate recommendation; level III evidence)

Inpatients, non-ICU treatment

- A respiratory fluoroquinolone (strong recommendation; level I evidence)
- A  $\beta$ -lactam plus a macrolide (strong recommendation; level I evidence)

Inpatients, ICU treatment

- A  $\beta$ -lactam (cefotaxime, ceftriaxone, or ampicillin-sulbactam) plus either azithromycin (level II evidence) or a respiratory fluoroquinolone (level I evidence) (strong recommendation) (for penicillin-allergic patients, a respiratory fluoroquinolone and aztreonam are recommended)

Special concerns

- If *Pseudomonas* is a consideration  
An antipseudomococcal, antipseudomonal  $\beta$ -lactam (piperacillin-tazobactam, cefepime, imipenem, or meropenem) plus either ciprofloxacin or levofloxacin (750 mg)  
**or**  
The above  $\beta$ -lactam plus an aminoglycoside and azithromycin  
**or**  
The above  $\beta$ -lactam plus an aminoglycoside and an antipseudomococcal fluoroquinolone (for penicillin-allergic patients, substitute aztreonam for above  $\beta$ -lactam) (moderate recommendation; level III evidence)
- If CA-MRSA is a consideration, add vancomycin or linezolid (moderate recommendation; level III evidence)

**NOTE.** CA-MRSA, community-acquired methicillin-resistant *Staphylococcus aureus*; ICU, intensive care unit.

SARS-associated coronavirus [170], continually increases the challenge for appropriate management.

Table 6 lists the most common causes of CAP, in decreasing order of frequency of occurrence and stratified for severity of illness as judged by site of care (ambulatory vs. hospitalized). *S. pneumoniae* is the most frequently isolated pathogen. Other bacterial causes include nontypeable *Haemophilus influenzae*

and *Moraxella catarrhalis*, generally in patients who have underlying bronchopulmonary disease, and *S. aureus*, especially during an influenza outbreak. Risks for infection with Enterobacteriaceae species and *P. aeruginosa* as etiologies for CAP are chronic oral steroid administration or severe underlying bronchopulmonary disease, alcoholism, and frequent antibiotic therapy [79, 131], whereas recent hospitalization would define cases as HCAP. Less common causes of pneumonia include, but are by no means limited to, *Streptococcus pyogenes*, *Neisseria meningitidis*, *Pasteurella multocida*, and *H. influenzae* type b.

The “atypical” organisms, so called because they are not detectable on Gram stain or cultivatable on standard bacteriologic media, include *M. pneumoniae*, *C. pneumoniae*, *Legionella* species, and respiratory viruses. With the exception of *Legionella* species, these microorganisms are common causes of pneumonia, especially among outpatients. However, these pathogens are not often identified in clinical practice because, with a few exceptions, such as *L. pneumophila* and influenza virus, no specific, rapid, or standardized tests for their detection exist. Although influenza remains the predominant viral cause of CAP in adults, other commonly recognized viruses include RSV [107], adenovirus, and parainfluenza virus, as well as less common viruses, including human metapneumovirus, herpes simplex virus, varicella-zoster virus, SARS-associated coronavirus, and measles virus. In a recent study of immunocompetent adult patients admitted to the hospital with CAP, 18% had evidence of a viral etiology, and, in 9%, a respiratory virus was the only pathogen identified [176]. Studies that include outpatients find viral pneumonia rates as high as 36% [167]. The frequency of other etiologic agents—for example, *M. tuberculosis*, *Chlamydia psittaci* (psittacosis), *Coxiella burnetii* (Q fever), *Francisella tularensis* (tularemia), *Bordetella pertussis* (whooping cough), and endemic fungi (*Histoplasma capsulatum*, *Coccidioides immitis*, *Cryptococcus neoformans*, and *Blastomyces hominis*)—is largely determined by the epidemiologic setting (table 8) but rarely exceeds 2%–3% total [113, 177]. The exception may be endemic fungi in the appropriate geographic distribution [100].

The need for specific anaerobic coverage for CAP is generally overestimated. Anaerobic bacteria cannot be detected by diagnostic techniques in current use. Anaerobic coverage is clearly indicated only in the classic aspiration pleuropulmonary syndrome in patients with a history of loss of consciousness as a result of alcohol/drug overdose or after seizures in patients with concomitant gingival disease or esophageal motility disorders. Antibiotic trials have not demonstrated a need to specifically treat these organisms in the majority of CAP cases. Small-volume aspiration at the time of intubation should be adequately handled by standard empirical severe CAP treatment [178] and by the high oxygen tension provided by mechanical ventilation.

**Table 8. Epidemiologic conditions and/or risk factors related to specific pathogens in community-acquired pneumonia.**

| Condition                                            | Commonly encountered pathogen(s)                                                                                                                                                                                                                             |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alcoholism                                           | <i>Streptococcus pneumoniae</i> , oral anaerobes, <i>Klebsiella pneumoniae</i> , <i>Acinetobacter</i> species, <i>Mycobacterium tuberculosis</i>                                                                                                             |
| COPD and/or smoking                                  | <i>Haemophilus influenzae</i> , <i>Pseudomonas aeruginosa</i> , <i>Legionella</i> species, <i>S. pneumoniae</i> , <i>Moraxella cararrhalis</i> , <i>Chlamydomphila pneumoniae</i>                                                                            |
| Aspiration                                           | Gram-negative enteric pathogens, oral anaerobes                                                                                                                                                                                                              |
| Lung abscess                                         | CA-MRSA, oral anaerobes, endemic fungal pneumonia, <i>M. tuberculosis</i> , atypical mycobacteria                                                                                                                                                            |
| Exposure to bat or bird droppings                    | <i>Histoplasma capsulatum</i>                                                                                                                                                                                                                                |
| Exposure to birds                                    | <i>Chlamydomphila psittaci</i> (if poultry: avian influenza)                                                                                                                                                                                                 |
| Exposure to rabbits                                  | <i>Francisella tularensis</i>                                                                                                                                                                                                                                |
| Exposure to farm animals or parturient cats          | <i>Coxiella burnetti</i> (Q fever)                                                                                                                                                                                                                           |
| HIV infection (early)                                | <i>S. pneumoniae</i> , <i>H. influenzae</i> , <i>M. tuberculosis</i>                                                                                                                                                                                         |
| HIV infection (late)                                 | The pathogens listed for early infection plus <i>Pneumocystis jirovecii</i> , <i>Cryptococcus</i> , <i>Histoplasma</i> , <i>Aspergillus</i> , atypical mycobacteria (especially <i>Mycobacterium kansasii</i> ), <i>P. aeruginosa</i> , <i>H. influenzae</i> |
| Hotel or cruise ship stay in previous 2 weeks        | <i>Legionella</i> species                                                                                                                                                                                                                                    |
| Travel to or residence in southwestern United States | <i>Coccidioides</i> species, <i>Hantavirus</i>                                                                                                                                                                                                               |
| Travel to or residence in Southeast and East Asia    | <i>Burkholderia pseudomallei</i> , avian influenza, SARS                                                                                                                                                                                                     |
| Influenza active in community                        | Influenza, <i>S. pneumoniae</i> , <i>Staphylococcus aureus</i> , <i>H. influenzae</i>                                                                                                                                                                        |
| Cough >2 weeks with whoop or posttussive vomiting    | <i>Bordetella pertussis</i>                                                                                                                                                                                                                                  |
| Structural lung disease (e.g., bronchiectasis)       | <i>Pseudomonas aeruginosa</i> , <i>Burkholderia cepacia</i> , <i>S. aureus</i>                                                                                                                                                                               |
| Injection drug use                                   | <i>S. aureus</i> , anaerobes, <i>M. tuberculosis</i> , <i>S. pneumoniae</i>                                                                                                                                                                                  |
| Endobronchial obstruction                            | Anaerobes, <i>S. pneumoniae</i> , <i>H. influenzae</i> , <i>S. aureus</i>                                                                                                                                                                                    |
| In context of bioterrorism                           | <i>Bacillus anthracis</i> (anthrax), <i>Yersinia pestis</i> (plague), <i>Francisella tularensis</i> (tularemia)                                                                                                                                              |

**NOTE.** CA-MRSA, community-acquired methicillin-resistant *Staphylococcus aureus*; COPD, chronic obstructive pulmonary disease; SARS, severe acute respiratory syndrome.

### Antibiotic Resistance Issues

Resistance to commonly used antibiotics for CAP presents another major consideration in choosing empirical therapy. Resistance patterns clearly vary by geography. Local antibiotic prescribing patterns are a likely explanation [179–181]. However, clonal spread of resistant strains is well documented. Therefore, antibiotic recommendations must be modified on the basis of local susceptibility patterns. The most reliable source is state/provincial or municipal health department regional data, if available. Local hospital antibiograms are generally the most accessible source of data but may suffer from small numbers of isolates.

**Drug-resistant *S. pneumoniae* (DRSP).** The emergence of drug-resistant pneumococcal isolates is well documented. The incidence of resistance appears to have stabilized somewhat in the past few years. Resistance to penicillin and cephalosporins may even be decreasing, whereas macrolide resistance continues to increase [179, 182]. However, the clinical relevance of DRSP

for pneumonia is uncertain, and few well-controlled studies have examined the impact of in vitro resistance on clinical outcomes of CAP. Published studies are limited by small sample sizes, biases inherent in observational design, and the relative infrequency of isolates exhibiting high-level resistance [183–185]. Current levels of  $\beta$ -lactam resistance do not generally result in CAP treatment failures when appropriate agents (i.e., amoxicillin, ceftriaxone, or cefotaxime) and doses are used, even in the presence of bacteremia [112, 186]. The available data suggest that the clinically relevant level of penicillin resistance is a MIC of at least 4 mg/L [3]. One report suggested that, if cefuroxime is used to treat pneumococcal bacteremia when the organism is resistant in vitro, the outcome is worse than with other therapies [112]. Other discordant therapies, including penicillin, did not have an impact on mortality. Data exist suggesting that resistance to macrolides [187–189] and older fluoroquinolones (ciprofloxacin and levofloxacin) [180, 190, 191] results in clinical failure. To date, no failures have

been reported for the newer fluoroquinolones (moxifloxacin and gemifloxacin).

Risk factors for infection with  $\beta$ -lactam-resistant *S. pneumoniae* include age <2 years or >65 years,  $\beta$ -lactam therapy within the previous 3 months, alcoholism, medical comorbidities, immunosuppressive illness or therapy, and exposure to a child in a day care center [112, 192–194]. Although the relative predictive value of these risk factors is unclear, recent treatment with antimicrobials is likely the most significant. Recent therapy or repeated courses of therapy with  $\beta$ -lactams, macrolides, or fluoroquinolones are risk factors for pneumococcal resistance to the same class of antibiotic [181, 193, 195, 196]. One study found that use of either a  $\beta$ -lactam or macrolide within the previous 6 months predicted an increased likelihood that, if pneumococcal bacteremia is present, the organism would be penicillin resistant [196]. Other studies have shown that repeated use of fluoroquinolones predicts an increased risk of infection with fluoroquinolone-resistant pneumococci [195, 197]. Whether this risk applies equally to all fluoroquinolones or is more of a concern for less active antipneumococcal agents (levofloxacin and ciprofloxacin) than for more active agents (moxifloxacin and gemifloxacin) is uncertain [190, 197, 198].

Recommendations for the use of highly active agents in patients at risk for infection with DRSP is, therefore, based only in part on efficacy considerations; it is also based on a desire to prevent more resistance from emerging by employing the most potent regimen possible. Although increasing the doses of certain agents (penicillins, cephalosporins, levofloxacin) may lead to adequate outcomes in the majority of cases, switching to more potent agents may lead to stabilization or even an overall decrease in resistance rates [179, 180].

**CA-MRSA.** Recently, an increasing incidence of pneumonia due to CA-MRSA has been observed [199, 200]. CA-MRSA appears in 2 patterns: the typical hospital-acquired strain [80] and, recently, strains that are epidemiologically, genotypically, and phenotypically distinct from hospital-acquired strains [201, 202]. Many of the former may represent HCAP, because these earlier studies did not differentiate this group from typical CAP. The latter are resistant to fewer antimicrobials than are hospital-acquired MRSA strains and often contain a novel type IV *SCCmec* gene. In addition, most contain the gene for Pantone-Valentine leukocidin [200, 202], a toxin associated with clinical features of necrotizing pneumonia, shock, and respiratory failure, as well as formation of abscesses and empyemas. The large majority of cases published to date have been skin infections in children. In a large study of CA-MRSA in 3 communities, 2% of CA-MRSA infections were pneumonia [203]. However, pneumonia in both adults [204] and children has been reported, often associated with preceding influenza. This strain should also be suspected in patients who present with cavitary infiltrates without risk factors for anaerobic aspiration pneu-

monia (gingivitis and a risk for loss of consciousness, such as seizures or alcohol abuse, or esophageal motility disorders). Diagnosis is usually straightforward, with high yields from sputum and blood cultures in this characteristic clinical scenario. CA-MRSA CAP remains rare in most communities but is expected to be an emerging problem in CAP treatment.

### Empirical Antimicrobial Therapy

**Outpatient treatment.** The following regimens are recommended for outpatient treatment on the basis of the listed clinical risks.

15. Previously healthy and no risk factors for DRSP infection:
  - A. A macrolide (azithromycin, clarithromycin, or erythromycin) (strong recommendation; level I evidence)
  - B. Doxycycline (weak recommendation; level III evidence)
16. Presence of comorbidities, such as chronic heart, lung, liver, or renal disease; diabetes mellitus; alcoholism; malignancies; asplenia; immunosuppressing conditions or use of immunosuppressing drugs; use of antimicrobials within the previous 3 months (in which case an alternative from a different class should be selected); or other risks for DRSP infection:
  - A. A respiratory fluoroquinolone (moxifloxacin, gemifloxacin, or levofloxacin [750 mg]) (strong recommendation; level I evidence)
  - B. A  $\beta$ -lactam plus a macrolide (strong recommendation; level I evidence) (High-dose amoxicillin [e.g., 1 g 3 times daily] or amoxicillin-clavulanate [2 g 2 times daily] is preferred; alternatives include ceftriaxone, cefpodoxime, and cefuroxime [500 mg 2 times daily]; doxycycline [level II evidence] is an alternative to the macrolide.)
17. In regions with a high rate (>25%) of infection with high-level (MIC,  $\geq 16$   $\mu\text{g}/\text{mL}$ ) macrolide-resistant *S. pneumoniae*, consider the use of alternative agents listed above in recommendation 16 for any patient, including those without comorbidities. (Moderate recommendation; level III evidence.)

The most common pathogens identified from recent studies of mild (ambulatory) CAP were *S. pneumoniae*, *M. pneumoniae*, *C. pneumoniae*, and *H. influenzae* [177, 205]. *Mycoplasma* infection was most common among patients <50 years of age without significant comorbid conditions or abnormal vital signs, whereas *S. pneumoniae* was the most common pathogen among older patients and among those with significant underlying disease. *Hemophilus* infection was found in 5%—mostly in patients with comorbidities. The importance of ther-

apy for *Mycoplasma* infection and *Chlamydothila* infection in mild CAP has been the subject of debate, because many infections are self-limiting [206, 207]. Nevertheless, studies from the 1960s of children indicate that treatment of mild *M. pneumoniae* CAP reduces the morbidity of pneumonia and shortens the duration of symptoms [208]. The evidence to support specific treatment of these microorganisms in adults is lacking.

Macrolides have long been commonly prescribed for treatment of outpatients with CAP in the United States, because of their activity against *S. pneumoniae* and the atypical pathogens. This class includes the erythromycin-type agents (including dirithromycin), clarithromycin, and the azalide azithromycin. Although the least expensive, erythromycin is not often used now, because of gastrointestinal intolerance and lack of activity against *H. influenzae*. Because of *H. influenzae*, azithromycin is preferred for outpatients with comorbidities such as COPD.

Numerous randomized clinical trials have documented the efficacy of clarithromycin and azithromycin as monotherapy for outpatient CAP, although several studies have demonstrated that clinical failure can occur with a resistant isolate. When such patients were hospitalized and treated with a  $\beta$ -lactam and a macrolide, however, all survived and generally recovered without significant complications [188, 189]. Most of these patients had risk factors for which therapy with a macrolide alone is not recommended in the present guidelines. Thus, for patients with a significant risk of DRSP infection, monotherapy with a macrolide is not recommended. Doxycycline is included as a cost-effective alternative on the basis of in vitro data indicating effectiveness equivalent to that of erythromycin for pneumococcal isolates.

The use of fluoroquinolones to treat ambulatory patients with CAP without comorbid conditions, risk factors for DRSP, or recent antimicrobial use is discouraged because of concern that widespread use may lead to the development of fluoroquinolone resistance [185]. However, the fraction of total fluoroquinolone use specifically for CAP is extremely small and unlikely to lead to increased resistance by itself. More concerning is a recent study suggesting that many outpatients given a fluoroquinolone may not have even required an antibiotic, that the dose and duration of treatment were often incorrect, and that another agent often should have been used as first-line therapy. This usage pattern may promote the rapid development of resistance to fluoroquinolones [209].

Comorbidities or recent antimicrobial therapy increase the likelihood of infection with DRSP and enteric gram-negative bacteria. For such patients, recommended empirical therapeutic options include (1) a respiratory fluoroquinolone (moxifloxacin, gemifloxacin, or levofloxacin [750 mg daily]) or (2) combination therapy with a  $\beta$ -lactam effective against *S. pneumoniae* plus a macrolide (doxycycline as an alternative). On the basis of present pharmacodynamic principles, high-dose amox-

icillin (amoxicillin [1 g 3 times daily] or amoxicillin-clavulanate [2 g 2 times daily]) should target >93% of *S. pneumoniae* and is the preferred  $\beta$ -lactam. Ceftriaxone is an alternative to high-dose amoxicillin when parenteral therapy is feasible. Selected oral cephalosporins (cefepodoxime and cefuroxime) can be used as alternatives [210], but these are less active in vitro than high-dose amoxicillin or ceftriaxone. Agents in the same class as the patient had been receiving previously should not be used to treat patients with recent antibiotic exposure.

Telithromycin is the first of the ketolide antibiotics, derived from the macrolide family, and is active against *S. pneumoniae* that is resistant to other antimicrobials commonly used for CAP (including penicillin, macrolides, and fluoroquinolones). Several CAP trials suggest that telithromycin is equivalent to comparators (including amoxicillin, clarithromycin, and trovafloxacin) [211–214]. There have also been recent postmarketing reports of life-threatening hepatotoxicity [215]. At present, the committee is awaiting further evaluation of the safety of this drug by the FDA before making its final recommendation.

**Inpatient, non-ICU treatment.** The following regimens are recommended for hospital ward treatment.

18. A respiratory fluoroquinolone (strong recommendation; level I evidence)
19. A  $\beta$ -lactam plus a macrolide (strong recommendation; level I evidence) (Preferred  $\beta$ -lactam agents include cefotaxime, ceftriaxone, and ampicillin; ertapenem for selected patients; with doxycycline [level III evidence] as an alternative to the macrolide. A respiratory fluoroquinolone should be used for penicillin-allergic patients.)

The recommendations of combination treatment with a  $\beta$ -lactam plus a macrolide or monotherapy with a fluoroquinolone were based on retrospective studies demonstrating a significant reduction in mortality compared with that associated with administration of a cephalosporin alone [216–219]. Multiple prospective randomized trials have demonstrated that either regimen results in high cure rates. The major discriminating factor between the 2 regimens is the patient's prior antibiotic exposure (within the past 3 months).

Preferred  $\beta$ -lactams are those effective against *S. pneumoniae* and other common, nonatypical pathogens without being overly broad spectrum. In January 2002, the Clinical Laboratory Standards Institute (formerly the NCCLS) increased the MIC breakpoints for cefotaxime and ceftriaxone for nonmeningeal *S. pneumoniae* infections. These new breakpoints acknowledge that nonmeningeal infections caused by strains formerly considered to be intermediately susceptible, or even resistant, can be treated successfully with usual doses of these  $\beta$ -lactams [112, 186, 220].

Two randomized, double-blind studies showed ertapenem to be equivalent to ceftriaxone [221, 222]. It also has excellent

activity against anaerobic organisms, DRSP, and most Enterobacteriaceae species (including extended-spectrum  $\beta$ -lactamase producers, but not *P. aeruginosa*). Ertapenem may be useful in treating patients with risks for infection with these pathogens and for patients who have recently received antibiotic therapy. However, clinical experience with this agent is limited. Other "antipneumococcal, antipseudomonal"  $\beta$ -lactam agents are appropriate when resistant pathogens, such as *Pseudomonas*, are likely to be present. Doxycycline can be used as an alternative to a macrolide on the basis of scant data for treatment of *Legionella* infections [171, 223, 224].

Two randomized, double-blind studies of adults hospitalized for CAP have demonstrated that parenteral azithromycin alone was as effective, with improved tolerability, as intravenous cefuroxime, with or without intravenous erythromycin [225, 226]. In another study, mortality and readmission rates were similar, but the mean LOS was shorter among patients receiving azithromycin alone than among those receiving other guideline-recommended therapy [227]. None of the 10 patients with erythromycin-resistant *S. pneumoniae* infections died or was transferred to the ICU, including 6 who received azithromycin alone. Another study showed that those receiving a macrolide alone had the lowest 30-day mortality but were the least ill [219]. Such patients were younger and were more likely to be in lower-risk groups.

These studies suggest that therapy with azithromycin alone can be considered for carefully selected patients with CAP with nonsevere disease (patients admitted primarily for reasons other than CAP) and no risk factors for infection with DRSP or gram-negative pathogens. However, the emergence of high rates of macrolide resistance in many areas of the country suggests that this therapy cannot be routinely recommended. Initial therapy should be given intravenously for most admitted patients, but some without risk factors for severe pneumonia could receive oral therapy, especially with highly bioavailable agents such as fluoroquinolones. When an intravenous  $\beta$ -lactam is combined with coverage for atypical pathogens, oral therapy with a macrolide or doxycycline is appropriate for selected patients without severe pneumonia risk factors [228].

**Inpatient, ICU treatment.** The following regimen is the minimal recommended treatment for patients admitted to the ICU.

20. A  $\beta$ -lactam (cefotaxime, ceftriaxone, or ampicillin-sulbactam) plus either azithromycin (level II evidence) or a fluoroquinolone (level I evidence) (strong recommendation) (For penicillin-allergic patients, a respiratory fluoroquinolone and aztreonam are recommended.)

A single randomized controlled trial of treatment for severe CAP is available. Patients with shock were excluded; however, among the patients with mechanical ventilation, treatment with

a fluoroquinolone alone resulted in a trend toward inferior outcome [229]. Because septic shock and mechanical ventilation are the clearest reasons for ICU admission, the majority of ICU patients would still require combination therapy. ICU patients are routinely excluded from other trials; therefore, recommendations are extrapolated from nonsevere cases, in conjunction with case series and retrospective analyses of cohorts with severe CAP.

For all patients admitted to the ICU, coverage for *S. pneumoniae* and *Legionella* species should be ensured [78, 230] by using a potent antipneumococcal  $\beta$ -lactam and either a macrolide or a fluoroquinolone. Therapy with a respiratory fluoroquinolone alone is not established for severe CAP [229], and, if the patient has concomitant pneumococcal meningitis, the efficacy of fluoroquinolone monotherapy is uncertain. In addition, 2 prospective observational studies [231, 232] and 3 retrospective analyses [233–235] have found that combination therapy for bacteremic pneumococcal pneumonia is associated with lower mortality than monotherapy. The mechanism of this benefit is unclear but was principally found in the patients with the most severe illness and has not been demonstrated in nonbacteremic pneumococcal CAP studies. Therefore, combination empirical therapy is recommended for at least 48 h or until results of diagnostic tests are known.

In critically ill patients with CAP, a large number of microorganisms other than *S. pneumoniae* and *Legionella* species must be considered. A review of 9 studies that included 890 patients with CAP who were admitted to the ICU demonstrates that the most common pathogens in the ICU population were (in descending order of frequency) *S. pneumoniae*, *Legionella* species, *H. influenzae*, Enterobacteriaceae species, *S. aureus*, and *Pseudomonas* species [171]. The atypical pathogens responsible for severe CAP may vary over time but can account collectively for  $\geq 20\%$  of severe pneumonia episodes. The dominant atypical pathogen in severe CAP is *Legionella* [230], but some diagnostic bias probably accounts for this finding [78].

The recommended standard empirical regimen should routinely cover the 3 most common pathogens that cause severe CAP, all of the atypical pathogens, and most of the relevant Enterobacteriaceae species. Treatment of MRSA or *P. aeruginosa* infection is the main reason to modify the standard empirical regimen. The following are additions or modifications to the basic empirical regimen recommended above if these pathogens are suspected.

21. For *Pseudomonas* infection, use an antipneumococcal, antipseudomonal  $\beta$ -lactam (piperacillin-tazobactam, ceftepime, imipenem, or meropenem) plus either ciprofloxacin or levofloxacin (750-mg dose)  
or  
the above  $\beta$ -lactam plus an aminoglycoside and azithromycin

or

the above  $\beta$ -lactam plus an aminoglycoside and an antipneumococcal fluoroquinolone. (For penicillin-allergic patients, substitute aztreonam for the above  $\beta$ -lactam.)

(Moderate recommendation; level III evidence.)

Pseudomonal CAP requires combination treatment to prevent inappropriate initial therapy, just as *Pseudomonas* nosocomial pneumonia does [131]. Once susceptibilities are known, treatment can be adjusted accordingly. Alternative regimens are provided for patients who may have recently received an oral fluoroquinolone, in whom the aminoglycoside-containing regimen would be preferred. A consistent Gram stain of tracheal aspirate, sputum, or blood is the best indication for *Pseudomonas* coverage. Other, easier-to-treat gram-negative microorganisms may ultimately be proven to be the causative pathogen, but empirical coverage of *Pseudomonas* species until culture results are known is least likely to be associated with inappropriate therapy. Other clinical risk factors for infection with *Pseudomonas* species include structural lung diseases, such as bronchiectasis, or repeated exacerbations of severe COPD leading to frequent steroid and/or antibiotic use, as well as prior antibiotic therapy [131]. These patients do not necessarily require ICU admission for CAP [236], so *Pseudomonas* infection remains a concern for them even if they are only hospitalized on a general ward. The major risk factor for infection with other serious gram-negative pathogens, such as *Klebsiella pneumoniae* or *Acinetobacter* species, is chronic alcoholism.

22. For CA-MRSA infection, add vancomycin or linezolid.  
(Moderate recommendation; level III evidence.)

The best indicator of *S. aureus* infection is the presence of gram-positive cocci in clusters in a tracheal aspirate or in an adequate sputum sample. The same findings on preliminary results of blood cultures are not as reliable, because of the significant risk of contamination [95]. Clinical risk factors for *S. aureus* CAP include end-stage renal disease, injection drug abuse, prior influenza, and prior antibiotic therapy (especially with fluoroquinolones [237]).

For methicillin-sensitive *S. aureus*, the empirical combination therapy recommended above, which includes a  $\beta$ -lactam and sometimes a respiratory fluoroquinolone, should be adequate until susceptibility results are available and specific therapy with a penicillinase-resistant semisynthetic penicillin or first-generation cephalosporin can be initiated. Both also offer additional coverage for DRSP. Neither linezolid [241] nor vancomycin [238] is an optimal drug for methicillin-sensitive *S. aureus*.

Although methicillin-resistant strains of *S. aureus* are still the minority, the excess mortality associated with inappropriate an-

tibiotic therapy [80] would suggest that empirical coverage should be considered when CA-MRSA is a concern. The most effective therapy has yet to be defined. The majority of CA-MRSA strains are more susceptible in vitro to non- $\beta$ -lactam antimicrobials, including trimethoprim-sulfamethoxazole (TMP-SMX) and fluoroquinolones, than are hospital-acquired strains. Previous experience with TMP-SMX in other types of severe infections (endocarditis and septic thrombophlebitis) suggests that TMP-SMX is inferior to vancomycin [239]. Further experience and study of the adequacy of TMP-SMX for CA-MRSA CAP is clearly needed. Vancomycin has never been specifically studied for CAP, and linezolid has been found to be better than ceftriaxone for bacteremic *S. pneumoniae* in a nonblinded study [240] and superior to vancomycin in retrospective analysis of studies involving nosocomial MRSA pneumonia [241]. Newer agents for MRSA have recently become available, and others are anticipated. Of the presently available agents, daptomycin should not be used for CAP, and no data on pneumonia are available for tigecycline.

A concern with CA-MRSA is necrotizing pneumonia associated with production of Panton-Valentine leukocidin and other toxins. Vancomycin clearly does not decrease toxin production, and the effect of TMP-SMX and fluoroquinolones on toxin production is unclear. Addition of clindamycin or use of linezolid, both of which have been shown to affect toxin production in a laboratory setting [242], may warrant their consideration for treatment of these necrotizing pneumonias [204]. Unfortunately, the emergence of resistance during therapy with clindamycin has been reported (especially in erythromycin-resistant strains), and vancomycin would still be needed for bacterial killing.

#### Pathogens Suspected on the Basis of Epidemiologic Considerations

Clinicians should be aware of epidemiologic conditions and/or risk factors that may suggest that alternative or specific additional antibiotics should be considered. These conditions and specific pathogens, with preferred treatment, are listed in tables 8 and 9.

#### Pathogen-Directed Therapy

23. Once the etiology of CAP has been identified on the basis of reliable microbiological methods, antimicrobial therapy should be directed at that pathogen. (Moderate recommendation; level III evidence.)

Treatment options may be simplified (table 9) if the etiologic agent is established or strongly suspected. Diagnostic procedures that identify a specific etiology within 24–72 h can still be useful for guiding continued therapy. This information is often available at the time of consideration for a switch from

**Table 9. Recommended antimicrobial therapy for specific pathogens.**

| Organism                                          | Preferred antimicrobial(s)                                                                                             | Alternative antimicrobial(s)                                                                                                                                                                                         |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Streptococcus pneumoniae</i>                   |                                                                                                                        |                                                                                                                                                                                                                      |
| Penicillin nonresistant; MIC <2 µg/mL             | Penicillin G, amoxicillin                                                                                              | Macrolide, cephalosporins (oral [cefepodoxime, cefprozil, cefuroxime, cefdinir, cefditoren] or parenteral [cefuroxime, ceftriaxone, cefotaxime]), clindamycin, doxycycline, respiratory fluoroquinolone <sup>a</sup> |
| Penicillin resistant; MIC ≥2 µg/mL                | Agents chosen on the basis of susceptibility, including cefotaxime, ceftriaxone, fluoroquinolone                       | Vancomycin, linezolid, high-dose amoxicillin (3 g/day with penicillin MIC ≤4 µg/mL)                                                                                                                                  |
| <i>Haemophilus influenzae</i>                     |                                                                                                                        |                                                                                                                                                                                                                      |
| Non-β-lactamase producing                         | Amoxicillin                                                                                                            | Fluoroquinolone, doxycycline, azithromycin, clarithromycin <sup>b</sup>                                                                                                                                              |
| β-Lactamase producing                             | Second- or third-generation cephalosporin, amoxicillin-clavulanate                                                     | Fluoroquinolone, doxycycline, azithromycin, clarithromycin <sup>b</sup>                                                                                                                                              |
| <i>Mycoplasma pneumoniae/Chlamydia pneumoniae</i> | Macrolide, a tetracycline                                                                                              | Fluoroquinolone                                                                                                                                                                                                      |
| <i>Legionella</i> species                         | Fluoroquinolone, azithromycin                                                                                          | Doxycycline                                                                                                                                                                                                          |
| <i>Chlamydia pneumoniae</i>                       | A tetracycline                                                                                                         | Macrolide                                                                                                                                                                                                            |
| <i>Coxiella burnetii</i>                          | A tetracycline                                                                                                         | Macrolide                                                                                                                                                                                                            |
| <i>Francisella tularensis</i>                     | Doxycycline                                                                                                            | Gentamicin, streptomycin                                                                                                                                                                                             |
| <i>Yersinia pestis</i>                            | Streptomycin, gentamicin                                                                                               | Doxycycline, fluoroquinolone                                                                                                                                                                                         |
| <i>Bacillus anthracis</i> (inhalation)            | Ciprofloxacin, levofloxacin, doxycycline (usually with second agent)                                                   | Other fluoroquinolones; β-lactam, if susceptible; rifampin; clindamycin; chloramphenicol                                                                                                                             |
| Enterobacteriaceae                                | Third-generation cephalosporin, carbapenem <sup>c</sup> (drug of choice if extended-spectrum β-lactamase producer)     | β-Lactam/β-lactamase inhibitor, <sup>d</sup> fluoroquinolone                                                                                                                                                         |
| <i>Pseudomonas aeruginosa</i>                     | Antipseudomonal β-lactam <sup>e</sup> plus (ciprofloxacin or levofloxacin <sup>f</sup> or aminoglycoside)              | Aminoglycoside plus (ciprofloxacin or levofloxacin <sup>f</sup> )                                                                                                                                                    |
| <i>Burkholderia pseudomallei</i>                  | Carbapenem, ceftazidime                                                                                                | Fluoroquinolone, TMP-SMX                                                                                                                                                                                             |
| <i>Acinetobacter</i> species                      | Carbapenem                                                                                                             | Cephalosporin-aminoglycoside, ampicillin-sulbactam, colistin                                                                                                                                                         |
| <i>Staphylococcus aureus</i>                      |                                                                                                                        |                                                                                                                                                                                                                      |
| Methicillin susceptible                           | Antistaphylococcal penicillin <sup>g</sup>                                                                             | Cefazolin, clindamycin                                                                                                                                                                                               |
| Methicillin resistant                             | Vancomycin or linezolid                                                                                                | TMP-SMX                                                                                                                                                                                                              |
| <i>Bordetella pertussis</i>                       | Macrolide                                                                                                              | TMP-SMX                                                                                                                                                                                                              |
| Anaerobe (aspiration)                             | β-Lactam/β-lactamase inhibitor, <sup>d</sup> clindamycin                                                               | Carbapenem                                                                                                                                                                                                           |
| Influenza virus                                   | Oseltamivir or zanamivir                                                                                               |                                                                                                                                                                                                                      |
| <i>Mycobacterium tuberculosis</i>                 | Isoniazid plus rifampin plus ethambutol plus pyrazinamide                                                              | Refer to [243] for specific recommendations                                                                                                                                                                          |
| <i>Coccidioides</i> species                       | For uncomplicated infection in a normal host, no therapy generally recommended; for therapy, itraconazole, fluconazole | Amphotericin B                                                                                                                                                                                                       |
| Histoplasmosis                                    | Itraconazole                                                                                                           | Amphotericin B                                                                                                                                                                                                       |
| Blastomycosis                                     | Itraconazole                                                                                                           | Amphotericin B                                                                                                                                                                                                       |

**NOTE.** Choices should be modified on the basis of susceptibility test results and advice from local specialists. Refer to local references for appropriate doses. ATS, American Thoracic Society; CDC, Centers for Disease Control and Prevention; IDSA, Infectious Diseases Society of America; TMP-SMX, trimethoprim-sulfamethoxazole.

<sup>a</sup> Levofloxacin, moxifloxacin, gemifloxacin (not a first-line choice for penicillin susceptible strains); ciprofloxacin is appropriate for *Legionella* and most gram-negative bacilli (including *H. influenzae*).

<sup>b</sup> Azithromycin is more active in vitro than clarithromycin for *H. influenzae*.

<sup>c</sup> Imipenem-cilastatin, meropenem, ertapenem.

<sup>d</sup> Piperacillin-tazobactam for gram-negative bacilli, ticarcillin-clavulanate, ampicillin-sulbactam or amoxicillin-clavulanate.

<sup>e</sup> Ticarcillin, piperacillin, ceftazidime, cefepime, aztreonam, imipenem, meropenem.

<sup>f</sup> 750 mg daily.

<sup>g</sup> Nafcillin, oxacillin, flucloxacillin.

parenteral to oral therapy and may be used to direct specific oral antimicrobial choices. If, for example, an appropriate culture reveals penicillin-susceptible *S. pneumoniae*, a narrow-spectrum agent (such as penicillin or amoxicillin) may be used. This will, hopefully, reduce the selective pressure for resistance.

The major issue with pathogen-specific therapy is management of bacteremic *S. pneumoniae* CAP. The implications of the observational finding that dual therapy was associated with reduced mortality in bacteremic pneumococcal pneumonia [231–235] are uncertain. One explanation for the reduced mortality may be the presence of undiagnosed coinfection with an atypical pathogen; although reported to occur in 18%–38% of CAP cases in some studies [73, 175], much lower rates of undiagnosed coinfection are found in general [171] and specifically in severe cases [78]. An alternative explanation is the immunomodulatory effects of macrolides [244, 245]. It is important to note that these studies evaluated the effects of initial empirical therapy before the results of blood cultures were known and did not examine effects of pathogen-specific therapy after the results of blood cultures were available. The benefit of combination therapy was also most pronounced in the more severely ill patients [233, 234]. Therefore, discontinuation of combination therapy after results of cultures are known is most likely safe in non-ICU patients.

24. Early treatment (within 48 h of onset of symptoms) with oseltamivir or zanamivir is recommended for influenza A. (Strong recommendation; level I evidence.)
25. Use of oseltamivir and zanamivir is not recommended for patients with uncomplicated influenza with symptoms for >48 h (level I evidence), but these drugs may be used to reduce viral shedding in hospitalized patients or for influenza pneumonia. (Moderate recommendation; level III evidence.)

Studies that demonstrate that treatment of influenza is effective only if instituted within 48 h of the onset of symptoms have been performed only in uncomplicated cases [246–249]. The impact of such treatment on patients who are hospitalized with influenza pneumonia or a bacterial pneumonia complicating influenza is unclear. In hospitalized adults with influenza, a minority of whom had radiographically documented pneumonia, no obvious benefit was found in one retrospective study of amantadine treatment [250]. Treatment of antigen- or culture-positive patients with influenza with antivirals in addition to antibiotics is warranted, even if the radiographic infiltrate is caused by a subsequent bacterial superinfection. Because of the longer period of persistent positivity after infection, the appropriate treatment for patients diagnosed with only 1 of the rapid diagnostic tests is unclear. Because such patients often have recoverable virus (median duration of 4 days) after hos-

pitalization, antiviral treatment seems reasonable from an infection-control standpoint alone.

Because of its broad influenza spectrum, low risk of resistance emergence, and lack of bronchospasm risk, oseltamivir is an appropriate choice for hospitalized patients. The neuraminidase inhibitors are effective against both influenza A and B viruses, whereas the M2 inhibitors, amantadine, and rimantadine are active only against influenza A [251]. In addition, viruses recently circulating in the United States and Canada are often resistant to the M2 inhibitors on the basis of antiviral testing [252, 253]. Therefore, neither amantadine nor rimantadine should be used for treatment or chemoprophylaxis of influenza A in the United States until susceptibility to these antiviral medications has been reestablished among circulating influenza A viruses [249].

Early treatment of influenza in ambulatory adults with inhaled zanamivir or oral oseltamivir appears to reduce the likelihood of lower respiratory tract complications [254–256]. The use of influenza antiviral medications appears to reduce the likelihood of respiratory tract complications, as reflected by reduced usage rates of antibacterial agents in ambulatory patients with influenza. Although clearly important in outpatient pneumonia, this experience may also apply to patients hospitalized primarily for influenza.

Parenteral acyclovir is indicated for treatment of varicella-zoster virus infection [257] or herpes simplex virus pneumonia. No antiviral treatment of proven value is available for other viral pneumonias—that is, parainfluenza virus, RSV, adenovirus, metapneumovirus, the SARS agent, or hantavirus. For all patients with viral pneumonias, a high clinical suspicion of bacterial superinfection should be maintained.

#### *Pandemic influenza.*

26. Patients with an illness compatible with influenza and with known exposure to poultry in areas with previous H5N1 infection should be tested for H5N1 infection. (Moderate recommendation; level III evidence.)
27. In patients with suspected H5N1 infection, droplet precautions and careful routine infection control measures should be used until an H5N1 infection is ruled out. (Moderate recommendation; level III evidence.)
28. Patients with suspected H5N1 infection should be treated with oseltamivir (level II evidence) and antibacterial agents targeting *S. pneumoniae* and *S. aureus*, the most common causes of secondary bacterial pneumonia in patients with influenza (level III evidence). (Moderate recommendation.)

Recent human infections caused by avian influenza A (H5N1) in Vietnam, Thailand, Cambodia, China, Indonesia, Egypt, and Turkey raise the possibility of a pandemic in the

near future. The severity of H5N1 infection in humans distinguishes it from that caused by routine seasonal influenza. Respiratory failure requiring hospitalization and intensive care has been seen in the majority of the >140 recognized cases, and mortality is ~50% [258, 259]. If a pandemic occurs, deaths will result from primary influenza pneumonia with or without secondary bacterial pneumonia. This section highlights issues for consideration, recognizing that treatment recommendations will likely change as the pandemic progresses. More specific guidance can be found on the IDSA, ATS, CDC, and WHO Web sites as the key features of the pandemic become clearer. Additional guidance is available at <http://www.pandemicflu.gov>.

The WHO has delineated 6 phases of an influenza pandemic, defined by increasing levels of risk and public health response [260]. During the current pandemic alert phase (phase 3: cases of novel influenza infection without sustained person-to-person transmission), testing should be focused on confirming all suspected cases in areas where H5N1 infection has been documented in poultry and on detecting the arrival of the pandemic strain in unaffected countries. Early clinical features of H5N1 infection include persistent fever, cough, and respiratory difficulty progressing over 3–5 days, as well as lymphopenia on admission to the hospital [258, 259, 261]. Exposure to sick and dying poultry in an area with known or suspected H5N1 activity has been reported by most patients, although the recognition of poultry outbreaks has sometimes followed the recognition of human cases [261].

Rapid bedside tests to detect influenza A have been used as screening tools for avian influenza in some settings. Throat swabs tested by RT-PCR have been the most sensitive for confirming H5N1 infection to date, but nasopharyngeal swabs, washes, and aspirates; BAL fluid; lung and other tissues; and stool have yielded positive results by RT-PCR and viral culture with varying sensitivity. Convalescent-phase serum can be tested by microneutralization for antibodies to H5 antigen in a small number of international reference laboratories. Specimens from suspected cases of H5N1 infection should be sent to public health laboratories with appropriate biocontainment facilities; the case should be discussed with health department officials to arrange the transfer of specimens and to initiate an epidemiologic evaluation. During later phases of an ongoing pandemic, testing may be necessary for many more patients, so that appropriate treatment and infection control decisions can be made, and to assist in defining the extent of the pandemic. Recommendations for such testing will evolve on the basis of the features of the pandemic, and guidance should be sought from the CDC and WHO Web sites (<http://www.cdc.gov> and <http://www.who.int>).

Patients with confirmed or suspected H5N1 influenza should be treated with oseltamivir. Most H5N1 isolates since 2004 have been susceptible to the neuraminidase inhibitors oseltamivir

and zanamivir and resistant to the adamantanes (amantidine and rimantidine) [262, 263]. The current recommendation is for a 5-day course of treatment at the standard dosage of 75 mg 2 times daily. In addition, droplet precautions should be used for patients with suspected H5N1 influenza, and they should be placed in respiratory isolation until that etiology is ruled out. Health care personnel should wear N-95 (or higher) respirators during medical procedures that have a high likelihood of generating infectious respiratory aerosols.

Bacterial superinfections, particularly pneumonia, are important complications of influenza pneumonia. The bacterial etiologies of CAP after influenza infection have included *S. pneumoniae*, *S. aureus*, *H. influenzae*, and group A streptococci. *Legionella*, *Chlamydia*, and *Mycoplasma* species are not important causes of secondary bacterial pneumonia after influenza. Appropriate agents would therefore include cefotaxime, ceftriaxone, and respiratory fluoroquinolones. Treatment with vancomycin, linezolid, or other agents directed against CA-MRSA should be limited to patients with confirmed infection or a compatible clinical presentation (shock and necrotizing pneumonia). Because shortages of antibacterials and antivirals are anticipated during a pandemic, the appropriate use of diagnostic tests will be even more important to help target antibacterial therapy whenever possible, especially for patients admitted to the hospital.

#### Time to First Antibiotic Dose

29. For patients admitted through the ED, the first antibiotic dose should be administered while still in the ED. (Moderate recommendation; level III evidence.)

Time to first antibiotic dose for CAP has recently received significant attention from a quality-of-care perspective. This emphasis is based on 2 retrospective studies of Medicare beneficiaries that demonstrated statistically significantly lower mortality among patients who received early antibiotic therapy [109, 264]. The initial study suggested a breakpoint of 8 h [264], whereas the subsequent analysis found that 4 h was associated with lower mortality [109]. Studies that document the time to first antibiotic dose do not consistently demonstrate this difference, although none had as large a patient population. Most importantly, prospective trials of care by protocol have not demonstrated a survival benefit to increasing the percentage of patients with CAP who receive antibiotics within the first 4–8 h [22, 65]. Early antibiotic administration does not appear to shorten the time to clinical stability, either [265], although time of first dose does appear to correlate with LOS [266, 267]. A problem of internal consistency is also present, because, in both studies [109, 264], patients who received antibiotics in the first 2 h after presentation actually did worse than those who re-

ceived antibiotics 2–4 h after presentation. For these and other reasons, the committee did not feel that a specific time window for delivery of the first antibiotic dose should be recommended. However, the committee does feel that therapy should be administered as soon as possible after the diagnosis is considered likely.

Conversely, a delay in antibiotic therapy has adverse consequences in many infections. For critically ill, hemodynamically unstable patients, early antibiotic therapy should be encouraged, although no prospective data support this recommendation. Delay in beginning antibiotic treatment during the transition from the ED is not uncommon. Especially with the frequent use of once-daily antibiotics for CAP, timing and communication issues may result in patients not receiving antibiotics for >8 h after hospital admission. The committee felt that the best and most practical resolution to this issue was that the initial dose be given in the ED [22].

Data from the Medicare database indicated that antibiotic treatment before hospital admission was also associated with lower mortality [109]. Given that there are even more concerns regarding timing of the first dose of antibiotic when the patient is directly admitted to a busy inpatient unit, provision of the first dose in the physician's office may be best if the recommended oral or intramuscular antibiotics are available in the office.

### Switch from Intravenous to Oral Therapy

30. Patients should be switched from intravenous to oral therapy when they are hemodynamically stable and improving clinically, are able to ingest medications, and have a normally functioning gastrointestinal tract. (Strong recommendation; level II evidence.)
31. Patients should be discharged as soon as they are clinically stable, have no other active medical problems, and have a safe environment for continued care. Inpatient observation while receiving oral therapy is not necessary. (Moderate recommendation; level II evidence.)

With the use of a potent, highly bioavailable antibiotic, the ability to eat and drink is the major consideration for switching from intravenous to oral antibiotic therapy for non-ICU patients. Initially, Ramirez et al. [268] defined a set of criteria for an early switch from intravenous to oral therapy (table 10). In general, as many as two-thirds of all patients have clinical improvement and meet criteria for a therapy switch in the first 3 days, and most non-ICU patients meet these criteria by day 7.

Subsequent studies have suggested that even more liberal criteria are adequate for the switch to oral therapy. An alternative approach is to change from intravenous to oral therapy

**Table 10. Criteria for clinical stability.**

---

|                                                                                   |
|-----------------------------------------------------------------------------------|
| Temperature $\leq 37.8^{\circ}\text{C}$                                           |
| Heart rate $\leq 100$ beats/min                                                   |
| Respiratory rate $\leq 24$ breaths/min                                            |
| Systolic blood pressure $\geq 90$ mm Hg                                           |
| Arterial oxygen saturation $\geq 90\%$ or $\text{pO}_2 \geq 60$ mm Hg on room air |
| Ability to maintain oral intake <sup>a</sup>                                      |
| Normal mental status <sup>a</sup>                                                 |

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**NOTE.** Criteria are from [268, 274, 294].  $\text{pO}_2$ , oxygen partial pressure.

<sup>a</sup> Important for discharge or oral switch decision but not necessarily for determination of nonresponse.

at a predetermined time, regardless of the clinical response [269]. One study population with nonsevere illness was randomized to receive either oral therapy alone or intravenous therapy, with the switch occurring after 72 h without fever. The study population with severe illness was randomized to receive either intravenous therapy with a switch to oral therapy after 2 days or a full 10-day course of intravenous antibiotics. Time to resolution of symptoms for the patients with nonsevere illness was similar with either regimen. Among patients with more severe illness, the rapid switch to oral therapy had the same rate of treatment failure and the same time to resolution of symptoms as prolonged intravenous therapy. The rapid-switch group required fewer inpatient days (6 vs. 11), although this was likely partially a result of the protocol, but the patients also had fewer adverse events.

The need to keep patients in the hospital once clinical stability is achieved has been questioned, even though physicians commonly choose to observe patients receiving oral therapy for  $\geq 1$  day. Even in the presence of pneumococcal bacteremia, a switch to oral therapy can be safely done once clinical stability is achieved and prolonged intravenous therapy is not needed [270]. Such patients generally take longer (approximately half a day) to become clinically stable than do nonbacteremic patients. The benefits of in-hospital observation after a switch to oral therapy are limited and add to the cost of care [32].

Discharge should be considered when the patient is a candidate for oral therapy and when there is no need to treat any comorbid illness, no need for further diagnostic testing, and no unmet social needs [32, 271, 272]. Although it is clear that clinically stable patients can be safely switched to oral therapy and discharged, the need to wait for all of the features of clinical stability to be present before a patient is discharged is uncertain. For example, not all investigators have found it necessary to have the white blood cell count improve. Using the definition for clinical stability in table 10, Halm et al. [273] found that 19.1% of 680 patients were discharged from the hospital with  $\geq 1$  instability. Death or readmission occurred in 10.5% of patients with no instability on discharge, in 13.7% of patients with 1 instability, and in 46.2% with  $\geq 2$  instabilities. In general,

patients in higher PSI classes take longer to reach clinical stability than do patients in lower risk classes [274]. This finding may reflect the fact that elderly patients with multiple comorbidities often recover more slowly. Arrangements for appropriate follow-up care, including rehabilitation, should therefore be initiated early for these patients.

In general, when switching to oral antibiotics, either the same agent as the intravenous antibiotic or the same drug class should be used. Switching to a different class of agents simply because of its high bioavailability (such as a fluoroquinolone) is probably not necessary for a responding patient. For patients who received intravenous  $\beta$ -lactam–macrolide combination therapy, a switch to a macrolide alone appears to be safe for those who do not have DRSP or gram-negative enteric pathogens isolated [275].

### Duration of Antibiotic Therapy

32. Patients with CAP should be treated for a minimum of 5 days (level I evidence), should be afebrile for 48–72 h, and should have no more than 1 CAP-associated sign of clinical instability (table 10) before discontinuation of therapy (level II evidence). (Moderate recommendation.)
33. A longer duration of therapy may be needed if initial therapy was not active against the identified pathogen or if it was complicated by extrapulmonary infection, such as meningitis or endocarditis. (Weak recommendation; level III evidence.)

Most patients with CAP have been treated for 7–10 days or longer, but few well-controlled studies have evaluated the optimal duration of therapy for patients with CAP, managed in or out of the hospital. Available data on short-course treatment do not suggest any difference in outcome with appropriate therapy in either inpatients or outpatients [276]. Duration is also difficult to define in a uniform fashion, because some antibiotics (such as azithromycin) are administered for a short time yet have a long half-life at respiratory sites of infection.

In trials of antibiotic therapy for CAP, azithromycin has been used for 3–5 days as oral therapy for outpatients, with some reports of single-dose therapy for patients with atypical pathogen infections [276–278]. Results with azithromycin should not be extrapolated to other drugs with significantly shorter half-lives. The ketolide telithromycin has been used for 5–7 days to treat outpatients, including some with pneumococcal bacteremia or PSI classes  $\geq$ III [211]. In a recent study, high-dose (750 mg) levofloxacin therapy for 5 days was equally successful and resulted in more afebrile patients by day 3 than did the 500-mg dose for 7–10 days (49.1% vs. 38.5%;  $P = .03$ ) [276]. On the basis of these studies, 5 days appears to be

the minimal overall duration of therapy documented to be effective in usual forms of CAP.

As is discussed above, most patients become clinically stable within 3–7 days, so longer durations of therapy are rarely necessary. Patients with persistent clinical instability are often readmitted to the hospital and may not be candidates for short-duration therapy. Short-duration therapy may be suboptimal for patients with bacteremic *S. aureus* pneumonia (because of the risk of associated endocarditis and deep-seated infection), for those with meningitis or endocarditis complicating pneumonia, and for those infected with other, less common pathogens (e.g., *Burkholderia pseudomallei* or endemic fungi). An 8-day course of therapy for nosocomial *P. aeruginosa* pneumonia led to relapse more commonly than did a 15-day course of therapy [279]. Whether the same results would be applicable to CAP cases is unclear, but the presence of cavities or other signs of tissue necrosis may warrant prolonged treatment. Studies of duration of therapy have focused on patients receiving empirical treatment, and reliable data defining treatment duration after an initially ineffective regimen are lacking.

### OTHER TREATMENT CONSIDERATIONS

34. Patients with CAP who have persistent septic shock despite adequate fluid resuscitation should be considered for treatment with drotrecogin alfa activated within 24 h of admission. (Weak recommendation, level II evidence.)

Drotrecogin alfa activated is the first immunomodulatory therapy approved for severe sepsis. In the United States, the FDA recommended the use of drotrecogin alfa activated for patients at high risk of death. The high-risk criterion suggested by the FDA was an Acute Physiologic and Chronic Health Assessment (APACHE) II score  $\geq$ 25, based on a subgroup analysis of the overall study. However, the survival advantage (absolute risk reduction, 9.8%) of drotrecogin alfa activated treatment of patients in the CAP subgroup was equivalent to that in the subgroup with APACHE II scores  $\geq$ 25 [92, 280, 281]. The greatest reduction in the mortality rate was for *S. pneumoniae* infection (relative risk, 0.56; 95% CI, 0.35–0.88) [282]. Subsequent data have suggested that the benefit appears to be greatest when the treatment is given as early in the hospital admission as possible. In the subgroup with severe CAP caused by a pathogen other than *S. pneumoniae* and treated with appropriate antibiotics, there was no evidence that drotrecogin alfa activated affected mortality.

Although the benefit of drotrecogin alfa activated is clearly greatest for patients with CAP who have high APACHE II scores, this criterion alone may not be adequate to select appropriate patients. An APACHE II score  $\geq$ 25 was selected by a subgroup analysis of the entire study cohort and may not be

similarly calibrated in a CAP-only cohort. Two-organ failure, the criterion suggested for drotrecogin alfa activated use by the European regulatory agency, did not influence the mortality benefit for patients with CAP [92].

Therefore, in addition to patients with septic shock, other patients with severe CAP could be considered for treatment with drotrecogin alfa activated. Those with sepsis-induced leukopenia are at extremely high risk of death and ARDS and are, therefore, potential candidates. Conversely, the benefit of drotrecogin alfa activated is not as clear when respiratory failure is caused more by exacerbation of underlying lung disease rather than by the pneumonia itself. Other minor criteria for severe CAP proposed above are similar to organ failure criteria used in many sepsis trials. Consideration of treatment with drotrecogin alfa activated is appropriate, but the strength of the recommendation is only level II.

35. Hypotensive, fluid-resuscitated patients with severe CAP should be screened for occult adrenal insufficiency. (Moderate recommendation; level II evidence.)

A large, multicenter trial has suggested that stress-dose (200–300 mg of hydrocortisone per day or equivalent) steroid treatment improves outcomes of vasopressor-dependent patients with septic shock who do not have an appropriate cortisol response to stimulation [283]. Once again, patients with CAP made up a significant fraction of patients entered into the trial. In addition, 3 small pilot studies have suggested that there is a benefit to corticosteroid therapy even for patients with severe CAP who are not in shock [284–286]. The small sample size and baseline differences between groups compromise the conclusions. Although the criteria for steroid replacement therapy remain controversial, the frequency of intermittent steroid treatment in patients at risk for severe CAP, such as those with severe COPD, suggests that screening of patients with severe CAP is appropriate with replacement if inadequate cortisol levels are documented. If corticosteroids are used, close attention to tight glucose control is required [287].

36. Patients with hypoxemia or respiratory distress should receive a cautious trial of noninvasive ventilation (NIV) unless they require immediate intubation because of severe hypoxemia (arterial oxygen pressure/fraction of inspired oxygen [ $\text{PaO}_2/\text{FiO}_2$ ] ratio,  $<150$ ) and bilateral alveolar infiltrates. (Moderate recommendation; level I evidence.)

Patients who do not require immediate intubation but who have either hypoxemia or respiratory distress should receive a trial of NIV [114, 288, 289]. Patients with underlying COPD are most likely to benefit. Patients with CAP who were ran-

domized to receive NIV had a  $>25\%$  absolute risk reduction for the need for intubation [114]. The use of NIV may also improve intermediate-term mortality. Inability to expectorate may limit the use of NIV [290], but intermittent application of NIV may allow for its use in patients with productive cough unless sputum production is excessive. Prompt recognition of a failed NIV trial is critically important, because most studies demonstrate worse outcomes for patients who require intubation after a prolonged NIV trial [288, 290]. Within the first 1–2 h of NIV, failure to improve respiratory rate and oxygenation [114, 289, 290] or failure to decrease carbon dioxide partial pressure ( $\text{pCO}_2$ ) in patients with initial hypercarbia [114] predicts NIV failure and warrants prompt intubation. NIV provides no benefit for patients with ARDS [289], which may be nearly indistinguishable from CAP among patients with bilateral alveolar infiltrates. Patients with CAP who have severe hypoxemia ( $\text{PaO}_2/\text{FiO}_2$  ratio,  $<150$ ) are also poor candidates for NIV [290].

37. Low-tidal-volume ventilation (6  $\text{cm}^3/\text{kg}$  of ideal body weight) should be used for patients undergoing ventilation who have diffuse bilateral pneumonia or ARDS. (Strong recommendation; level I evidence.)

Distinguishing between diffuse bilateral pneumonia and ARDS is difficult, but it may not be an important distinction. Results of the ARDSNet trial suggest that the use of low-tidal-volume ventilation provides a survival advantage [291]. Pneumonia, principally CAP, was the most common cause of ARDS in that trial, and the benefit of the low-tidal-volume ventilatory strategy appeared to be equivalent in the population with pneumonia compared with the entire cohort. The absolute risk reduction for mortality in the pneumonia cohort was 11%, indicating that, in order to avoid 1 death, 9 patients must be treated [292].

Other aspects of the management of severe sepsis and septic shock in patients with CAP do not appear to be significantly different from those for patients with other sources of infection. Recommendations for these aspects of care are reviewed elsewhere [293].

## MANAGEMENT OF NONRESPONDING PNEUMONIA

Because of the limitations of diagnostic testing, the majority of CAP is still treated empirically. Critical to empirical therapy is an understanding of the management of patients who do not follow the normal response pattern.

Although difficult to define, nonresponse is not uncommon. Overall, 6%–15% of hospitalized patients with CAP do not respond to the initial antibiotic treatment [81, 84, 101, 294]. The incidence of treatment failure among patients with CAP

who are not hospitalized is not well known, because population-based studies are required. Almirall et al. [295] described an overall hospitalization rate of 60% in a population-based study, but the rate of failure among the 30% of patients who initially presented to their primary care physician was not provided. The frequency of prior antibiotic therapy among Medicare patients admitted to the hospital with CAP is 24%–40% [95, 109], but the percentage who received prior antibiotic therapy for the acute episode of pneumonia itself versus other indications is unclear. For patients initially admitted to the ICU, the risk of failure to respond is already high; as many as 40% will experience deterioration even after initial stabilization in the ICU [101].

Mortality among nonresponding patients is increased several-fold in comparison with that among responding patients [296]. Overall mortality rates as high as 49% have been reported for an entire population of nonresponding hospitalized patients with CAP [76, 84, 101], and the mortality rate reported in one study of early failure was 27% [81]. APACHE II score was not the only factor independently associated with mortality in the nonresponding group, suggesting that the excess mortality may be due to factors other than severity of illness at presentation [101].

#### *Definition and classification.*

38. The use of a systematic classification of possible causes of failure to respond, based on time of onset and type of failure (table 11), is recommended. (Moderate recommendation; level II evidence.)

The term “nonresponding pneumonia” is used to define a situation in which an inadequate clinical response is present despite antibiotic treatment. Lack of a clear-cut and validated definition in the literature makes nonresponse difficult to study. Lack of response also varies according to the site of treatment. Lack of response in outpatients is very different from that in patients admitted to the ICU. The time of evaluation is also important. Persistent fever after the first day of treatment differs significantly from fever persisting (or recurring) at day 7 of treatment.

Table 11 provides a construct for evaluating nonresponse to antibiotic treatment of CAP, based on several studies addressing this issue [76, 81, 84, 101]. Two patterns of unacceptable response are seen in hospitalized patients [101]. The first is progressive pneumonia or actual clinical deterioration, with acute respiratory failure requiring ventilatory support and/or septic shock, usually occurring within the first 72 h of hospital admission. As is noted above, as many as 45% of patients with CAP who ultimately require ICU admission are initially admitted to a non-ICU setting and are transferred because of deterioration [75]. Deterioration and development of respira-

**Table 11. Patterns and etiologies of types of failure to respond.**

|                                        |
|----------------------------------------|
| Failure to improve                     |
| Early (<72 h of treatment)             |
| Normal response                        |
| Delayed                                |
| Resistant microorganism                |
| Uncovered pathogen                     |
| Inappropriate by sensitivity           |
| Parapneumonic effusion/empyema         |
| Nosocomial superinfection              |
| Nosocomial pneumonia                   |
| Extrapulmonary                         |
| Noninfectious                          |
| Complication of pneumonia (e.g., BOOP) |
| Misdiagnosis: PE, CHF, vasculitis      |
| Drug fever                             |
| Deterioration or progression           |
| Early (<72 h of treatment)             |
| Severity of illness at presentation    |
| Resistant microorganism                |
| Uncovered pathogen                     |
| Inappropriate by sensitivity           |
| Metastatic infection                   |
| Empyema/parapneumonic                  |
| Endocarditis, meningitis, arthritis    |
| Inaccurate diagnosis                   |
| PE, aspiration, ARDS                   |
| Vasculitis (e.g., SLE)                 |
| Delayed                                |
| Nosocomial superinfection              |
| Nosocomial pneumonia                   |
| Extrapulmonary                         |
| Exacerbation of comorbid illness       |
| Intercurrent noninfectious disease     |
| PE                                     |
| Myocardial infarction                  |
| Renal failure                          |

**NOTE.** ARDS, acute respiratory distress syndrome; BOOP, bronchiolitis obliterans organizing pneumonia; CHF, congestive heart failure; PE, pulmonary embolus; SLE, systemic lupus erythematosus.

tory failure or hypotension >72 h after initial treatment is often related to intercurrent complications, deterioration in underlying disease, or development of nosocomial superinfection.

The second pattern is that of persistent or nonresponding pneumonia. Nonresponse can be defined as absence of or delay in achieving clinical stability, using the criteria in table 10 [274, 294]. When these criteria were used, the median time to achieve clinical stability was 3 days for all patients, but a quarter of patients took  $\geq 6$  days to meet all of these criteria for stability [274]. Stricter definitions for each of the criteria and higher PSI scores were associated with longer times to achieve clinical stability. Conversely, subsequent transfer to the ICU after achieving this degree of clinical stability occurred in <1% of

cases. A separate multicenter trial demonstrated similar findings [297]. Given these results, concern regarding nonresponse should be tempered before 72 h of therapy. Antibiotic changes during this period should be considered only for patients with deterioration or in whom new culture data or epidemiologic clues suggest alternative etiologies.

Finally, nonresolving or slow-resolving pneumonia has been used to refer to the conditions of patients who present with persistence of pulmonary infiltrates >30 days after initial pneumonia-like syndrome [298]. As many as 20% of these patients will be found to have diseases other than CAP when carefully evaluated [295].

Two studies have evaluated the risk factors for a lack of response in multivariate analyses [81, 84], including those amenable to medical intervention. Use of fluoroquinolones was independently associated with a better response in one study [84], whereas discordant antimicrobial therapy was associated with early failure [81]. In table 12, the different risk and protective factors and their respective odds ratios are summarized.

Specific causes that may be responsible for a lack of response in CAP have been classified by Arancibia et al. [101] (table 11). This classification may be useful for clinicians as a systematic approach to diagnose the potential causes of nonresponse in CAP. Although in the original study only 8 (16%) of 49 cases could not be classified [101], a subsequent prospective multicenter trial found that the cause of failure could not be determined in 44% [84].

**Management of nonresponding CAP.** Nonresponse to antibiotics in CAP will generally result in  $\geq 1$  of 3 clinical responses: (1) transfer of the patient to a higher level of care, (2)

further diagnostic testing, and (3) escalation or change in treatment. Issues regarding hospital admission and ICU transfer are discussed above.

An inadequate host response, rather than inappropriate antibiotic therapy or unexpected microorganisms, is the most common cause of apparent antibiotic failure when guideline-recommended therapy is used. Decisions regarding further diagnostic testing and antibiotic change/escalation are intimately intertwined and need to be discussed in tandem.

Information regarding the utility of extensive microbiological testing in cases of nonresponding CAP is mainly retrospective and therefore affected by selection bias. A systematic diagnostic approach, which included invasive, noninvasive, and imaging procedures, in a series of nonresponding patients with CAP obtained a specific diagnosis in 73% [101]. In a different study, mortality among patients with microbiologically guided versus empirical antibiotic changes was not improved (mortality rate, 67% vs. 64%, respectively) [76]. However, no antibiotic changes were based solely on sputum smears, suggesting that invasive cultures or nonculture methods may be needed.

Mismatch between the susceptibility of a common causative organism, infection with a pathogen not covered by the usual empirical regimen, and nosocomial superinfection pneumonia are major causes of apparent antibiotic failure. Therefore, the first response to nonresponse or deterioration is to reevaluate the initial microbiological results. Culture or sensitivity data not available at admission may now make the cause of clinical failure obvious. In addition, a further history of any risk factors for infection with unusual microorganisms (table 8) should be taken if not done previously. Viruses are relatively neglected as

**Table 12. Factors associated with nonresponding pneumonia.**

| Risk factor                 | Overall failure <sup>a</sup> |                | Early failure <sup>b</sup> |                |
|-----------------------------|------------------------------|----------------|----------------------------|----------------|
|                             | Decreased risk               | Increased risk | Decreased risk             | Increased risk |
| Older age (>65 years)       | ...                          | ...            | 0.35                       | ...            |
| COPD                        | 0.60                         | ...            | ...                        | ...            |
| Liver disease               | ...                          | 2.0            | ...                        | ...            |
| Vaccination                 | 0.3                          | ...            | ...                        | ...            |
| Pleural effusion            | ...                          | 2.7            | ...                        | ...            |
| Multilobar infiltrates      | ...                          | 2.1            | ...                        | 1.81           |
| Cavitation                  | ...                          | 4.1            | ...                        | ...            |
| Leukopenia                  | ...                          | 3.7            | ...                        | ...            |
| PSI class                   | ...                          | 1.3            | ...                        | 2.75           |
| <i>Legionella pneumonia</i> | ...                          | ...            | ...                        | 2.71           |
| Gram-negative pneumonia     | ...                          | ...            | ...                        | 4.34           |
| Fluoroquinolone therapy     | 0.5                          | ...            | ...                        | ...            |
| Concordant therapy          | ...                          | ...            | 0.61                       | ...            |
| Discordant therapy          | ...                          | ...            | ...                        | 2.51           |

**NOTE.** Data are relative risk values. COPD, chronic obstructive pulmonary disease; PSI, Pneumonia Severity Index.

<sup>a</sup> From [84].

<sup>b</sup> From [81].

a cause of infection in adults but may account for 10%–20% of cases [299]. Other family members or coworkers may have developed viral symptoms in the interval since the patient was admitted, increasing suspicion of this cause.

The evaluation of nonresponse is severely hampered if a microbiological diagnosis was not made on initial presentation. If cultures were not obtained, clinical decisions are much more difficult than if the adequate cultures were obtained but negative. Risk factors for nonresponse or deterioration (table 12), therefore, figure prominently in the list of situations in which more aggressive initial diagnostic testing is warranted (table 5).

Blood cultures should be repeated for deterioration or progressive pneumonia. Deteriorating patients have many of the risk factors for bacteremia, and blood cultures are still high yield even in the face of prior antibiotic therapy [95]. Positive blood culture results in the face of what should be adequate antibiotic therapy should increase the suspicion of either antibiotic-resistant isolates or metastatic sites, such as endocarditis or arthritis.

Despite the high frequency of infectious pulmonary causes of nonresponse, the diagnostic utility of respiratory tract cultures is less clear. Caution in the interpretation of sputum or tracheal aspirate cultures, especially of gram-negative bacilli, is warranted because early colonization, rather than superinfection with resistant bacteria, is not uncommon in specimens obtained after initiation of antibiotic treatment. Once again, the absence of multidrug-resistant pathogens, such as MRSA or *Pseudomonas*, is strong evidence that they are not the cause of nonresponse. An etiology was determined by bronchoscopy in 44% of patients with CAP, mainly in those not responding to therapy [300]. Despite the potential benefit suggested by these results, and in contrast to ventilator-associated pneumonia [301, 302], no randomized study has compared the utility of invasive versus noninvasive strategies in the CAP population with nonresponse.

Rapid urinary antigen tests for *S. pneumoniae* and *L. pneumophila* remain positive for days after initiation of antibiotic therapy [147, 152] and, therefore, may be high-yield tests in this group. A urinary antigen test result that is positive for *L. pneumophila* has several clinical implications, including that coverage for *Legionella* should be added if not started empirically [81]. This finding may be a partial explanation for the finding that fluoroquinolones are associated with a lower incidence of nonresponse [84]. If a patient has persistent fever, the faster response to fluoroquinolones in *Legionella* CAP warrants consideration of switching coverage from a macrolide [303]. Stopping the  $\beta$ -lactam component of combination therapy to exclude drug fever is probably also safe [156]. Because one of the major explanations for nonresponse is poor host immunity rather than incorrect antibiotics, a positive pneumococcal antigen test result would at least clarify the probable

original pathogen and turn attention to other causes of failure. In addition, a positive pneumococcal antigen test result would also help with interpretation of subsequent sputum/tracheal aspirate cultures, which may indicate early superinfection.

Nonresponse may also be mimicked by concomitant or subsequent extrapulmonary infection, such as intravascular catheter, urinary, abdominal, and skin infections, particularly in ICU patients. Appropriate cultures of these sites should be considered for patients with nonresponse to CAP therapy.

In addition to microbiological diagnostic procedures, several other tests appear to be valuable for selected patients with nonresponse:

- Chest CT. In addition to ruling out pulmonary emboli, a CT scan can disclose other reasons for antibiotic failure, including pleural effusions, lung abscess, or central airway obstruction. The pattern of opacities may also suggest alternative noninfectious disease, such as bronchiolitis obliterans organizing pneumonia.
- Thoracentesis. Empyema and parapneumonic effusions are important causes of nonresponse [81, 101], and thoracentesis should be performed whenever significant pleural fluid is present.
- Bronchoscopy with BAL and transbronchial biopsies. If the differential of nonresponse includes noninfectious pneumonia mimics, bronchoscopy will provide more diagnostic information than routine microbiological cultures. BAL may reveal noninfectious entities, such as pulmonary hemorrhage or acute eosinophilic pneumonia, or hints of infectious diseases, such as lymphocytic rather than neutrophilic alveolitis pointing toward virus or *Chlamydomphila* infection. Transbronchial biopsies can also yield a specific diagnosis.

Antibiotic management of nonresponse in CAP has not been studied. The overwhelming majority of cases of apparent nonresponse are due to the severity of illness at presentation or a delay in treatment response related to host factors. Other than the use of combination therapy for severe bacteremic pneumococcal pneumonia [112, 231, 233, 234], there is no documentation that additional antibiotics for early deterioration lead to a better outcome. The presence of risk factors for potentially untreated microorganisms may warrant temporary empirical broadening of the antibiotic regimen until results of diagnostic tests are available.

## PREVENTION

39. All persons  $\geq 50$  years of age, others at risk for influenza complications, household contacts of high-risk persons, and health care workers should receive inactivated influenza vaccine as recommended by the Advisory Committee on Immunization Practices (ACIP), CDC. (Strong recommendation; level I evidence.)

**Table 13. Recommendations for vaccine prevention of community-acquired pneumonia.**

| Factor                                         | Pneumococcal polysaccharide vaccine                                                                                                                                                                                                                                         | Inactivated influenza vaccine                                                                                                                                                                                                                                                                           | Live attenuated influenza vaccine                                                                                           |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Route of administration                        | Intramuscular injection                                                                                                                                                                                                                                                     | Intramuscular injection                                                                                                                                                                                                                                                                                 | Intranasal spray                                                                                                            |
| Type of vaccine                                | Bacterial component (polysaccharide capsule)                                                                                                                                                                                                                                | Killed virus                                                                                                                                                                                                                                                                                            | Live virus                                                                                                                  |
| Recommended groups                             | All persons $\geq 65$ years of age<br><br>High-risk persons 2–64 years of age<br>Current smokers <sup>b</sup>                                                                                                                                                               | All persons $\geq 50$ years of age<br><br>High-risk persons 6 months–49 years of age<br>Household contacts of high-risk persons<br>Health care providers<br>Children 6–23 months of age                                                                                                                 | Healthy persons 5–49 years of age, <sup>a</sup> including health care providers and household contacts of high-risk persons |
| Specific high-risk indications for vaccination | Chronic cardiovascular, pulmonary, renal, or liver disease<br><br>Diabetes mellitus<br><br>Cerebrospinal fluid leaks<br>Alcoholism<br>Asplenia<br><br>Immunocompromising conditions/medications<br>Native Americans and Alaska natives<br>Long-term care facility residents | Chronic cardiovascular or pulmonary disease (including asthma)<br><br>Chronic metabolic disease (including diabetes mellitus)<br><br>Renal dysfunction<br>Hemoglobinopathies<br>Immunocompromising conditions/medications<br>Compromised respiratory function or increased aspiration risk<br>Pregnancy | Avoid in high-risk persons                                                                                                  |
| Revaccination schedule                         | One-time revaccination after 5 years for (1) adults $\geq 65$ years of age, if the first dose is received before age 65 years; (2) persons with asplenia; and (3) immunocompromised persons                                                                                 | Annual revaccination                                                                                                                                                                                                                                                                                    | Annual revaccination                                                                                                        |

**NOTE.** Adapted from the Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention [304].

<sup>a</sup> Avoid use in persons with asthma, reactive airways disease, or other chronic disorders of the pulmonary or cardiovascular systems; persons with other underlying medical conditions, including diabetes, renal dysfunction, and hemoglobinopathies; persons with immunodeficiencies or who receive immunosuppressive therapy; children or adolescents receiving salicylates; persons with a history of Guillain-Barré syndrome; and pregnant women.

<sup>b</sup> Vaccinating current smokers is recommended by the Pneumonia Guidelines Committee but is not currently an indication for vaccine according to the Advisory Committee on Immunization Practices statement.

40. The intranasally administered live attenuated vaccine is an alternative vaccine formulation for some persons 5–49 years of age without chronic underlying diseases, including immunodeficiency, asthma, or chronic medical conditions. (Strong recommendation; level I evidence.)
41. Health care workers in inpatient and outpatient settings and long-term care facilities should receive annual influenza immunization. (Strong recommendation; level I evidence.)
42. Pneumococcal polysaccharide vaccine is recommended for persons  $\geq 65$  years of age and for those with selected

high-risk concurrent diseases, according to current ACIP guidelines. (Strong recommendation; level II evidence.)

Vaccines targeting pneumococcal disease and influenza remain the mainstay for preventing CAP. Pneumococcal polysaccharide vaccine and inactivated influenza vaccine are recommended for all older adults and for younger persons with medical conditions that place them at high risk for pneumonia morbidity and mortality (table 13) [304, 305]. The new live attenuated influenza vaccine is recommended for healthy persons 5–49 years of age, including health care workers [304].

Postlicensure epidemiologic studies have documented the effectiveness of pneumococcal polysaccharide vaccines for prevention of invasive infection (bacteremia and meningitis) among elderly individuals and younger adults with certain chronic medical conditions [306–309]. The overall effectiveness against invasive pneumococcal disease among persons  $\geq 65$  years of age is 44%–75% [306, 308, 310], although efficacy may decrease with advancing age [308]. The effectiveness of the vaccine against pneumococcal disease in immunocompromised persons is less clear, and results of studies evaluating its effectiveness against pneumonia without bacteremia have been mixed. The vaccine has been shown to be cost effective for general populations of adults 50–64 years of age and  $\geq 65$  years of age [311, 312]. A second dose of pneumococcal polysaccharide vaccine after a  $\geq 5$ -year interval has been shown to be safe, with only slightly more local reactions than are seen after the first dose [313]. Because the safety of a third dose has not been demonstrated, current guidelines do not suggest repeated revaccination. The pneumococcal conjugate vaccine is under investigation for use in adults but is currently only licensed for use in young children [314, 315]. However, its use in children  $< 5$  years of age has dramatically reduced invasive pneumococcal bacteremia among adults as well [314, 316].

The effectiveness of influenza vaccines depends on host factors and on how closely the antigens in the vaccine are matched with the circulating strain of influenza. A systematic review demonstrates that influenza vaccine effectively prevents pneumonia, hospitalization, and death [317, 318]. A recent large observational study of adults  $\geq 65$  years of age found that vaccination against influenza was associated with a reduction in the risk of hospitalization for cardiac disease (19% reduction), cerebrovascular disease (16%–23% reduction), and pneumonia or influenza (29%–32% reduction) and a reduction in the risk of death from all causes (48%–50% reduction) [319]. In long-term-care facilities, vaccination of health care workers with influenza vaccine is an important preventive health measure [318, 320, 321]. Because the main virulence factors of influenza virus, a neuraminidase and hemagglutinin, adapt quickly to selective pressures, new vaccine formulations are created each year on the basis of the strains expected to be circulating, and annual revaccination is needed for optimal protection.

43. Vaccination status should be assessed at the time of hospital admission for all patients, especially those with medical illnesses. (Moderate recommendation; level III evidence.)
44. Vaccination may be performed either at hospital discharge or during outpatient treatment. (Moderate recommendation; level III evidence.)
45. Influenza vaccine should be offered to persons at hospital discharge or during outpatient treatment during the fall

and winter. (Strong recommendation; level III evidence.)

Many people who should receive either influenza or pneumococcal polysaccharide vaccine have not received them. According to a 2003 survey, only 69% of adults  $\geq 65$  years of age had received influenza vaccine in the past year, and only 64% had ever received pneumococcal polysaccharide vaccine [322]. Coverage levels are lower for younger persons with vaccine indications. Among adults 18–64 years of age with diabetes, 49% had received influenza vaccine, and 37% had ever received pneumococcal vaccine [323]. Studies of vaccine delivery methods indicate that the use of standing orders is the best way to improve vaccination coverage in office, hospital, or long-term care settings [324].

Hospitalization of at-risk patients represents an underutilized opportunity to assess vaccination status and to either provide or recommend immunization. Ideally, patients should be vaccinated before developing pneumonia; therefore, admissions for illnesses other than respiratory tract infections would be an appropriate focus. However, admission for pneumonia is an important trigger for assessing the need for immunization. The actual immunization may be better provided at the time of outpatient follow-up, especially with the emphasis on early discharge of patients with CAP. Patients with an acute fever should not be vaccinated until their fever has resolved. Confusion of a febrile reaction to immunization with recurrent/superinfection pneumonia is a risk. However, immunization at discharge for pneumonia is warranted for patients for whom outpatient follow-up is unreliable, and such vaccinations have been safely given to many patients.

The best time for influenza vaccination in North America is October and November, although vaccination in December and later is recommended for those who were not vaccinated earlier. Influenza and pneumococcal vaccines can be given at the same time in different arms.

Chemoprophylaxis can be used as an adjunct to vaccination for prevention and control of influenza. Oseltamivir and zanamivir are both approved for prophylaxis; amantadine and rimantadine have FDA indications for chemoprophylaxis against influenza A infection, but these agents are currently not recommended because of the frequency of resistance among strains circulating in the United States and Canada [252, 253]. Developing an adequate immune response to the inactivated influenza vaccine takes  $\sim 2$  weeks in adults; chemoprophylaxis may be useful during this period for those with household exposure to influenza, those who live or work in institutions with an influenza outbreak, or those who are at high risk for influenza complications in the setting of a community outbreak [325, 326]. Chemoprophylaxis also may be useful for persons with contraindications to influenza vaccine or as an adjunct to vaccination for those who may not respond well to influenza vaccine (e.g., persons with HIV infection) [325, 326]. The use

of influenza antiviral medications for treatment or chemoprophylaxis should not affect the response to the inactivated vaccine. Because it is unknown whether administering influenza antiviral medications affects the performance of the new live attenuated intranasal vaccine, this vaccine should not be used in conjunction with antiviral agents.

Other types of vaccination can be considered. Pertussis is a rare cause of pneumonia itself. However, pneumonia is one of the major complications of pertussis. Concern over waning immunity has led the ACIP to emphasize adult immunization for pertussis [327]. One-time vaccination with the new tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine—adsorbed (Tdap) product, ADACEL (Sanofi Pasteur)—is recommended for adults 19–64 years of age. For most adults, the vaccine should be given in place of their next routine tetanus-diphtheria booster; adults with close contact with infants <12 months of age and health care workers should receive the vaccine as soon as possible, with an interval as short as 2 years after their most recent tetanus/diphtheria booster.

46. Smoking cessation should be a goal for persons hospitalized with CAP who smoke. (Moderate recommendation; level III evidence.)
47. Smokers who will not quit should also be vaccinated for both pneumococcus and influenza. (Weak recommendation; level III evidence.)

Smoking is associated with a substantial risk of pneumococcal bacteremia; one report showed that smoking was the strongest of multiple risks for invasive pneumococcal disease in immunocompetent nonelderly adults [328]. Smoking has also been identified as a risk for *Legionella* infection [329]. Smoking cessation should be attempted when smokers are hospitalized; this is particularly important and relevant when these patients are hospitalized for pneumonia. Materials for clinicians and patients to assist with smoking cessation are available online from the US Surgeon General (<http://www.surgeongeneral.gov/tobacco>), the Centers for Disease Control and Prevention (<http://www.cdc.gov/tobacco>), and the American Cancer Society (<http://www.cancer.org>). The most successful approaches to quitting include some combination of nicotine replacement and/or bupropion, a method to change habits, and emotional support. Given the increased risk of pneumonia, the committee felt that persons unwilling to stop smoking should be given the pneumococcal polysaccharide vaccine, although this is not currently an ACIP-recommended indication.

48. Cases of pneumonia that are of public health concern should be reported immediately to the state or local health department. (Strong recommendation; level III evidence.)

Public health interventions are important for preventing some forms of pneumonia. Notifying the state or local health department about a condition of interest is the first step to getting public health professionals involved. Rules and regulations regarding which diseases are reportable differ between states. For pneumonia, most states require reporting for legionnaires disease, SARS, and psittacosis, so that an investigation can determine whether others may be at risk and whether control measures are necessary. For legionnaires disease, reporting of cases has helped to identify common-source outbreaks caused by environmental contamination [130]. For SARS, close observation and, in some cases, quarantine of close contacts have been critical for controlling transmission [330]. In addition, any time avian influenza (H5N1) or a possible terrorism agent (e.g., plague, tularemia, or anthrax) is being considered as the etiology of pneumonia, the case should be reported immediately, even before a definitive diagnosis is obtained. In addition, pneumonia cases that are caused by pathogens not thought to be endemic to the area should be reported, even if those conditions are not typically on the list of reportable conditions, because control strategies might be possible.

For other respiratory diseases, episodes that are suspected of being part of an outbreak or cluster should be reported. For pneumococcal disease and influenza, outbreaks can occur in crowded settings of susceptible hosts, such as homeless shelters, nursing homes, and jails. In these settings, prophylaxis, vaccination, and infection control methods are used to control further transmission [331]. For *Mycoplasma*, antibiotic prophylaxis has been used in schools and institutions to control outbreaks [332].

49. Respiratory hygiene measures, including the use of hand hygiene and masks or tissues for patients with cough, should be used in outpatient settings and EDs as a means to reduce the spread of respiratory infections. (Strong recommendation; level III evidence.)

In part because of the emergence of SARS, improved respiratory hygiene measures (“respiratory hygiene” or “cough etiquette”) have been promoted as a means for reducing transmission of respiratory infections in outpatient clinics and EDs [333]. Key components of respiratory hygiene include encouraging patients to alert providers when they present for a visit and have symptoms of a respiratory infection; the use of hand hygiene measures, such as alcohol-based hand gels; and the use of masks or tissues to cover the mouth for patients with respiratory illnesses. In a survey of the US population, the use of masks in outpatient settings was viewed as an acceptable means for reducing the spread of respiratory infections [334]. For hospitalized patients, infection control recommendations typically are pathogen specific. For more details on the use of

personal protective equipment and other measures to prevent transmission within health care settings, refer to the Healthcare Infection Control Practices Advisory Committee [335].

## SUGGESTED PERFORMANCE INDICATORS

Performance indicators are tools to help guideline users measure both the extent and the effects of implementation of guidelines. Such tools or measures can be indicators of the process itself, outcomes, or both. Deviations from the recommendations are expected in a proportion of cases, and compliance in 80%–95% of cases is generally appropriate, depending on the indicator.

Four specific performance indicators have been selected for the CAP guidelines, 3 of which focus on treatment issues and 1 of which deals with prevention:

- Initial empirical treatment of CAP should be consistent with guideline recommendations. Data exist that support the role of CAP guidelines and that have demonstrated reductions in cost, LOS, and mortality when the guidelines are followed. Reasons for deviation from the guidelines should be clearly documented in the medical record.
- The first treatment dose for patients who are to be admitted to the hospital should be given in the ED. Unlike in prior guidelines, a specific time frame is not being recommended. Initiation of treatment would be expected within 6–8 h of presentation whenever the admission diagnosis is likely CAP. A rush to treatment without a diagnosis of CAP can, however, result in the inappropriate use of antibiotics with a concomitant increase in costs, adverse drug events, increased antibiotic selection pressure, and, possibly, increased antibiotic resistance. Consideration should be given to monitoring the number of patients who receive empirical antibiotics in the ED but are admitted to the hospital without an infectious diagnosis.
- Mortality data for all patients with CAP admitted to wards, ICUs, or high-level monitoring units should be collected. Although tools to predict mortality and severity of illness exist—such as the PSI and CURB-65 criteria, respectively—none is foolproof. Overall mortality rates for all patients with CAP admitted to the hospital, including general medical wards, should be monitored and compared with severity-adjusted norms. In addition, careful attention should be paid to the percentage of patients with severe CAP, as defined in this document, who are admitted initially to a non-ICU or a high-level monitoring unit and to their mortality rate.
- It is important to determine what percentage of at-risk patients in one's practice actually receive immunization for influenza or pneumococcal infection. Prevention of infection is clearly more desirable than having to treat established infection, but it is clear that target groups are undervaccin-

ated. Trying to increase the number of protected individuals is a desirable end point and, therefore, a goal worth pursuing. This is particularly true for influenza, because the vaccine data are more compelling, but it is important to try to protect against pneumococcal infection as well. Coverage of 90% of adults  $\geq 65$  years of age should be the target.

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# ANTHONY J. DAVIS, DO

## Current Position:

Physician- Emergency Medicine

## Current Address:

*Hospital:* 10000 Bay Pines Blvd St. Petersburg, Florida - Bay Pines VA Medical Center

## Education:

- Webster Groves High School. Webster Groves, Mo. 1982
- Northeast Missouri State University B.S. Biology. Sept. 1982 - May 1987.
- Northeast Missouri State University Graduate Study-Exercise Science. Sept88 - June89.
- Kirksville College of Osteopathic Medicine – Sept 1989 June 1993.

## Training/Certification -

- Peninsula Medical Center- Ormond Beach, Fla. PGY-1 Rotating Internship 7/1/93 -6/30/94
- Board Certified AOBFP (AOA) American Board Osteopathic Family Physicians  
Initial 2001, recertification 2009, recertification 2016 expiration: Dec 2025
- BCEM: (AAPS) Emergency Medicine 7/03-current Certificate # 03-1777  
2003-2011, recertification 2011- 2019

## Licenses/Certifications:

- Medicine: Missouri - 106461  
Florida - OS6986
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Advanced Trauma Life Support (ATLS)
- CPR -A.H.A (BLS)
  - EMT/Paramedic- Missouri [83/92']

## Membership

- \* Previous Medical Director- EmCare
- \* Previous Chief of Staff –(Columbia)
- \* Previously Med' Exec' Committee
- \* Member A.A.P.S -BCEM
- \* Member A.C.O.F.P.
- \* Member F.O.M.A. and A.O.A

## Awards:

- *R.R. Hannas, M.D. Excellence in Emergency Medicine* June 93' Missouri Chapter ACEP
- *Intern of the Year - June 94'* Peninsula Medical Center
- *Physician of the Year – 2005* Bert Fish Medical Center

## Work History/Experience:

- ✓ ***CW Bill Young Veterans Hospital – Bay Pines Florida ER-***  
*November 2011-Present*
- ✓ ***EmCare @ Southbay Hospital –Sun City, Fl.***  
*January /2010—September2019*
- ✓ ***EmCare@ Edward White***  
*Jan/2007 to Nov 2014- Hospital Closed*
- ✓ ***Emergency Physicians of New Smyrna Beach . Bert Fish Medical Center***  
*September 2004 – Sept/2007. Full time Emergency Medicine*
- ✓ ***Florida Hospital Main Campus Emergency Department – Sterthaus Campus***  
*November 1999- 3/2013 moved and did not renew since out of town*
- ✓ ***264 S. Atlantic Ave ER–*** Many different names/ owners & ER groups  
*Peninsula Medical Center, Columbia Medical Center, Florida Hospital*  
*September 1995 to 3/2013*
- ✓ ***Texas County Memorial Hospital***
  - *July 1994 to September 1995 Full time*

Updated: Sept 2019



## CERTIFICATE OF AUTHENTICITY

I HEREBY CERTIFY that the reproduction of pharmacy records attached to this certificate are, to the best of my knowledge, true and accurate copies of the patient records for \_\_\_\_\_  
 \_\_\_\_\_ (Patient's name)  
 date of birth, \_\_\_\_\_, the originals of which are maintained by Publix Super Markets, Inc. The records were made at or near the time of the occurrences of the matters set forth by, or from information transmitted by, people with knowledge of those matters. The records were kept in the regular and ordinary course of business and it was the regular practice of the business activity to make the record.

There are 1 pages of records attached hereto. *Screenshot of pharmacy notes DOS 3/16/2018.*

I FURTHER CERTIFY that I am the person responsible for maintaining and controlling these records, and/or the appointed designee responsible for the release of these records.

*Catrina Bachmann*

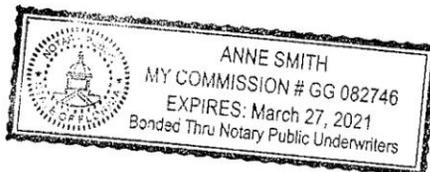
Records Custodian- Pharmacy

State of Florida     )  
                                   )  
 County of Polk        )

The foregoing instrument was acknowledged before me this 22 day of October,  
 2019, by Catrina Bachmann, who is  personally known to me OR \_\_\_\_\_  
 presented identification in the form of \_\_\_\_\_.

*[Signature]*  
 \_\_\_\_\_  
 Notary Public

(Seal)



**Rx Number - Store Number:** 6489439-1080

**Transaction Number:** 0000911692

**Dispensed Product:** LEVOFLOXACIN 750 MG TAB

**Fill Number:** 00

**Compound:** No

**Dispensed Quantity:** 5 of 5

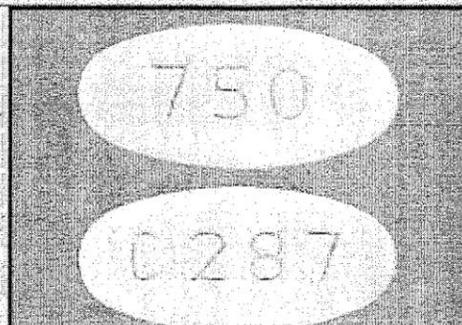
1 Details | 2 Payment | 3 Notes

**Pharmacist of Record:** TA      **Days Supply:** 5

**Lot Number:**      **Expiration Date:** 03/16/2019

| Prescriber                                                 | Dispensed Product                        |
|------------------------------------------------------------|------------------------------------------|
| <b>Name:</b> Dr. JOHN IM                                   | <b>Product:</b> LEVOFLOXACIN 750 MG T... |
| <b>Address:</b> 11950 CR 101 #101<br>THE VILLAGES FL 32162 | <b>NDC#:</b> 69097-0287-81               |
| <b>Phone:</b> (352) 391-5200                               | <b>Distributor:</b> CIPLA USA, INC.      |
| <b>DEA#:</b> B17079824                                     | <b>Schedule:</b> LegendRx                |
| <b>NPI#:</b> 1922298454                                    | <b>Compound:</b> No                      |

**LEVOFLOXACIN 750 MG TAB** 1 of 1



**Manufacturer:** CIPLA USA, INC. (Original)

**Color:** white

**Shape:** oval

**Imprint 1:** 750

**Imprint 2:** C287

**Marks:** Not Available

**Flavor:** Not Available

**Transaction Notes**

**Jerri Lawless**  
03/16/2018 12:35 PM  
Profiled from Ready by P1020353

**Jerri Lawless**  
03/16/2018 12:35 PM  
PT'S WIFE SPK WRPB TIFFANY RE: INTERACTION; DOESN'T WANT THIS RX

**Jessica Knese**  
03/16/2018 11:11 AM  
INS??

Save Cancel

**Accepted Counseling:**  
[Modify Counseling]

**Workflow Log: Completed Steps**

**Saved Order - Reception**  
03/16/2018 11:03 AM [SYSTEM]  
#1080@SOUTHERN TRACE PLZ

**Data Entry**  
03/16/2018 11:11 AM [P1330130]  
#1080@SOUTHERN TRACE PLZ

**Drug Utilization Review**  
03/16/2018 11:15 AM [P1222361]  
#1080@SOUTHERN TRACE PLZ

**Pre-Verification 1**  
03/16/2018 11:18 AM [P1222361]  
#1080@SOUTHERN TRACE PLZ

**Product Dispensing**  
03/16/2018 11:22 AM [P1330130]  
#1080@SOUTHERN TRACE PLZ

Pricing | Print Options | Privacy Status | Claim Information | Close

CONFIDENTIAL AND EXEMPT MATERIALS

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AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE  
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

State of Florida  
Division of Administrative Hearings

**Ron DeSantis**  
Governor

**John MacIver**  
Director and Chief Judge

**Claudia Lladó**  
Clerk of the Division



**Vacant**  
Deputy Chief  
Administrative Law Judge

**David W. Langham**  
Deputy Chief Judge  
Judges of Compensation Claims

December 16, 2019

Kama Monroe, Executive Director  
Board of Osteopathic Medicine  
Department of Health  
Bin C06  
4052 Bald Cypress Way  
Tallahassee, Florida 32399-3257  
(eServed)

Re: DEPARTMENT OF HEALTH, BOARD OF OSTEOPATHIC MEDICINE vs.  
JOHN JOSEPH IM, D.O., DOAH Case No. 19-4724PL

Dear Ms. Monroe:

The Recommended Order has been transmitted in electronic format to the registered eALJ users in the referenced case. Enclosed is the one-volume Transcript, together with Petitioner's, Exhibits numbered 1 through 3, and 5 through 9, and Respondent's Exhibits numbered 7 and 8. Petitioner's Exhibit 4 was proffered. Copies of this letter will serve to notify the parties that my Recommended Order and the hearing record have been transmitted this date.

As required by section 120.57(1)(m), Florida Statutes, you are requested to furnish the Division of Administrative Hearings with a copy of the Final Order within 15 days of its rendition. Any exceptions to the Recommended Order filed with the agency shall be forwarded to the Division of Administrative Hearings with the Final Order.

Sincerely,

YOLONDA Y. GREEN  
Administrative Law Judge

YYG/mp

Kama Monroe, Executive Director  
DOAH Case No. 19-4724PL  
December 16, 2019  
Page 2

Enclosures

cc: Virginia Edwards, Esquire (eServed)  
William Edward Walker, Esquire (eServed)  
John Joseph Im, D.O. (eServed)  
Louise Wilhite-St. Laurent, General Counsel (eServed)

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH,  
BOARD OF OSTEOPATHIC MEDICINE,

Petitioner,

Case No. 19-4724PL

vs.

JOHN JOSEPH IM, D.O.,

Respondent.

\_\_\_\_\_ /

RECOMMENDED ORDER

On November 7, 2019, Administrative Law Judge Yolonda Y. Green of the Florida Division of Administrative Hearings ("Division"), conducted a final hearing pursuant to section 120.57(1), Florida Statutes, in Lady Lake, Florida.

APPEARANCES

For Petitioner: Virginia Edwards, Esquire  
William Edward Walker, Esquire  
Department of Health  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399

For Respondent: John Joseph Im, D.O., pro se  
Exceptional Urgent Care Center  
13767 U.S. Highway 441  
Lady Lake, Florida 32159

STATEMENT OF THE ISSUES

Whether Respondent failed to meet the prevailing professional standard of care by failing to counsel J.K.

regarding the risks of, or alternatives to, taking Levaquin with Tikosyn in violation of section 459.015(1)(x), Florida Statutes, as alleged in the Administrative Complaint; and, if so, what sanction is appropriate.

PRELIMINARY STATEMENT

On June 19, 2019, Petitioner, the Department of Health, Board of Osteopathic Medicine ("Petitioner" or the "Department"), filed an Administrative Complaint against Respondent, Dr. John Joseph Im, D.O. ("Respondent" or "Dr. Im"), alleging that he violated section 459.015(1)(x). On July 24, 2019, Respondent filed an Election of Rights seeking a final hearing pursuant to section 120.57(1), and on September 6, 2019, the case was referred to the Division for assignment of an administrative law judge.

The undersigned issued a Notice of Hearing scheduling the final hearing to take place on November 7, 2019, which commenced on the scheduled date. At hearing, Petitioner presented the testimony of patient J.K. (by deposition), K.K. (Patient J.K.'s wife), and Dr. Anthony Davis (Petitioner's expert). Petitioner's Exhibits 1 through 3, and 5 through 9 were admitted. Petitioner proffered Exhibit 4. Respondent testified on his own behalf. Respondent's Exhibit 7 was admitted over objection, and Exhibit 8 was admitted without objection.

At the hearing, the undersigned considered Respondent's Motion for Sanctions as it related to his assertions regarding the conduct of Petitioner's counsel during the deposition of K.K. After hearing argument from both parties, the undersigned denied Respondent's request for sanctions.<sup>1/</sup>

The one-volume Transcript of the hearing was filed with the Division on December 4, 2019. The Petitioner timely filed its Proposed Recommended Order in this matter, which has been carefully considered in the preparation of this Recommended Order. Respondent did not file a post-hearing submittal.

Unless otherwise indicated, all references to the Florida Statutes are to the 2017 codification, and all references to the Florida Administrative Code are to the 2016 version.<sup>2/</sup>

#### FINDINGS OF FACT

The following Findings of Fact are based upon the testimony and documentary evidence presented at hearing, the demeanor and credibility of the witnesses, and on the entire record of this proceeding.

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to section 20.43, and chapters 456 and 459, Florida Statutes.

2. At all times material to these proceedings, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 8729.

3. Respondent's address of record at the time of filing the Administrative Complaint was 11950 County Road 101, Suites 101, 102, and 103, The Villages, Florida 32162. Respondent's current address of record is 13767 U.S. Highway 441, Lady Lake, Florida 32159.

4. Respondent currently holds no board certification in any specialty area, and did not complete any residency other than in emergency medicine. Respondent attended Michigan State University, College of Osteopathic Medicine. In 2002, he began full-time practice as an emergency room physician at Munroe Regional Medical Center in Ocala, Florida. He worked as an emergency room physician until he opened Exceptional Urgent Care Center ("EUCC").

5. At all times material to this complaint, Respondent owned and operated EUCC.

Treatment Provided to Patient J.K.

6. On March 15, 2018, J.K., along with his wife, presented to EUCC with complaints of a sore throat and fever. This was the first of two visits to the clinic.

7. J.K. reported his medications as Amlodipine, Warfarin, Tamsulosin, and Dofetilide (unless otherwise indicated, hereinafter referred to by its trade name "Tikosyn").

8. J.K. was prescribed these medications by his cardiologist at the William S. Middleton Memorial Veterans Hospital ("V.A. Hospital") in Wisconsin, his home state.

9. Relevant to this matter, Tikosyn helps patients maintain a normal heartbeat rhythm. Tikosyn was prescribed to keep J.K.'s heart in rhythm as he had atrial fibrillation.

10. J.K. was treated by a nurse practitioner, who ordered a chest x-ray and a flu swab. The flu swab returned negative, and the chest x-ray showed no focal pneumonia. J.K. was prescribed Tamiflu and Naproxen. J.K. elected not to fill the Tamiflu due to the "expensive cost." Respondent was not involved in J.K.'s treatment on this date.

11. On March 16, 2018, J.K. and his wife K.K. returned to EUCC as J.K.'s symptoms had not improved. On this visit, J.K. saw Dr. Im. Dr. Im evaluated J.K. and ordered two tests. Dr. Im ordered a Prothrombin Time International Normalized Ration ("PT INR") test to determine J.K.'s coagulation and he ordered a CT scan of the chest. The PT INR results were within the therapeutic range. The CT scan showed shattered ground-glass opacification in the posterior right lower lobe and the medial left upper lobe. The CT scan findings were interpreted as "non-specific, may represent hypoventilatory change or an infectious inflammatory process (acute or chronic)."

12. Respondent advised J.K. and K.K. that the CT scan appeared to show the start of pneumonia, and he was going to prescribe three medications: Levaquin 750 mg, Prednisone 20 mg, and Zyrtec 10 mg.

13. K.K. testified that she asked Respondent if the Levaquin, Prednisone, or Zyrtec were contraindicated with any of J.K.'s current prescriptions, specifically Tikosyn. K.K. recalls that Respondent replied that he was not familiar with Dofetilide (Tikosyn), and advised them to check with the pharmacist to see if there were any contraindications.

14. Although Respondent initially advised J.K. and K.K. that he was not familiar with Tikosyn, Respondent testified that he advised J.K. and K.K. of the possible interactions between Levaquin and Tikosyn and told her that the interaction was very rare. He testified that he advised J.K. and K.K. that the pharmacist is a safety net, and the pharmacist would call him to discuss the prescriptions if he missed anything.

15. K.K. credibly testified that Respondent did not counsel J.K. or K.K. on any risks regarding the medications Dr. Im prescribed or provide them with any alternatives during the visit on March 16, 2018.

16. J.K. and K.K. left EUCC and went to Publix to fill the prescriptions. K.K. asked the pharmacist if any medications would interfere with any of J.K.'s prescribed medications. Upon

advice of the pharmacist that Levaquin was contraindicated with Tikosyn, K.K. declined to fill the prescription for Levaquin.

17. On behalf of J.K., K.K. then called EUCC and asked for a different antibiotic that would not interact with Tikosyn. However, she was instructed to contact J.K.'s cardiologist.

18. K.K. then contacted the cardiology staff of the V.A. Hospital in Wisconsin, who instructed K.K. to follow the advice of the pharmacist and (tell J.K.) not to take the Levaquin.

19. K.K. called EUCC a second time to confirm whether J.K. had an infection and she was told that J.K. did not have an infection.

20. Respondent recalls that he had a personal conversation with K.K. during a courtesy telephone call placed the next day (March 17, 2018). Respondent testified that during that call, he explained Levaquin was the drug of choice, other medications would not cover J.K.'s pneumonia, the potential interactions were very rare, and J.K. needed to take the Levaquin. By his own admission and his medical records, Respondent did not provide J.K. or K.K. with any specific alternative antibiotics and insisted that J.K. needed to take the Levaquin.

21. K.K. disputes that Dr. Im spoke with her or J.K. at any point after the March 16, 2018, visit. She clearly recalled that she spoke with a woman each time she spoke with staff at Dr. Im's office. Overall, J.K. and K.K. clearly and

convincingly testified that Respondent never advised them of the risks of using Levaquin with Tikosyn or provided any alternatives to the Levaquin.

#### Expert Testimony

22. Petitioner offered the testimony of Dr. Anthony Davis, who testified as an expert. Dr. Davis has been licensed as an osteopathic physician in Florida since 1995. Dr. Davis attended Kirksville College of Osteopathic Medicine and completed an internship in family practice. He has been board certified in family medicine by the American Board of Osteopathic Family Physicians since 2001, and board certified in emergency medicine by the American Association of Physician Specialists since July 2003. He is also affiliated with professional organizations including the American College of Family Practice and Florida Osteopathic Medical Association.

23. Dr. Davis was accepted as an expert in emergency and family medicine.

24. Dr. Davis relied upon his work experience, his training, and his review of the medical records for J.K. to render his opinion regarding the standard of care related to treating J.K.

25. The standard of care requires an osteopathic physician treating a patient similar to J.K. to: (1) provide and document their justification for why Levaquin was the appropriate drug of

choice; (2) note the patient's acknowledgment that there are interactions with Tikosyn; (3) ensure the patient understands the risks and benefits of combining Tikosyn and Levaquin; (4) explain to the patient that there are limited alternatives to Levaquin; and (5) provide the reason for prescribing a potentially dangerous drug.

26. Levaquin is a medication that comes with a black box warning that requires physicians to counsel patients on the risks associated.

27. When a drug is designated as contraindicated and has a category X for interaction, the standard of care requires that the physician clearly explains to the patient why they are using the drug and defend how it is going to be safe. Tr., p. 70.

28. Dr. Davis opined there were multiple treatment options available for J.K., such as supportive care or an antibiotic with a lower risk of interaction with J.K.'s existing medication. Moreover, Dr. Davis testified that there were safer alternatives to Levaquin that would effectively treat pneumonia, such as doxycycline, if J.K. actually had pneumonia and an antibiotic was necessary.

29. Respondent provided literature from the Infectious Diseases Society of America related to community-acquired pneumonia in an attempt to prove that X-Ray or other imaging techniques are required for the diagnosis of pneumonia and to

support his claim that Levaquin was the drug of choice for J.K. However, Dr. Davis credibly pointed out that the article, published in 2007, is no longer accurate.

CONCLUSIONS OF LAW

30. The Division has jurisdiction of the subject matter and the parties to this action pursuant to sections 120.569 and 120.57(1), Florida Statutes (2019).

31. This is a proceeding in which the Department seeks to revoke Respondent's license to practice medicine. The Department has the burden to prove the allegations in the Administrative Complaint by clear and convincing evidence.

Dep't of Banking & Fin. v. Osborne Stern and Co., 670 So. 2d 932 (Fla. 1996); Ferris v. Turlington, 595 So. 2d 292 (Fla. 1987). As stated by the Supreme Court of Florida,

Clear and convincing evidence requires that the evidence must be found to be credible; the facts to which the witnesses testify must be distinctly remembered; the testimony must be precise and lacking in confusion as to the facts at issue. The evidence must be of such a weight that it produces in the mind of the trier of fact a firm belief or conviction, without hesitancy, as to the truth of the allegations sought to be established.

In re Henson, 913 So. 2d 579, 590 (Fla. 2005) (quoting Slomowitz v. Walker, 429 So. 2d 797, 800 (Fla. 4th DCA 1983)). This burden of proof may be met where the evidence is in conflict; however, "it seems to preclude evidence that is ambiguous."

Westinghouse Elec. Corp. v. Shuler Bros., 590 So. 2d 986, 988 (Fla. 1st DCA 1991).

32. Disciplinary statutes and rules "must always be construed strictly in favor of the one against whom the penalty would be imposed and are never to be extended by construction." Griffis v. Fish & Wildlife Conser. Comm'n, 57 So. 3d 929, 931 (Fla. 1st DCA 2011); Munch v. Dep't of Prof'l Reg., Div. of Real Estate, 592 So. 2d 1136 (Fla. 1st DCA 1992).

33. Petitioner charged Respondent under section 459.015(1)(x), which provides in pertinent part: "Notwithstanding s. 456.072(2) but as specified in s. 456.50(2): 1. Committing medical malpractice as defined in s. 456.50. The board shall give great weight to the provisions of s. 766.102 when enforcing this paragraph. Medical malpractice shall not be construed to require more than one instance, event, or act."

34. The Administrative Complaint alleged that Respondent committed medical malpractice. Section 456.50(1)(g), Florida Statutes, defined "medical malpractice," in relevant part, as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

35. Section 766.102(1), Florida Statutes, provided in part, that the prevailing professional standard of care for a given health care provider shall be that level of care, skill,

and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar healthcare providers.

36. Petitioner alleged that Respondent committed medical malpractice by failing to advise J.K. of the contraindication of Levaquin and Tikosyn. Dr. Davis testified that the applicable standard of care required that an osteopathic physician advise a patient of the interactions between Levaquin and Tikosyn and provide any alternatives to taking Levaquin. Dr. Davis' expert testimony was credited. Petitioner proved this allegation.

37. Even had Levaquin not been contraindicated with Tikosyn, the standard of care required that Respondent advise J.K. of the additional risks, including death, involved in taking the two drugs together. The more compelling evidence demonstrates that Respondent did not advise J.K. of these risks, and Respondent's testimony to the contrary is rejected as not credible.

38. Petitioner established by clear and convincing evidence that Respondent committed medical malpractice in violation of section 459.015(1)(x), as charged in the Administrative Complaint.

#### Penalty

39. Petitioner imposes penalties upon licensees consistent with disciplinary guidelines prescribed by Florida

Administrative Code Rule 64B15-19.002. See Parrot Heads, Inc. v. Dep't of Bus. & Prof'l Reg., 741 So. 2d 1231, 1233-34 (Fla. 5th DCA 1999).

40. Penalties in a licensure discipline case may not exceed those in effect at the time the violation was committed. Willner v. Dep't of Prof. Reg., Bd. of Med., 563 So. 2d 805, 806 (Fla. 1st DCA 1990), rev. denied, 576 So. 2d 295 (Fla. 1991).

41. At the time of the incidents, rule 64B15-19.002(28) provided that for a first-time offender, committing medical malpractice, as described in section 459.015(1)(x), the prescribed penalty range was "letter of concern, up to one (1) year probation and \$1,000 fine to denial or revocation and \$10,000 fine."

42. Rule 64B15-19.003 provided that, in applying the penalty guidelines, Petitioner may deviate from the penalties recommended above when there is evidence of aggravating and mitigating factors present in the individual case. Petitioner shall consider aggravating or mitigating factors as follows:

- (1) The danger to the public;
- (2) The length of time since the violations;
- (3) The number of times the licensee has been previously disciplined by the Board;
- (4) The length of time the licensee has practiced;
- (5) The actual damage, physical or otherwise, caused by the violation;

- (6) The deterrent effect of the penalty imposed;
- (7) The effect of penalty upon the licensee's livelihood;
- (8) Any effort of rehabilitation by the licensee;
- (9) The actual knowledge of the licensee pertaining to the violation;
- (10) Attempts by the licensee to correct or stop violations or refusal by licensee to correct or stop violations;
- (11) Related violations against licensee in another state, including findings of guilt or innocence, penalties imposed and penalties served;
- (12) The actual negligence of the licensee pertaining to any violations;
- (13) The penalties imposed for related offenses; and
- (14) The pecuniary gain to the licensee;
- (15) Any other relevant mitigating or aggravating factors under the circumstances. Any penalties imposed by the board may not exceed the maximum penalties set forth in Section 459.015(2), F.S.

43. A significant aggravating factor was that Respondent's actions exposed J.K. to potential serious injury or death. While there was potential for harm, J.K. did not suffer harm as he did not fill the prescription or take the Levaquin.

44. On the other hand, Respondent was not under any legal restraints at the time of the incident. There was no evidence of any prior disciplinary history in any jurisdiction over a 15-year successful career. Respondent received no special pecuniary benefit or self-gain from his actions. While these

factors do not serve as a legal defense to the proven charges, they are relevant in determining an appropriate penalty.

45. Taken as a whole, the evidence presented does not warrant deviation in penalty from the disciplinary guidelines contained within the rule.

#### RECOMMENDATION

Based on the foregoing Findings of Fact and Conclusions of Law, it is RECOMMENDED that the Board of Osteopathic Medicine enter a Final Order as follows:

a) Finding that John Joseph Im, D.O., violated section 459.015(1)(x), by committing medical malpractice, as defined in section 456.50, as alleged in the Administrative Complaint;

b) Issue a letter of concern against Respondent's license to practice osteopathic medicine;

c) Requiring completion of a prescribing practices course;  
and

d) Imposing an administrative fine of \$2,500.

DONE AND ENTERED this 16th day of December, 2019, in  
Tallahassee, Leon County, Florida.



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YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
(850) 488-9675  
Fax Filing (850) 921-6847  
www.doah.state.fl.us

Filed with the Clerk of the  
Division of Administrative Hearings  
this 16th day of December, 2019.

ENDNOTES

<sup>1/</sup> The deposition in lieu of live testimony of K.K. was not admitted into evidence as Respondent successfully argued there were questions he desired to ask the witness that he was unable to ask during the deposition.

<sup>2/</sup> Unless otherwise noted, references to the statutory codification or rules are to those in effect at the time the alleged violation occurred.

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NOTICE OF RIGHT TO SUBMIT EXCEPTIONS

All parties have the right to submit written exceptions within 15 days from the date of this Recommended Order. Any exceptions to this Recommended Order should be filed with the agency that will issue the Final Order in this case.

**Respondent's Written Exceptions to Petitioner's Proposed Recommended Order**

1. Patient J.K. stated in his deposition that majority of the information submitted to DOH was from his wife because he was feeling too bad to comprehend anything (pg.53 of his deposition).
2. Patient J.K. answered "yes" when he was asked if he had trouble recalling some of the factual incidents on March 15, 2018 and March 16, 2018 (pg.53).
3. J.K. stated that he was not present when K.K. had a conversation with the pharmacist.
4. J.K. stated in his deposition that K.K. called Dr. Im but he was not present during the phone conversation.
5. J.K. stated "I recall her telling me that" when he was asked "do you recall if the pharmacist told your wife the incidence of the fatal arrhythmia that can be caused by Levaquin and Tikosyn" (pg. 48) but he clearly stated that he was not present when his wife K.K. spoke to the pharmacist.
6. Petitioner states that respondent did not counsel patient J.K. on the risks of Levaquin nor provide alternatives but offers no direct evidence but only alludes to J.K's testimony as direct evidence.
7. Petitioner printed out in Exhibit 8 that K.K "did not want" the Levaquin which directly contradicts K.K's testimony that the pharmacist did not fill the prescriptions.
8. Petitioner's expert witness testified that the pharmacist has an obligation to call the physician if he/she sees an error on a potential dangerous interaction.
9. Petitioner never introduced the pharmacist who is a central piece in the case against the respondent as the VA notes Exhibit shows the nurse case manager advised K.K. to follow the instructions of the pharmacist.
10. It was clearly documented that K.K. refused to pick up Levaquin but in fact it was ready for pick up.
11. Petitioner states (pg. 9 paragraph 24) that K.K. contacted the VA cardiology department "conducted their own research" but petitioner never submitted evidence of research conducted by cardiology department.
12. K.K stated that the pharmacist and VA instructed her to not take the Levaquin but no evidence was submitted to support her claim.
13. In fact, both the VA notes and pharmacist's note clearly demonstrates that K.K. came to her own conclusion to not pick up the Levaquin and it was her decision and her decision alone.
14. Petitioner's expert witness stated that he would have used a different antibiotic, but in his testimony stated that CT was equivocal and that pneumonia was unlikely.
15. Dr. Davis also stated that he would have given the albuterol inhaler which he admitted has contraindications to Tikosyn.

16. When asked if he would give the first dose of Levaquin IV to a patient with pneumonia without counseling patient on risk he stated “yes”
17. Petitioner states (pg.10 paragraph 28) that J.K. clearly remembered interactions with Dr. Im when in fact his deposition J.K. stated he was “too ill to recall the conversation with Dr. Im”
18. Petitioner states (pg. 12 paragraph 33) that a physician is required to counsel patients about Levaquin’s Black Box warning when Dr. Davis testified that the warning is about tendon rupture and not interactions with Tikosyn
19. Petitioner’s expert witness reiterated that a reasonably prudent physician can rely on his own experience when choosing a treatment modality
20. Based on the CT chest findings, Dr. Im felt the prudent decision was to treat the pneumonia with Levaquin which is the drug of choice
21. Because the petitioners seek to impose license discipline, the burden of proof must be clear and convincing
22. Also, the evidence must be credible and memories of the witnesses must be clear and without confusion
23. Petitioner states that K.K’s testimony was clear and without confusion, but throughout her testimony during trial she contradicted herself on numerous occasions
24. Mrs K.K clearly displayed bias as evidence of her publishing on a public forum that Dr. Im is “arrogant and dangerous” prior to her formal complaint to the DOH
25. Mrs. K.K. stated that Dr.Im gave a written prescription when actuality the prescription was sent electronically (pg. 175 of transcript)
26. Mrs. K.K admitted that she remembers Dr. Im going over the results with patient J.K. (pg. 183) which by definition is counseling
27. Mrs. K.K also admitted that she remembers Dr. Im going over the three medication with patient J.K. (pg. 185) which by definition is counseling
28. Mrs. K.K. was asked if she made a mistake when she stated on her complaint that she spoke to the cardiologist and she stated “yes” (pg.190)
29. Mrs. K.K. was asked if she remember how much time Dr. Im spent going over the results and medications with patient J.K. and Mrs. K.K. answered “maybe a few minutes”, which is by definition counseling
30. Mrs. K.K. was asked “do you remember refusing to take the prescription Levaquin” and she stated “yes”
31. According to pharmacy notes which was submitted as an exhibit, it was noted that Levaquin was filled and ready for pick-up, but patient refused (pg. 196)
32. Respondent clearly testified that he provided his explanation of why he chose Levaquin and that it was the drug of choice for pneumonia
33. Respondent clearly testified that he acknowledged that there is a potential interaction, but it is extremely rare
34. Respondent clearly testified that he educated and reiterated the importance of medication compliance
35. Respondent clearly testified that he explained to J.K. that Levaquin is the drug of choice and the alternatives would not cover for the pneumonia
36. Petitioner’s expert witness demonstrated his limitations as an expert by admitting he has not worked in an urgent care setting since 2001

37. Petitioner's expert witness stated that he used UptoDate, a cellphone application, as his resource to come to his conclusion that Levaquin was the wrong medication.
38. UptoDate is not considered a reliable medical resource, it is a simple cellphone application that can be used as a supplement to the guidelines published by the American College of Emergency Physicians.
39. Dr. Davis admitted that he used the plaintiff's letter of complaint to DOH as a source to come to his conclusion that Dr. Im did not counsel the patient J.K. on the potential interactions of Levaquin and Tikosyn and did not offer potential alternatives.

### **Recommendation**

Based on the foregoing Findings of Fact and Conclusions of Law, it is Recommended that the Board of Osteopathic Medicine enter a Final Order:

1. Finding that Respondent John Joseph Im, D.O., did not violate section 459.015 (1) (x), Florida Statutes (2017), by committing medical malpractice as defined in Section 456.50, Florida Statutes, as charged in Petitioner's Administrative Complaint

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH,

Petitioner,

v.

DOAH CASE NO.

19-4724PL

DOH CASE NO.

2018-07389

JOHN JOSEPH IM, D.O.,

Respondent.

\_\_\_\_\_ /

PETITIONER'S PROPOSED RECOMMENDED ORDER

On November 7, 2019, Administrative Law Judge Yolonda Green of the Florida Division of Administrative Hearings ("DOAH") conducted a disputed-fact hearing pursuant to section 120.57(1), Florida Statutes (2017), in Lady Lake, Florida.

APPEARANCES

For Petitioner: Virginia Edwards, Esquire  
William Walker, Esquire  
Prosecution Services Unit  
Department of Health  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399

For Respondent: John Joseph Im, D.O.  
13767 US Hwy 441  
Lady Lake, Florida 32159

STATEMENT OF THE ISSUES

The issues to be determined in this proceeding are whether Respondent, a licensed osteopathic physician, violated section 459.015(1)(x), Florida Statutes (2017), by failing to meet the prevailing professional standard of care in the treatment of

Patient J.K., and if so, what penalty should be imposed for the violation.

PRELIMINARY STATEMENT

On June 19, 2019, the Florida Department of Health ("Department" or "Petitioner"), filed a one-count Administrative Complaint against Respondent, John Joseph Im, D.O. ("Respondent"). Petitioner's Complaint charged Respondent with violating section 459.015(1)(x), Florida Statutes (2017), by committing medical malpractice as defined in Section 456.50, Florida Statutes.

On July 24, 2019, Respondent filed an election of rights disputing allegations of material fact contained in Petitioner's Administrative Complaint and requesting a formal hearing. On September 6, 2019, Petitioner referred the case to DOAH for assignment to an Administrative Law Judge ("ALJ"). The case was assigned to Administrative Law Judge Yolonda Green, under DOAH case number 19-4724PL. By notice issued September 18, 2019, the case was scheduled for hearing on November 7, 2019, at which time the hearing was commenced and concluded.

Prior to the hearing, Respondent filed a motion for sanctions against counsel for Petitioner based on conduct during the deposition of K.K. Respondent's motion was denied, and witness K.K. was made available to testify telephonically at the hearing.

Further, Petitioner filed a Motion for Official Recognition of the Disciplinary Guidelines of the Florida Board of Osteopathic

Medicine, which was accepted with a modification to use the guidelines in effect prior to August 2018.

Petitioner's exhibits 1 - 3, and 5 - 9 were admitted in to evidence without objection. Petitioner's exhibit 4 was excluded but proffered. Respondent's exhibit 8 was admitted in part, only entering page two. Respondent's exhibit 7 was admitted over objection. Respondent's exhibit 5 was excluded. Petitioner presented testimony of Dr. Anthony Davis as an expert witness, and the testimony of K.K., the wife of Patient J.K., as a lay witness. Petitioner also presented the deposition of Patient J.K. in lieu of live testimony. Respondent testified on his own behalf and called no other witnesses.

The complete transcript of the hearing was filed with DOAH on November 15, 2019. Proposed Recommended Orders were to be filed by November 25, 2019. Timely filed Proposed Recommended Orders were considered in preparation of this Recommended Order.

All references to the Florida Statutes and Florida Administrative Code Rules shall be to those in effect at the time of the alleged violations unless otherwise noted. References to the record are as follows:

- a. "Tr., p.", referring to the transcript and page number;
- b. "P. Exh. #, p.", referring to Petitioner's exhibits; and
- c. "R. Exh. #, p.", referring to Respondent's exhibits.

FINDINGS OF FACT

Based upon the testimony and documentary evidence presented at the hearing, the demeanor and credibility of the witnesses, and the entire record of this proceeding, the following findings of fact are made:

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to section 20.43, Florida Statutes, chapter 456, Florida Statutes, and chapter 459, Florida Statutes.

2. At all times material to Petitioner's Administrative Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 8729. P. Exh. 7, p. 2; P. Exh. 8, p. 6.

3. Respondent's address of record at the time of the filing of the administrative complaint was 11950 County Road 101, Ste 101, 102, 103, The Villages, Florida 32162. P. Exh. 7, p. 2.

4. Respondent's current address of record is 13767 U.S. Highway 441, Lady Lake, Florida 32159. P. Exh. 8, p. 10.

5. Respondent does not have any board certifications. P. Exh. 8, p. 6; Tr. pp. 159-162.

6. At all times material to this complaint, Respondent owned and was employed by Exceptional Urgent Care located in The Villages, Florida. P. Exh. 8, p. 10; P. Exh. 7, p. 2.

7. On March 15, 2018, Patient J.K., accompanied by his wife K.K., presented to Exceptional Urgent Care with complaints of a sore throat and fever. P. Exh. 2, p. 1; Tr. pp. 55, 169.

8. Patient J.K. reported his current medications as Amlodipine, Warfarin, Tamsulosin, and Dofetilide (hereinafter referred to by its trade name "Tikosyn"). P. Exh. 2, p. 1; P. Exh. 1, p. 12; Tr., pp. 55, 170.

9. Patient J.K. was prescribed these medications by his heart doctor at the Veterans Administration in Wisconsin as he lives in Wisconsin part of the year. P. Exh. 1, pp. 12-13. Tikosyn was prescribed to keep Patient J.K.'s heart in rhythm as he had atrial fibrillation. P. Exh. 1, p. 12.

10. Patient J.K. was treated by a nurse practitioner, who ordered a chest x-ray and a flu swab. The flu swab returned negative, and the chest x-ray showed no focal pneumonia. Patient J.K. was prescribed Tamiflu and Naproxen. Respondent was not involved in Patient J.K.'s treatment on this date. P. Exh. 8, pp. 22, 28-29; Tr., pp. 55-56, 171-172; P. Exh. 1, p. 13.

11. On March 16, 2018, Patient J.K. and his wife K.K. returned to Exceptional Urgent Care and met with Respondent as his symptoms had not improved. Patient J.K. did not fill the Tamiflu due to the cost. P. Exh. 1, pp. 14-15; P. Exh. 2, p. 5; Tr., pp. 56, 173-174.

12. Respondent's records for March 16, 2018 note that J.K. was in no apparent distress, was well developed and nourished, and was oriented to person, place, and time. The medical records go on to note that J.K.'s mood and affect were normal and appropriate to the situation. However, Respondent testified at the final hearing that "J.K. was a lot more ill than the chart displayed". P. Exh 2, p.6.; Tr. p. 215.

13. Respondent ordered a Prothrombin Time International Normalized Ration ("PT INR") test to determine Patient J.K.'s coagulation and ordered a CT scan of the chest. The INR results were within the therapeutic range. The CT scan showed shattered ground-glass opacification in the posterior right lower lobe and the medial left upper lobe. The Radiologist interpreting the CT Scan found that the findings were "non-specific, may represent hypoventilatory change or an infectious inflammatory process (acute or chronic)". P. Exh. 2, pp. 6, 8; Tr., p. 58; P. Exh. 8, p. 31.

14. Respondent testified that the official report from the radiologist would not be provided until 24 to 48 hours later, however, based on his review of the CT scan, it appeared to be pneumonia. Respondent testified that he is not a radiologist, but he has very good training and is very good at reading the images. Tr., pp. 218-219. Respondent did not provide evidence of any

radiology training other than a one-month rotation during his residency. P. Exh. 8, p. 59.

15. Respondent testified he advised Patient J.K. and K.K. that the CT scan appeared to show the start of pneumonia, and he was going to prescribe three medications, Levaquin 750 mg, Prednisone, and Zyrtec. Tr., p. 219. P. Exh. 8, p. 33.

16. K.K. testified Respondent advised her and Patient J.K. that he had determined there was no infection, that it appeared to be allergies, and that he was going to prescribe medications. Tr., pp. 174-175.

17. K.K. then asked Respondent if the Levaquin, Prednisone, or Zyrtec he was prescribing were contraindicated with any of Patient J.K.'s current prescriptions, in particular Tikosyn. K.K. and Patient J.K. both clearly remember Respondent advising he was not familiar with Tikosyn, and telling them to check with the pharmacist to see if there were any contraindications. P. Exh. 1, p.16; Tr., p. 175. Respondent did not counsel her or Patient J.K. on any risks regarding the medications prescribed or provide them with any alternatives. Tr., pp. 175-176, 199.

18. Respondent testified that he was aware of the risk of QT Prolongation and Torsades, but it is rare. He further testified the risks with taking Levaquin can range anywhere from a mild reaction to something as severe as death. P. Exh. 8, p. 34. Tr., pp. 220-221. Respondent further advised that the Electronic

Medical Record ("EMR") flagged potential interactions between drugs when he prescribes them. P. Exh. 7, p. 4.; Tr., p. 190.

19. Respondent claimed that he did advise K.K. of the possible interactions between Levaquin and Tikosyn, but he told her that the interaction was very rare. He further claimed that he advised K.K. that the pharmacist is a safety net, and the pharmacist would call him to discuss the prescriptions if he missed anything. Tr., pp. 219-221; P. Exh. 8, pp. 35-37.

20. K.K. and Patient J.K. left Exceptional Urgent Care and went to Publix to fill the prescriptions. K.K. asked the pharmacist if any medications would interfere with any of Patient J.K.'s currently prescribed medications. The pharmacist advised her that the antibiotic Levaquin was contraindicated with Tikosyn. K.K. requested that prescription not be filled. Tr., pp. 176, 186, 188.

21. A note from the Publix pharmacy indicates that the pharmacist spoke with the K.K. regarding the interaction between Tikosyn and Levaquin, and K.K. did not want the prescription filled. Tr., p. 95; R. Exh. 8.

22. K.K. then called Exceptional Urgent Care and asked for a different antibiotic that would not interact with Patient's J.K.'s Tikosyn, but was told no by staff, and that she needed to contact Patient J.K.'s cardiologist. K.K. further verified with the staff member that Patient J.K. did not have an infection. Tr., pp. 177, 197.

23. K.K. received an additional call from staff at Exceptional Urgent Care later and was told by staff that Respondent insisted Patient J.K. take the prescribed medication. K.K. didn't understand why since it was contraindicated. Tr., p. 178.

24. K.K. then contacted the cardiology department of the V.A. in Wisconsin, who conducted their own research on possible interactions, and told her that under no circumstances should she give Patient J.K. the Levaquin as it was contraindicated with Tikosyn and could cause fatal heart arrhythmia. Tr., p. 178-179, 200.

25. A certified copy of the progress notes from the V.A. cardiology department reflects a phone call took place on March 16, 2018, with K.K. who informed staff that Patient J.K. was prescribed Levaquin for "bad allergies". K.K.'s testimony at the final hearing that the pharmacist informed her that Levaquin was contraindicated with Tikosyn, but Respondent still wanted Patient J.K. to take a Levaquin even after she told him about the contraindication was consistent with her contemporaneous statements recorded by the cardiology staff at the V.A. Hospital. The staff at the VA in Wisconsin then instructed K.K. to listen to the pharmacist and not take the Levaquin. P. Exh. 5., p.2.

26. Respondent testified he had a personal conversation with K.K. after a courtesy call was placed the next day. Respondent claims that K.K. asked for his permission not to give the Levaquin

to her husband. Respondent testified that he explained Levaquin was the drug of choice, other medications would not cover J.K.'s pneumonia, the potential interactions were very rare, and Patient J.K. needed to take the Levaquin. By his own account, Respondent did not provide K.K. with any specific alternative antibiotics and insisted at least three times that Patient J.K. needed to take the Levaquin. Tr., p. 221-222; P. Exh. 8, p. 48.

27. K.K. testified she never personally spoke to Respondent on the phone. Further, K.K. testified Respondent never discussed the risks of using Levaquin with Tikosyn or provided any alternatives to the Levaquin. Tr., pp. 175-176, 179-180, 203-206.

28. Patients K.K. and J.K. clearly remembered their interactions with Respondent and their account is corroborated by available medical records and collateral sources. Their testimony is credited over Respondent's account which is not supported by his own contemporaneous records.

29. Dr. Anthony Davis testified as a medical expert for Petitioner. Dr. Davis has been board certified in family practice through the American Board of Osteopathic Family Physicians since 2001, and board certified in emergency medicine through AAPS since July 2003. Tr., pp. 51-52; P. Exh. 9.

30. Dr. Davis works at the V.A. Hospital in St. Petersburg, Florida. He also worked at Southbay Hospital in the emergency department during the times material to this complaint. He treated

walk-in patients, and patients with conditions similar to those of Patient J.K. Tr., p. 50-51, 54; P. Exh. 9.

31. Dr. Davis credibly testified to the importance of knowing the underlying conditions of patients due to potential complications between medications. He further testified there are common programs used to determine drug interactions such as Up To Date and Epocrates, which are standard prescription databases that list the potential drug interactions for all medical practitioners. Tr., pp. 58-59.

32. Dr. Davis opined that the finding of scattered ground-glass opacification on the March 16, 2018, CT scan of Patient J.K.'s chest was non-specific, meaning it did not clearly indicate a single diagnosis, and could be an indicator of multiple conditions. Dr. Davis testified that ground glass does not correlate to acute infection. Tr., pp. 58-59, 106-108. He further opined there were multiple treatment options available for Patient J.K., such as supportive care or an antibiotic with a lower risk of interaction with Patient J.K.'s existing medication. Tr., p. 59.

33. Levaquin and Tikosyn are contraindicated due to the risk of dangerous interaction, including ventricular fibrillation and torsades, which is an electrical disturbance of the heart where it becomes erratic and the heart can stop. Tr., p. 61. Dr. Davis testified that entering the two medications in to the Epocrates or

Up to Date drug interaction programs both indicate the drugs are contraindicated and instruct the practitioner to find alternatives. Tr., p. 61. Further, Levaquin is a medication that comes with a black box warning that requires physicians to counsel patients on the risks associated. Tr., p. 62-63.

34. Dr. Davis testified that there are safer alternatives to Levaquin that would effectively treat pneumonia, such as doxycycline, if Patient J.K. actually had pneumonia and an antibiotic was necessary. Tr., pp. 65-66.

35. The standard of care requires an osteopathic physician treating a patient similar to J.K. to (1) provide and document their justification for why Levaquin was the appropriate drug of choice; (2) note their acknowledgment that there are interactions with Tikosyn; (3) ensure the patient understands the risks and benefits of combining Tikosyn and Levaquin; (4) explain to the patient that there are limited to no alternatives; and (5) qualify the reason for prescribing a potentially dangerous drug. Tr., p. 69. When a drug comes up as contraindicated as a category X for interaction, the standard of care requires the physician to clearly explain to the patient why they are using the drug and to defend how it is going to be safe. Tr., p. 70.

36. A reasonably prudent osteopathic physician can rely on their own experience when choosing a treatment modality, but he or she will also utilize multiple resources to determine the

appropriate treatment for the patient, such as the pneumonia severity index scoring, and other resources on the M.D. calculator. Tr., pp. 68-69.

37. Respondent did not meet the prevailing standard of care in his treatment of Patient J.K. because there is insufficient documentation to support or justify the use of Levaquin. There is no documentation of any risk/benefit analysis that would justify the potentially fatal use of Levaquin in combination with Tiksoyn. Further, there is no documentation that suggests Respondent clearly explained the risk and benefits to the patient. Tr., p. 71-73.

38. Dr. Davis testified that if a prescription poses a significant concern, the pharmacist often calls to confer with the physician. However, if the patient independently puts the physician on notice of being prescribed a medication with potential contraindications, the physician must understand those medications and treat the whole patient. Tr., pp. 70-71, 93-94.

39. Respondent provided literature from the Infectious Diseases Society of America related to community acquired pneumonia in an attempt to prove that X-Ray or other imaging techniques are required for the diagnosis of pneumonia and to support his claim that Levaquin was the drug of choice for Patient J.K. R. Exh. 7. However, Dr. Davis pointed out that the article is from 2007 and is no longer accurate. Dr. Davis testified that there

are several other sources available to physicians, such as Epocrates and Up To Date, that contradict this article. Tr., pp. 129-131. Dr. Davis credibly testified that Levaquin received a black box warning around 2008 or 2009 and that the possible interaction between Levaquin and heart conditions similar to Patient J.K.'s was known even before 2008. Tr., pp. 62-63. Dr. Davis' testimony was clear, concise, and his opinion is credited.

40. Respondent moved to strike Dr. Davis' expert testimony under Daubert due to a lack of formal training or board certification in internal medicine, arguing he would not be qualified to opine on an urgent care center. After an analysis of Dr. Davis' credentials, the Court determined Dr. Davis was qualified to testify in the given case based on his experience and board certifications in emergency medicine and family medicine.

41. Respondent holds no board certifications. Respondent's defense relies on literature that was 12 years old and no longer accurate at the time he treated Patient J.K. in March 2018. Tr., p. 62, 155 - 162. Respondent's testimony, to the extent that it conflicts with Patient J.K.'s factual account and Dr. Davis' opinions, is not credited.

#### CONCLUSIONS OF LAW

42. DOAH has jurisdiction of the subject matter and the parties to this action pursuant to sections 120.569 and 120.57(1), Florida Statutes (2017).

43. Petitioner is the state agency charged with regulating the practice of osteopathic medicine. See § 20.43, ch. 456, ch. 459, Fla. Stat.

44. Because Petitioner seeks to impose license discipline, Petitioner has the burden to prove its allegations by clear and convincing evidence. See Dep't of Banking & Fin. v. Osborne Stern & Co., Inc., 670 So. 2d 932 (Fla. 1996); Ferris v. Turlington, 510 So. 2d 292 (Fla. 1987). This "entails both a qualitative and quantitative standard. The evidence must be credible; the memories of the witnesses must be clear and without confusion; and the sum total of the evidence must be of sufficient weight to convince the trier of fact without hesitancy." In re Davey, 645 So. 2d 398, 404 (Fla. 1994). See also Slomowitz v. Walker, 429 So. 2d 797, 800 (Fla. 4th DCA 1983). "Although this standard of proof may be met where the evidence is in conflict,... it seems to preclude evidence that is ambiguous." Westinghouse Electric Corp. v. Shuler Bros., Inc., 590 So. 2d 986, 988 (Fla. 1st DCA 1991).

45. Section 459.015(1)(x) provides in relevant part:

"[t]he following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(x) Notwithstanding s. 456.072(2) but as specified in s. 456.50(2):

1. Committing medical malpractice as defined in s. 456.50. The board shall give great weight to the provisions of s. 766.102 when enforcing this paragraph. Medical malpractice shall not be construed to require more than one instance, event, or act.

2. Committing gross medical malpractice.

3. Committing repeated medical malpractice as defined in s. 456.50. A person found by the board to have committed repeated medical malpractice based on s. 456.50 may not be licensed or continue to be licensed by this state to provide health care services as a medical doctor in this state.

46. Section 456.50 states in relevant part:

(e) "Level of care, skill, and treatment recognized in general law related to health care licensure" means the standard of care specified in s. 766.102.

(f) "Medical doctor" means a physician licensed pursuant to chapter 458 or chapter 459.

(g) "Medical malpractice" means the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure. Only for the purpose of finding repeated medical malpractice pursuant to this section, any similar wrongful act, neglect, or default committed in another state or country which, if committed in this state, would have been considered medical malpractice as defined in this paragraph, shall be considered medical malpractice if the standard of care and burden of proof applied in the other state or country equaled or exceeded that used in this state.

(h) "Repeated medical malpractice" means three or more incidents of medical malpractice found to have been committed by a medical doctor. Only an incident occurring on or after November 2, 2004, shall be considered an incident for purposes of finding repeated medical malpractice under this section.

47. Section 766.102 defines the prevailing professional standard of care as "the prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding

circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.”

48. Petitioner alleges that Respondent violated Section 459.015(1)(x) by failing to meet the prevailing professional standard of care in his treatment of Patient J.K.

49. The standard of care required Respondent to counsel J.K. on all of the risks associated with using Levaquin in combination with Tikosyn, provide him with available alternatives to Levaquin, and to document a full risk/benefit analysis.

50. As detailed in the Findings of Fact, K.K. credibly testified that neither she nor Patient J.K. were counseled on the risks of using Levaquin with Tikosyn, but instead, were directed to discuss the medications with the pharmacist. K.K.’s testimony was clear, without confusion, and strengthened by the record of her contemporaneous statements in the notes from the V.A. hospital in Wisconsin.

51. Respondent testified he explained the benefits outweighed the rare risk and that no alternatives were available based on the diagnosis, but he failed to provide any documentation or outside testimony to verify that the risks were fully explained. The medical record only reflects that the risks of not taking the medication were discussed after a phone call with K.K. the day after the appointment took place. Dr. Davis credibly testified that the standard of care required that the patient understand the

risks and benefits of combining Tikosyn and Levaquin when prescribing the medication and that Respondent qualify the reason for prescribing a potentially dangerous drug.

52. K.K. credibly testified she called Respondent's office requesting an alternative after her discussion of an interaction between the medications with the Publix pharmacist. K.K. credibly testified she was told Patient J.K. needed to take the Levaquin, and no alternatives were offered. Her testimony was supported by the certified progress notes provided from the Wisconsin V.A. cardiology department regarding a phone call that took place on March 16, 2018. The notes indicate K.K. was advised that Patient J.K. should not take the contraindicated medication. Further, the Publix pharmacy notes clearly indicate K.K. did not want to fill the prescription because of an interaction. Further, Respondent offered no evidence that he did offer alternatives, only that he repeatedly stated Levaquin was the drug of choice and no other antibiotic would treat Patient J.K.'s pneumonia, despite the credible testimony of Dr. Davis to the contrary.

53. Dr. Davis credibly testified that Respondent's assertion that Levaquin was the drug of choice was not consistent with current medical knowledge, and there were several tools easily available to Respondent once K.K. put him on notice of the potential for contraindications.

54. As detailed in the Findings of Fact, Petitioner proved by clear and convincing evidence that Respondent failed to counsel Patient J.K. on the risks of, or alternatives to, using Levaquin in combination with Tikosyn.

55. Based on the foregoing, Petitioner has proven by clear and convincing evidence that Respondent violated section 459.015(1)(x), Florida Statutes (2017), by committing medical malpractice in his treatment of Patient J.K.

RECOMMENDATION

Based on the foregoing Findings of Fact and Conclusions of Law, it is RECOMMENDED that that the Board of Osteopathic Medicine enter a Final Order:

- (1) Finding that Respondent John Joseph Im, D.O., violated section 459.015(1)(x), Florida Statutes (2017), by committing medical malpractice as defined in Section 456.50, Florida Statutes, as charged in Petitioner's Administrative Complaint;
- (2) Issuing a letter of concern against Respondent's Florida osteopathic medical license; and
- (3) Imposing an administrative fine of \$3,500.00.
- (4) Requiring continuing education courses in prescribing practices.

RECOMMENDED this \_\_\_\_\_ day of \_\_\_\_\_, 2019, in Tallahassee, Leon County, Florida.

\_\_\_\_\_  
Yolonda Green

Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
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www.doah.state.fl.us

Filed with the Clerk of the  
Division of Administrative Hearings  
This \_\_\_\_\_ day of \_\_\_\_\_, 2019.

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NOTICE OF RIGHT TO SUBMIT EXCEPTIONS

All parties have the right to submit written exceptions within 15 days from the date of this Recommended Order. Any exceptions to this Recommended Order should be filed with the agency that will issue the Final Order in this case.

Respectfully submitted this 25th day of November, 2019.



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CERTIFICATE OF SERVICE

I CERTIFY that a true and correct copy of the FOREGOING has been furnished via mail to the Respondent John Joseph Im, D.O., at 13767 US Hwy 441 Lady Lake, Florida 32159, this 25th day of November, 2019.



William E. Walker  
Assistant General Counsel

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF  
OSTEOPATHIC MEDICINE,

Petitioner,

vs.

Case No. 19-4724PL

JOHN JOSEPH IM, D.O.,

Respondent.

\_\_\_\_\_ /

NOTICE OF FILING TRANSCRIPT

The Transcript of the final hearing in this cause has been filed with the Division of Administrative Hearings. The parties are advised to check the docket for the actual date filed in order to accurately calendar the deadline for filing proposed orders.

November 15, 2019



\_\_\_\_\_  
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# Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults

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## EXECUTIVE SUMMARY

Improving the care of adult patients with community-acquired pneumonia (CAP) has been the focus of many different organizations, and several have developed guidelines for management of CAP. Two of the most widely referenced are those of the Infectious Diseases Society of America (IDSA) and the American Thoracic Society (ATS). In response to confusion regarding differences between their respective guidelines, the IDSA and the ATS convened a joint committee to develop a unified CAP guideline document.

The guidelines are intended primarily for use by emergency medicine physicians, hospitalists, and primary care practitioners; however, the extensive literature evaluation suggests that they are also an appropriate

starting point for consultation by specialists. Substantial overlap exists among the patients whom these guidelines address and those discussed in the recently published guidelines for health care–associated pneumonia (HCAP). Pneumonia in nonambulatory residents of nursing homes and other long-term care facilities epidemiologically mirrors hospital-acquired pneumonia and should be treated according to the HCAP guidelines. However, certain other patients whose conditions are included in the designation of HCAP are better served by management in accordance with CAP guidelines with concern for specific pathogens.

## Implementation of Guideline Recommendations

1. Locally adapted guidelines should be implemented to improve process of care variables and relevant clinical outcomes. (Strong recommendation; level I evidence.)

It is important to realize that guidelines cannot always account for individual variation among patients. They are not intended to supplant physician judgment with respect to particular patients or special clinical situations. The IDSA considers adherence to these guidelines to be voluntary, with the ultimate determination regarding their application to be made by the physician in the light of each patient's individual circumstances.

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This official statement of the Infectious Diseases Society of America (IDSA) and the American Thoracic Society (ATS) was approved by the IDSA Board of Directors on 5 November 2006 and the ATS Board of Directors on 29 September 2006.

<sup>a</sup> Committee cochairs.

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Enthusiasm for developing these guidelines derives, in large part, from evidence that previous CAP guidelines have led to improvement in clinically relevant outcomes. Consistently beneficial effects in clinically relevant parameters (listed in table 3) followed the introduction of a comprehensive protocol (including a combination of components from table 2) that increased compliance with published guidelines. The first recommendation, therefore, is that CAP management guidelines be locally adapted and implemented.

#### **Documented benefits.**

2. CAP guidelines should address a comprehensive set of elements in the process of care rather than a single element in isolation. (Strong recommendation; level III evidence.)
3. Development of local CAP guidelines should be directed toward improvement in specific and clinically relevant outcomes. (Moderate recommendation; level III evidence.)

#### **Site-of-Care Decisions**

Almost all of the major decisions regarding management of CAP, including diagnostic and treatment issues, revolve around the initial assessment of severity. Site-of-care decisions (e.g., hospital vs. outpatient, intensive care unit [ICU] vs. general ward) are important areas for improvement in CAP management.

#### **Hospital admission decision.**

4. Severity-of-illness scores, such as the CURB-65 criteria (confusion, uremia, respiratory rate, low blood pressure, age 65 years or greater), or prognostic models, such as the Pneumonia Severity Index (PSI), can be used to identify patients with CAP who may be candidates for outpatient treatment. (Strong recommendation; level I evidence.)
5. Objective criteria or scores should always be supplemented with physician determination of subjective factors, including the ability to safely and reliably take oral medication and the availability of outpatient support resources. (Strong recommendation; level II evidence.)
6. For patients with CURB-65 scores  $\geq 2$ , more-intensive treatment—that is, hospitalization or, where appropriate and available, intensive in-home health care services—is usually warranted. (Moderate recommendation; level III evidence.)

Physicians often admit patients to the hospital who could be well managed as outpatients and who would generally prefer to be treated as outpatients. Objective scores, such as the CURB-65 score or the PSI, can assist in identifying patients who may be appropriate for outpatient care, but the use of such scores must be tempered by the physician's determination of additional critical factors, including the ability to safely and reliably

take oral medication and the availability of outpatient support resources.

#### **ICU admission decision.**

7. Direct admission to an ICU is required for patients with septic shock requiring vasopressors or with acute respiratory failure requiring intubation and mechanical ventilation. (Strong recommendation; level II evidence.)
8. Direct admission to an ICU or high-level monitoring unit is recommended for patients with 3 of the minor criteria for severe CAP listed in table 4. (Moderate recommendation; level II evidence.)

In some studies, a significant percentage of patients with CAP are transferred to the ICU in the first 24–48 h after hospitalization. Mortality and morbidity among these patients appears to be greater than those among patients admitted directly to the ICU. Conversely, ICU resources are often overstretched in many institutions, and the admission of patients with CAP who would not directly benefit from ICU care is also problematic. Unfortunately, none of the published criteria for severe CAP adequately distinguishes these patients from those for whom ICU admission is necessary. In the present set of guidelines, a new set of criteria has been developed on the basis of data on individual risks, although the previous ATS criteria format is retained. In addition to the 2 major criteria (need for mechanical ventilation and septic shock), an expanded set of minor criteria (respiratory rate,  $>30$  breaths/min; arterial oxygen pressure/fraction of inspired oxygen ( $\text{PaO}_2/\text{FiO}_2$ ) ratio,  $<250$ ; multilobar infiltrates; confusion; blood urea nitrogen level,  $>20$  mg/dL; leukopenia resulting from infection; thrombocytopenia; hypothermia; or hypotension requiring aggressive fluid resuscitation) is proposed (table 4). The presence of at least 3 of these criteria suggests the need for ICU care but will require prospective validation.

#### **Diagnostic Testing**

9. In addition to a constellation of suggestive clinical features, a demonstrable infiltrate by chest radiograph or other imaging technique, with or without supporting microbiological data, is required for the diagnosis of pneumonia. (Moderate recommendation; level III evidence.)

#### **Recommended diagnostic tests for etiology.**

10. Patients with CAP should be investigated for specific pathogens that would significantly alter standard (empirical) management decisions, when the presence of such pathogens is suspected on the basis of clinical and epidemiologic clues. (Strong recommendation; level II evidence.)

Recommendations for diagnostic testing remain controversial. The overall low yield and infrequent positive impact on clinical care argue against the routine use of common tests,

such as blood and sputum cultures. Conversely, these cultures may have a major impact on the care of an individual patient and are important for epidemiologic reasons, including the antibiotic susceptibility patterns used to develop treatment guidelines. A list of clinical indications for more extensive diagnostic testing (table 5) was, therefore, developed, primarily on the basis of 2 criteria: (1) when the result is likely to change individual antibiotic management and (2) when the test is likely to have the highest yield.

11. Routine diagnostic tests to identify an etiologic diagnosis are optional for outpatients with CAP. (Moderate recommendation; level III evidence.)
12. Pretreatment blood samples for culture and an expectorated sputum sample for stain and culture (in patients with a productive cough) should be obtained from hospitalized patients with the clinical indications listed in table 5 but are optional for patients without these conditions. (Moderate recommendation; level I evidence.)
13. Pretreatment Gram stain and culture of expectorated sputum should be performed only if a good-quality specimen can be obtained and quality performance measures for collection, transport, and processing of samples can be met. (Moderate recommendation; level II evidence.)
14. Patients with severe CAP, as defined above, should at least have blood samples drawn for culture, urinary antigen tests for *Legionella pneumophila* and *Streptococcus pneumoniae* performed, and expectorated sputum samples collected for culture. For intubated patients, an endotracheal aspirate sample should be obtained. (Moderate recommendation; level II evidence.)

The most clear-cut indication for extensive diagnostic testing is in the critically ill CAP patient. Such patients should at least have blood drawn for culture and an endotracheal aspirate obtained if they are intubated; consideration should be given to more extensive testing, including urinary antigen tests for *L. pneumophila* and *S. pneumoniae* and Gram stain and culture of expectorated sputum in nonintubated patients. For inpatients without the clinical indications listed in table 5, diagnostic testing is optional (but should not be considered wrong).

### Antibiotic Treatment

**Empirical antimicrobial therapy.** Empirical antibiotic recommendations (table 7) have not changed significantly from those in previous guidelines. Increasing evidence has strengthened the recommendation for combination empirical therapy for severe CAP. Only 1 recently released antibiotic has been added to the recommendations: ertapenem, as an acceptable  $\beta$ -lactam alternative for hospitalized patients with risk factors for infection with gram-negative pathogens other than *Pseudomonas aeruginosa*. At present, the committee is awaiting further evaluation of the safety of telithromycin by the US Food

and Drug Administration before making its final recommendation regarding this drug. Recommendations are generally for a class of antibiotics rather than for a specific drug, unless outcome data clearly favor one drug. Because overall efficacy remains good for many classes of agents, the more potent drugs are given preference because of their benefit in decreasing the risk of selection for antibiotic resistance.

### Outpatient treatment

15. Previously healthy and no risk factors for drug-resistant *S. pneumoniae* (DRSP) infection:
  - A. A macrolide (azithromycin, clarithromycin, or erythromycin) (strong recommendation; level I evidence)
  - B. Doxycycline (weak recommendation; level III evidence)
16. Presence of comorbidities, such as chronic heart, lung, liver, or renal disease; diabetes mellitus; alcoholism; malignancies; asplenia; immunosuppressing conditions or use of immunosuppressing drugs; use of antimicrobials within the previous 3 months (in which case an alternative from a different class should be selected); or other risks for DRSP infection:
  - A. A respiratory fluoroquinolone (moxifloxacin, gemifloxacin, or levofloxacin [750 mg]) (strong recommendation; level I evidence)
  - B. A  $\beta$ -lactam **plus** a macrolide (strong recommendation; level I evidence) (High-dose amoxicillin [e.g., 1 g 3 times daily] or amoxicillin-clavulanate [2 g 2 times daily] is preferred; alternatives include ceftriaxone, cefpodoxime, and cefuroxime [500 mg 2 times daily]; doxycycline [level II evidence] is an alternative to the macrolide.)
17. In regions with a high rate (>25%) of infection with high-level (MIC,  $\geq 16$   $\mu\text{g}/\text{mL}$ ) macrolide-resistant *S. pneumoniae*, consider the use of alternative agents listed above in recommendation 16 for any patient, including those without comorbidities. (Moderate recommendation; level III evidence.)

### Inpatient, non-ICU treatment

18. A respiratory fluoroquinolone (strong recommendation; level I evidence)
19. A  $\beta$ -lactam **plus** a macrolide (strong recommendation; level I evidence) (Preferred  $\beta$ -lactam agents include cefotaxime, ceftriaxone, and ampicillin; ertapenem for selected patients; with doxycycline [level III evidence] as an alternative to the macrolide. A respiratory fluoroquinolone should be used for penicillin-allergic patients.)

Increasing resistance rates have suggested that empirical therapy with a macrolide alone can be used only for the treat-

ment of carefully selected hospitalized patients with nonsevere disease and without risk factors for infection with drug-resistant pathogens. However, such monotherapy cannot be routinely recommended.

#### Inpatient, ICU treatment

20. A  $\beta$ -lactam (cefotaxime, ceftriaxone, or ampicillin-sulbactam) **plus** either azithromycin (level II evidence) or a fluoroquinolone (level I evidence) (strong recommendation) (For penicillin-allergic patients, a respiratory fluoroquinolone and aztreonam are recommended.)
21. For *Pseudomonas* infection, use an antipneumococcal, antipseudomonal  $\beta$ -lactam (piperacillin-tazobactam, ceftipime, imipenem, or meropenem) plus either ciprofloxacin or levofloxacin (750-mg dose)  
**or**  
the above  $\beta$ -lactam plus an aminoglycoside and azithromycin  
**or**  
the above  $\beta$ -lactam plus an aminoglycoside and an antipneumococcal fluoroquinolone (for penicillin-allergic patients, substitute aztreonam for the above  $\beta$ -lactam). (Moderate recommendation; level III evidence.)
22. For community-acquired methicillin-resistant *Staphylococcus aureus* infection, add vancomycin or linezolid. (Moderate recommendation; level III evidence.)

Infections with the overwhelming majority of CAP pathogens will be adequately treated by use of the recommended empirical regimens. The emergence of methicillin-resistant *S. aureus* as a CAP pathogen and the small but significant incidence of CAP due to *P. aeruginosa* are the exceptions. These pathogens occur in specific epidemiologic patterns and/or with certain clinical presentations, for which empirical antibiotic coverage may be warranted. However, diagnostic tests are likely to be of high yield for these pathogens, allowing early discontinuation of empirical treatment if results are negative. The risk factors are included in the table 5 recommendations for indications for increased diagnostic testing.

#### ***Pathogens suspected on the basis of epidemiologic considerations.***

Risk factors for other uncommon etiologies of CAP are listed in table 8, and recommendations for treatment are included in table 9.

#### ***Pathogen-directed therapy.***

23. Once the etiology of CAP has been identified on the basis of reliable microbiological methods, antimicrobial therapy should be directed at that pathogen. (Moderate recommendation; level III evidence.)
24. Early treatment (within 48 h of the onset of symptoms)

with oseltamivir or zanamivir is recommended for influenza A. (Strong recommendation; level I evidence.)

25. Use of oseltamivir and zanamivir is not recommended for patients with uncomplicated influenza with symptoms for >48 h (level I evidence), but these drugs may be used to reduce viral shedding in hospitalized patients or for influenza pneumonia. (Moderate recommendation; level III evidence.)

#### Pandemic influenza

26. Patients with an illness compatible with influenza and with known exposure to poultry in areas with previous H5N1 infection should be tested for H5N1 infection. (Moderate recommendation; level III evidence.)
27. In patients with suspected H5N1 infection, droplet precautions and careful routine infection control measures should be used until an H5N1 infection is ruled out. (Moderate recommendation; level III evidence.)
28. Patients with suspected H5N1 infection should be treated with oseltamivir (level II evidence) and antibacterial agents targeting *S. pneumoniae* and *S. aureus*, the most common causes of secondary bacterial pneumonia in patients with influenza (level III evidence). (Moderate recommendation.)

#### ***Time to first antibiotic dose.***

29. For patients admitted through the emergency department (ED), the first antibiotic dose should be administered while still in the ED. (Moderate recommendation; level III evidence.)

Rather than designating a specific window in which to initiate treatment, the committee felt that hospitalized patients with CAP should receive the first antibiotic dose in the ED.

#### ***Switch from intravenous to oral therapy.***

30. Patients should be switched from intravenous to oral therapy when they are hemodynamically stable and improving clinically, are able to ingest medications, and have a normally functioning gastrointestinal tract. (Strong recommendation; level II evidence.)
31. Patients should be discharged as soon as they are clinically stable, have no other active medical problems, and have a safe environment for continued care. Inpatient observation while receiving oral therapy is not necessary. (Moderate recommendation; level II evidence.)

#### ***Duration of antibiotic therapy.***

32. Patients with CAP should be treated for a minimum of 5 days (level I evidence), should be afebrile for 48–72 h, and should have no more than 1 CAP-associated sign of clinical instability (table 10) before discontinuation of therapy (level II evidence). (Moderate recommendation.)

33. A longer duration of therapy may be needed if initial therapy was not active against the identified pathogen or if it was complicated by extrapulmonary infection, such as meningitis or endocarditis. (Weak recommendation; level III evidence.)

#### **Other Treatment Considerations**

34. Patients with CAP who have persistent septic shock despite adequate fluid resuscitation should be considered for treatment with drotrecogin alfa activated within 24 h of admission. (Weak recommendation; level II evidence.)
35. Hypotensive, fluid-resuscitated patients with severe CAP should be screened for occult adrenal insufficiency. (Moderate recommendation; level II evidence.)
36. Patients with hypoxemia or respiratory distress should receive a cautious trial of noninvasive ventilation unless they require immediate intubation because of severe hypoxemia ( $\text{PaO}_2/\text{FiO}_2$  ratio,  $<150$ ) and bilateral alveolar infiltrates. (Moderate recommendation; level I evidence.)
37. Low-tidal-volume ventilation ( $6 \text{ cm}^3/\text{kg}$  of ideal body weight) should be used for patients undergoing ventilation who have diffuse bilateral pneumonia or acute respiratory distress syndrome. (Strong recommendation; level I evidence.)

#### **Management of Nonresponding Pneumonia**

##### ***Definitions and classification.***

38. The use of a systematic classification of possible causes of failure to respond, based on time of onset and type of failure (table 11), is recommended. (Moderate recommendation; level II evidence.)

As many as 15% of patients with CAP may not respond appropriately to initial antibiotic therapy. A systematic approach to these patients (table 11) will help to determine the cause. Because determination of the cause of failure is more accurate if the original microbiological etiology is known, risk factors for nonresponse or deterioration (table 12) figure prominently in the list of situations in which more aggressive and/or extensive initial diagnostic testing is warranted (table 5).

##### **Prevention (see table 13)**

39. All persons  $\geq 50$  years of age, others at risk for influenza complications, household contacts of high-risk persons, and health care workers should receive inactivated influenza vaccine as recommended by the Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention. (Strong recommendation; level I evidence.)

40. The intranasally administered live attenuated vaccine is an alternative vaccine formulation for some persons 5–49 years of age without chronic underlying diseases, including immunodeficiency, asthma, or chronic medical conditions. (Strong recommendation; level I evidence.)
41. Health care workers in inpatient and outpatient settings and long-term care facilities should receive annual influenza immunization. (Strong recommendation; level I evidence.)
42. Pneumococcal polysaccharide vaccine is recommended for persons  $\geq 65$  years of age and for those with selected high-risk concurrent diseases, according to current Advisory Committee on Immunization Practices guidelines. (Strong recommendation; level II evidence.)
43. Vaccination status should be assessed at the time of hospital admission for all patients, especially those with medical illnesses. (Moderate recommendation; level III evidence.)
44. Vaccination may be performed either at hospital discharge or during outpatient treatment. (Moderate recommendation; level III evidence.)
45. Influenza vaccine should be offered to persons at hospital discharge or during outpatient treatment during the fall and winter. (Strong recommendation; level III evidence.)
46. Smoking cessation should be a goal for persons hospitalized with CAP who smoke. (Moderate recommendation; level III evidence.)
47. Smokers who will not quit should also be vaccinated for both pneumococcus and influenza. (Weak recommendation; level III evidence.)
48. Cases of pneumonia that are of public health concern should be reported immediately to the state or local health department. (Strong recommendation; level III evidence.)
49. Respiratory hygiene measures, including the use of hand hygiene and masks or tissues for patients with cough, should be used in outpatient settings and EDs as a means to reduce the spread of respiratory infections. (Strong recommendation; level III evidence.)

#### **INTRODUCTION**

Improving the care of patients with community-acquired pneumonia (CAP) has been the focus of many different organizations. Such efforts at improvement in care are warranted, because CAP, together with influenza, remains the seventh leading cause of death in the United States [1]. According to one estimate, 915,900 episodes of CAP occur in adults  $\geq 65$  years of age each year in the United States [2]. Despite advances in antimicrobial therapy, rates of mortality due to pneumonia have not decreased significantly since penicillin became routinely available [3].

Groups interested in approaches to the management of CAP include professional societies, such as the American Thoracic Society (ATS) and the Infectious Diseases Society of America (IDSA); government agencies or their contract agents, such as the Center for Medicare and Medicaid Services and the Department of Veterans Affairs; and voluntary accrediting agencies, such as the Joint Commission on Accreditation of Healthcare Organizations. In addition, external review groups and consumer groups have chosen CAP outcomes as major quality indicators. Such interest has resulted in numerous guidelines for the management of CAP [4]. Some of these guidelines represent truly different perspectives, including differences in health care systems, in the availability of diagnostic tools or therapeutic agents, or in either the etiology or the antibiotic susceptibility of common causative microorganisms. The most widely referenced guidelines in the United States have been those published by the ATS [5, 6] and the IDSA [7–9].

Differences, both real and imagined, between the ATS and IDSA guidelines have led to confusion for individual physicians, as well as for other groups who use these published guidelines rather than promulgating their own. In response to this concern, the IDSA and the ATS convened a joint committee to develop a unified CAP guideline document. This document represents a consensus of members of both societies, and both governing councils have approved the statement.

**Purpose and scope.** The purpose of this document is to update clinicians with regard to important advances and controversies in the management of patients with CAP. The committee chose not to address CAP occurring in immunocompromised patients, including solid organ, bone marrow, or stem cell transplant recipients; patients receiving cancer chemotherapy or long-term (>30 days) high-dose corticosteroid treatment; and patients with congenital or acquired immunodeficiency or those infected with HIV who have CD4 cell counts <350 cells/mm<sup>3</sup>, although many of these patients may be infected with the same microorganisms. Pneumonia in children (≤18 years of age) is also not addressed.

Substantial overlap exists among the patients these guidelines address and those discussed in the recently published guidelines for health care–associated pneumonia (HCAP) [10]. Two issues are pertinent: (1) an increased risk of infection with drug-resistant isolates of usual CAP pathogens, such as *Streptococcus pneumoniae*, and (2) an increased risk of infection with less common, usually hospital-associated pathogens, such as *Pseudomonas* and *Acinetobacter* species and methicillin-resistant *Staphylococcus aureus* (MRSA). Pneumonia in nonambulatory residents of nursing homes and other long-term care facilities epidemiologically mirrors hospital-acquired pneumonia and should be treated according to the HCAP guidelines. However, certain other patients whose conditions are included under the designation of HCAP are better served by management in ac-

cordance with CAP guidelines with concern for specific pathogens. For example, long-term dialysis alone is a risk for MRSA infection but does not necessarily predispose patients to infection with other HCAP pathogens, such as *Pseudomonas aeruginosa* or *Acinetobacter* species. On the other hand, certain patients with chronic obstructive pulmonary disease (COPD) are at greater risk for infection with *Pseudomonas* species but not MRSA. These issues will be discussed in specific sections below.

The committee started with the premise that mortality due to CAP can be decreased. We, therefore, have placed the greatest emphasis on aspects of the guidelines that have been associated with decreases in mortality. For this reason, the document focuses mainly on management and minimizes discussions of such factors as pathophysiology, pathogenesis, mechanisms of antibiotic resistance, and virulence factors.

The committee recognizes that the majority of patients with CAP are cared for by primary care, hospitalist, and emergency medicine physicians [11], and these guidelines are, therefore, directed primarily at them. The committee consisted of infectious diseases, pulmonary, and critical care physicians with interest and expertise in pulmonary infections. The expertise of the committee and the extensive literature evaluation suggest that these guidelines are also an appropriate starting point for consultation by these types of physicians.

Although much of the literature cited originates in Europe, these guidelines are oriented toward the United States and Canada. Although the guidelines are generally applicable to other parts of the world, local antibiotic resistance patterns, drug availability, and variations in health care systems suggest that modification of these guidelines is prudent for local use.

**Methodology.** The process of guideline development started with the selection of committee cochairs by the presidents of the IDSA [12] and ATS [13], in consultation with other leaders in the respective societies. The committee cochairs were charged with selection of the rest of the committee. The IDSA members were those involved in the development of previous IDSA CAP guidelines [9], whereas ATS members were chosen in consultation with the leadership of the Mycobacteria Tuberculosis and Pulmonary Infection Assembly, with input from the chairs of the Clinical Pulmonary and Critical Care assemblies. Committee members were chosen to represent differing expertise and viewpoints on the various topics. One acknowledged weakness of this document is the lack of representation by primary care, hospitalist, and emergency medicine physicians.

The cochairs generated a general outline of the topics to be covered that was then circulated to committee members for input. A conference phone call was used to review topics and to discuss evidence grading and the general aims and expectations of the document. The topics were divided, and committee members were assigned by the cochairs and charged

with presentation of their topic at an initial face-to-face meeting, as well as with development of a preliminary document dealing with their topic. Controversial topics were assigned to 2 committee members, 1 from each society.

An initial face-to-face meeting of a majority of committee members involved presentations of the most controversial topics, including admission decisions, diagnostic strategies, and antibiotic therapy. Prolonged discussions followed each presentation, with consensus regarding the major issues achieved before moving to the next topic. With input from the rest of the committee, each presenter and committee member assigned to the less controversial topics prepared an initial draft of their section, including grading of the evidence. Iterative drafts of the statement were developed and distributed by e-mail for critique, followed by multiple revisions by the primary authors. A second face-to-face meeting was also held for discussion of the less controversial areas and further critique of the initial drafts. Once general agreement on the separate topics was obtained, the coauthors incorporated the separate documents into a single statement, with substantial editing for style and consistency. The document was then redistributed to committee members to review and update with new information from the literature up to June 2006. Recommended changes were reviewed by all committee members by e-mail and/or conference phone call and were incorporated into the final document by the coauthors.

This document was then submitted to the societies for approval. Each society independently selected reviewers, and changes recommended by the reviewers were discussed by the committee and incorporated into the final document. The guideline was then submitted to the IDSA Governing Council and the ATS Board of Directors for final approval.

**Grading of guideline recommendations.** Initially, the committee decided to grade only the strength of the evidence, using a 3-tier scale (table 1) used in a recent guideline from both societies [10]. In response to reviewers' comments and the maturation of the field of guideline development [14], a separate grading of the strength of the recommendations was added to the final draft. More extensive and validated criteria, such as GRADE [14], were impractical for use at this stage. The 3-tier scale similar to that used in other IDSA guideline documents [12] and familiar to many of the committee members was therefore chosen.

The strength of each recommendation was graded as "strong," "moderate," or "weak." Each committee member independently graded each recommendation on the basis of not only the evidence but also expert interpretation and clinical applicability. The final grading of each recommendation was a composite of the individual committee members' grades. For the final document, a strong recommendation required  $\geq 6$  (of

**Table 1. Levels of evidence.**

| Evidence level      | Definition                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level I (high)      | Evidence from well-conducted, randomized controlled trials.                                                                                                                                                                                                                                                                                                                   |
| Level II (moderate) | Evidence from well-designed, controlled trials without randomization (including cohort, patient series, and case-control studies). Level II studies also include any large case series in which systematic analysis of disease patterns and/or microbial etiology was conducted, as well as reports of data on new therapies that were not collected in a randomized fashion. |
| Level III (low)     | Evidence from case studies and expert opinion. In some instances, therapy recommendations come from antibiotic susceptibility data without clinical observations.                                                                                                                                                                                                             |

12) of the members to consider it to be strong and the majority of the others to grade it as moderate.

The implication of a strong recommendation is that most patients should receive that intervention. Significant variability in the management of patients with CAP is well documented. Some who use guidelines suggest that this variability itself is undesirable. Industrial models suggesting that variability per se is undesirable may not always be relevant to medicine [15]. Such models do not account for substantial variability among patients, nor do they account for variable end points, such as limitation of care in patients with end-stage underlying diseases who present with CAP. For this reason, the committee members feel strongly that 100% compliance with guidelines is not the desired goal. However, the rationale for variation from a strongly recommended guideline should be apparent from the medical record.

Conversely, moderate or weak recommendations suggest that, even if a majority would follow the recommended management, many practitioners may not. Deviation from guidelines may occur for a variety of reasons [16, 17]. One document cannot cover all of the variable settings, unique hosts, or epidemiologic patterns that may dictate alternative management strategies, and physician judgment should always supersede guidelines. This is borne out by the finding that deviation from guidelines is greatest in the treatment of patients with CAP admitted to the ICU [18]. In addition, few of the recommendations have level I evidence to support them, and most are, therefore, legitimate topics for future research. Subsequent publication of studies documenting that care that deviates from guidelines results in better outcomes will stimulate revision of the guidelines. The committee anticipates that this will occur, and, for this reason, both the ATS and IDSA leaderships have committed to the revision of these guidelines on a regular basis.

We recognize that these guidelines may be used as a measure of quality of care for hospitals and individual practitioners. Although these guidelines are evidence based, the committee strongly urges that deviations from them not necessarily be considered substandard care, unless they are accompanied by evidence for worse outcomes in a studied population.

## IMPLEMENTATION OF GUIDELINE RECOMMENDATIONS

1. Locally adapted guidelines should be implemented to improve process of care variables and relevant clinical outcomes. (Strong recommendation; level I evidence.)

Enthusiasm for developing this set of CAP guidelines derives, in large part, from evidence that previous CAP guidelines have led to improvement in clinically relevant outcomes [17, 19–21]. Protocol design varies among studies, and the preferable randomized, parallel group design has been used in only a small minority. Confirmatory studies that use randomized, parallel groups with precisely defined treatments are still needed, but a consistent pattern of benefit is found in the other types of level I studies.

**Documented benefits.** Published protocols have varied in primary focus and comprehensiveness, and the corresponding benefits vary from one study to another. However, the most impressive aspect of this literature is the consistently beneficial effect seen in some clinically relevant parameter after the introduction of a protocol that increases compliance with published guidelines.

A decrease in mortality with the introduction of guideline-based protocols was found in several studies [19, 21]. A 5-year study of 28,700 patients with pneumonia who were admitted during implementation of a pneumonia guideline demonstrated that the crude 30-day mortality rate was 3.2% lower with the guideline (adjusted OR, 0.69; 95% CI, 0.49–0.97) [19], compared with that among patients treated concurrently by nonaffiliated physicians. After implementation of a practice guideline at one Spanish hospital [21], the survival rate at 30 days was higher (OR, 2.14; 95% CI, 1.23–3.72) than at baseline and in comparison with 4 other hospitals without overt protocols. Lower mortality was seen in other studies, although the differences were not statistically significant [22, 23]. Studies that documented lower mortality emphasized increasing the number of patients receiving guideline-recommended antibiotics, confirming results of the multivariate analysis of a retrospective review [24].

When the focus of a guideline was hospitalization, the number of less ill patients admitted to the hospital was consistently found to be lower. Using admission decision support, a prospective study of >1700 emergency department (ED) visits in

19 hospitals randomized between pathway and “conventional” management found that admission rates among low-risk patients at pathway hospitals decreased (from 49% to 31% of patients in Pneumonia Severity Index [PSI] classes I–III;  $P < .01$ ) without differences in patient satisfaction scores or rate of readmission [20]. Calculating the PSI score and assigning the risk class, providing oral clarithromycin, and home nursing follow-up significantly ( $P = .01$ ) decreased the number of low-mortality-risk admissions [25]. However, patient satisfaction among outpatients was lower after implementation of this guideline, despite survey data that suggested most patients would prefer outpatient treatment [26]. Of patients discharged from the ED, 9% required hospitalization within 30 days, although another study showed lower readmission rates with the use of a protocol [23]. Admission decision support derived from the 1993 ATS guideline [5] recommendations, combined with outpatient antibiotic recommendations, reduced the CAP hospitalization rate from 13.6% to 6.4% [23], and admission rates for other diagnoses were unchanged. Not surprisingly, the resultant overall cost of care decreased by half ( $P = .01$ ).

Protocols using guidelines to decrease the duration of hospitalization have also been successful. Guideline implementation in 31 Connecticut hospitals decreased the mean length of hospital stay (LOS) from 7 to 5 days ( $P < .001$ ) [27]. An ED-based protocol decreased the mean LOS from 9.7 to 6.4 days ( $P < .0001$ ), with the benefits of guideline implementation maintained 3 years after the initial study [22]. A 7-site trial, randomized by physician group, of guideline alone versus the same guideline with a multifaceted implementation strategy found that addition of an implementation strategy was associated with decreased duration of intravenous antibiotic therapy and LOS, although neither decrease was statistically significant [28]. Several other studies used guidelines to significantly shorten the LOS, by an average of >1.5 days [20, 21].

Markers of process of care can also change with the use of a protocol. The time to first antibiotic dose has been effectively decreased with CAP protocols [22, 27, 29]. A randomized, parallel group study introduced a pneumonia guideline in 20 of 36 small Oklahoma hospitals [29], with the identical protocol implemented in the remaining hospitals in a second phase. Serial measurement of key process measures showed significant improvement in time to first antibiotic dose and other variables, first in the initial 20 hospitals and later in the remaining 16 hospitals. Implementing a guideline in the ED halved the time to initial antibiotic dose [22].

2. CAP guidelines should address a comprehensive set of elements in the process of care rather than a single element in isolation. (Strong recommendation; level III evidence.)

Common to all of the studies documented above, a com-

**Table 2. Elements important for local community-acquired pneumonia guidelines.**

---

|                                                                                 |
|---------------------------------------------------------------------------------|
| All patients                                                                    |
| Initiation of antibiotic therapy at site of diagnosis for hospitalized patients |
| Antibiotic selection                                                            |
| Empirical                                                                       |
| Specific                                                                        |
| Admission decision support                                                      |
| Assessment of oxygenation                                                       |
| Intensive care unit admission support                                           |
| Smoking cessation                                                               |
| Influenza and pneumococcal vaccine administration                               |
| Follow-up evaluation                                                            |
| Inpatients only                                                                 |
| Diagnostic studies                                                              |
| Timing                                                                          |
| Types of studies                                                                |
| Prophylaxis against thromboembolic disease                                      |
| Early mobilization                                                              |
| Thoracentesis for patients with significant parapneumonic effusions             |
| Discharge decision support                                                      |
| Patient education                                                               |

---

prehensive protocol was developed and implemented, rather than one addressing a single aspect of CAP care. No study has documented that simply changing 1 metric, such as time to first antibiotic dose, is associated with a decrease in mortality. Elements important in CAP guidelines are listed in table 2. Of these, rapid and appropriate empirical antibiotic therapy is consistently associated with improved outcome. We have also included elements of good care for general medical inpatients, such as early mobilization [30] and prophylaxis against thromboembolic disease [31]. Although local guidelines need not include all elements, a logical constellation of elements should be addressed.

3. Development of local CAP guidelines should be directed toward improvement in specific and clinically relevant outcomes. (Moderate recommendation; level III evidence.)

In instituting CAP protocol guidelines, the outcomes most relevant to the individual center or medical system should be addressed first. Unless a desire to change clinically relevant outcomes exists, adherence to guidelines will be low, and institutional resources committed to implement the guideline are likely to be insufficient. Guidelines for the treatment of pneumonia must use approaches that differ from current practice and must be successfully implemented before process of care and outcomes can change. For example, Rhew et al. [32] designed a guideline to decrease LOS that was unlikely to change

care, because the recommended median LOS was longer than the existing LOS for CAP at the study hospitals. The difficulty in implementing guidelines and changing physician behavior has also been documented [28, 33].

Clinically relevant outcome parameters should be evaluated to measure the effect of the local guideline. Outcome parameters that can be used to measure the effect of implementation of a CAP guideline within an organization are listed in table 3. Just as it is important not to focus on one aspect of care, studying more than one outcome is also important. Improvements in one area may be offset by worsening in a related area; for example, decreasing admission of low-acuity patients might increase the number of return visits to the ED or hospital readmissions [25].

### **SITE-OF-CARE DECISIONS**

Almost all of the major decisions regarding management of CAP, including diagnostic and treatment issues, revolve around the initial assessment of severity. We have, therefore, organized the guidelines to address this issue first.

**Hospital admission decision.** The initial management decision after diagnosis is to determine the site of care—outpatient, hospitalization in a medical ward, or admission to an ICU. The decision to admit the patient is the most costly issue in the management of CAP, because the cost of inpatient care for pneumonia is up to 25 times greater than that of outpatient care [34] and consumes the majority of the estimated \$8.4–\$10 billion spent yearly on treatment.

Other reasons for avoiding unnecessary admissions are that patients at low risk for death who are treated in the outpatient setting are able to resume normal activity sooner than those who are hospitalized, and 80% are reported to prefer outpatient therapy [26, 35]. Hospitalization also increases the risk of

**Table 3. Clinically relevant outcome parameters in community-acquired pneumonia.**

---

|                                                                        |
|------------------------------------------------------------------------|
| Mortality                                                              |
| Rate of hospital admission                                             |
| Rate of intensive care unit admission                                  |
| Delayed transfer to the intensive care unit                            |
| Treatment failure                                                      |
| Drug toxicity and adverse effects                                      |
| Antibiotic resistance in common pathogens                              |
| Length of stay                                                         |
| Thirty-day readmission rate                                            |
| Unscheduled return to emergency department or primary physician office |
| Return to work/school/normal activities                                |
| Patient satisfaction                                                   |
| Cost of care                                                           |

---

thromboembolic events and superinfection by more-virulent or resistant hospital bacteria [36].

4. Severity-of-illness scores, such as the CURB-65 criteria (confusion, uremia, respiratory rate, low blood pressure, age  $\geq 65$  years or greater), or prognostic models, such as the PSI, can be used to identify patients with CAP who may be candidates for outpatient treatment. (Strong recommendation; level I evidence.)

Significant variation in admission rates among hospitals and among individual physicians is well documented. Physicians often overestimate severity and hospitalize a significant number of patients at low risk for death [20, 37, 38]. Because of these issues, interest in objective site-of-care criteria has led to attempts by a number of groups to develop such criteria [39–48]. The relative merits and limitations of various proposed criteria have been carefully evaluated [49]. The 2 most interesting are the PSI [42] and the British Thoracic Society (BTS) criteria [39, 45].

The PSI is based on derivation and validation cohorts of 14,199 and 38,039 hospitalized patients with CAP, respectively, plus an additional 2287 combined inpatients and outpatients [42]. The PSI stratifies patients into 5 mortality risk classes, and its ability to predict mortality has been confirmed in multiple subsequent studies. On the basis of associated mortality rates, it has been suggested that risk class I and II patients should be treated as outpatients, risk class III patients should be treated in an observation unit or with a short hospitalization, and risk class IV and V patients should be treated as inpatients [42].

Yealy et al. [50] conducted a cluster-randomized trial of low-, moderate-, and high-intensity processes of guideline implementation in 32 EDs in the United States. Their guideline used the PSI for admission decision support and included recommendations for antibiotic therapy, timing of first antibiotic dose, measurement of oxygen saturation, and blood cultures for admitted patients. EDs with moderate- to high-intensity guideline implementation demonstrated more outpatient treatment of low-risk patients and higher compliance with antibiotic recommendations. No differences were found in mortality rate, rate of hospitalization, median time to return to work or usual activities, or patient satisfaction. This study differs from those reporting a mortality rate difference [19, 21] in that many hospitalized patients with pneumonia were not included. In addition, EDs with low-intensity guideline implementation formed the comparison group, rather than EDs practicing non-guideline, usual pneumonia care.

The BTS original criteria of 1987 have subsequently been modified [39, 51]. In the initial study, risk of death was increased 21-fold if a patient, at the time of admission, had at

least 2 of the following 3 conditions: tachypnea, diastolic hypotension, and an elevated blood urea nitrogen (BUN) level. These criteria appear to function well except among patients with underlying renal insufficiency and among elderly patients [52, 53].

The most recent modification of the BTS criteria includes 5 easily measurable factors [45]. Multivariate analysis of 1068 patients identified the following factors as indicators of increased mortality: confusion (based on a specific mental test or disorientation to person, place, or time), BUN level  $>7$  mmol/L (20 mg/dL), respiratory rate  $\geq 30$  breaths/min, low blood pressure (systolic,  $<90$  mm Hg; or diastolic,  $\leq 60$  mm Hg), and age  $\geq 65$  years; this gave rise to the acronym CURB-65. In the derivation and validation cohorts, the 30-day mortality among patients with 0, 1, or 2 factors was 0.7%, 2.1%, and 9.2%, respectively. Mortality was higher when 3, 4, or 5 factors were present and was reported as 14.5%, 40%, and 57%, respectively. The authors suggested that patients with a CURB-65 score of 0–1 be treated as outpatients, that those with a score of 2 be admitted to the wards, and that patients with a score of  $\geq 3$  often required ICU care. A simplified version (CRB-65), which does not require testing for BUN level, may be appropriate for decision making in a primary care practitioner's office [54].

The use of objective admission criteria clearly can decrease the number of patients hospitalized with CAP [20, 23, 25, 55]. Whether the PSI or the CURB-65 score is superior is unclear, because no randomized trials of alternative admission criteria exist. When compared in the same population, the PSI classified a slightly larger percentage of patients with CAP in the low-risk categories, compared with the CURB or CURB-65 criteria, while remaining associated with a similar low mortality rate among patients categorized as low risk [56]. Several factors are important in this comparison. The PSI includes 20 different variables and, therefore, relies on the availability of scoring sheets, limiting its practicality in a busy ED [55]. In contrast, the CURB-65 criteria are easily remembered. However, CURB-65 has not been as extensively studied as the PSI, especially with prospective validation in other patient populations (e.g., the indigent inner-city population), and has not been specifically studied as a means of reducing hospital admission rates. In EDs with sufficient decision support resources (either human or computerized), the benefit of greater experience with the PSI score may favor its use for screening patients who may be candidates for outpatient management [50, 57–59].

5. Objective criteria or scores should always be supplemented with physician determination of subjective factors, including the ability to safely and reliably take oral medication and the availability of outpatient support resources. (Strong recommendation; level II evidence.)

Studies show that certain patients with low PSI or CURB-65 scores [20, 60, 61] require hospital admission, even to the ICU [49, 62, 63]. Both scores depend on certain assumptions. One is that the main rationale for admission of a patient with CAP is risk of death. This assumption is clearly not valid in all cases. Another is that the laboratory and vital signs used for scoring are stable over time rather than indicative of transient abnormalities. This is also not true in all cases. Therefore, dynamic assessment over several hours of observation may be more accurate than a score derived at a single point in time. Although advantageous to making decisions regarding hospital admission, sole reliance on a score for the hospital admission decision is unsafe.

Reasons for the admission of low-mortality-risk patients fall into 4 categories: (1) complications of the pneumonia itself, (2) exacerbation of underlying diseases(s), (3) inability to reliably take oral medications or receive outpatient care, and/or (4) multiple risk factors falling just above or below thresholds for the score [62]. Use of the PSI score in clinical trials has demonstrated some of its limitations, which may be equally applicable to other scoring techniques. A modification of the original PSI score was needed when it was applied to the admission decision. An arterial saturation of <90% or an arterial oxygen pressure (PaO<sub>2</sub>) of <60 mm Hg as a complication of the pneumonia, was added as a sole indicator for admission for patients in risk classes I–III as an added “margin of safety” in one trial [42]. In addition to patients who required hospital admission because of hypoxemia, a subsequent study identified patients in low PSI risk classes (I–III) who needed hospital admission because of shock, decompensated coexisting illnesses, pleural effusion, inability to maintain oral intake, social problems (the patient was dependent or no caregiver was available), and lack of response to previous adequate empirical antibiotic therapy [64]. Of 178 patients in low PSI risk classes who were treated as inpatients, 106 (60%) presented with at least 1 of these factors. Other medical or psychosocial needs requiring hospital care include intractable vomiting, injection drug abuse, severe psychiatric illness, homelessness, poor overall functional status [65], and cognitive dysfunction [61, 66].

The PSI score is based on a history of diseases that increase risk of death, whereas the CURB-65 score does not directly address underlying disease. However, pneumonia may exacerbate an underlying disease, such as obstructive lung disease, congestive heart failure, or diabetes mellitus, which, by themselves, may require hospital admission [60, 67]. Atlas et al. [25] were able to reduce hospital admissions among patients in PSI risk classes I–III from 58% in a retrospective control group to 43% in a PSI-based intervention group. Ten of 94 patients in the latter group (compared with 0 patients in the control population) were subsequently admitted, several for reasons unrelated to their pneumonia. Also, the presence of rare illnesses,

such as neuromuscular or sickle cell disease, may require hospitalization but not affect the PSI score.

The necessary reliance on dichotomous predictor variables (abnormal vs. normal) in most criteria and the heavy reliance on age as a surrogate in the PSI score may oversimplify their use for admission decisions. For example, a previously healthy 25-year-old patient with severe hypotension and tachycardia and no additional pertinent prognostic factors would be placed in risk class II, whereas a 70-year-old man with a history of localized prostate cancer diagnosed 10 months earlier and no other problems would be placed in risk class IV [42]. Finally, patient satisfaction was lower among patients treated outside the hospital in one study with a PSI-based intervention group [25], suggesting that the savings resulting from use of the PSI may be overestimated and that physicians should consider additional factors not measured by the PSI.

6. For patients with CURB-65 scores  $\geq 2$ , more-intensive treatment—that is, hospitalization or, where appropriate and available, intensive in-home health care services—is usually warranted. (Moderate recommendation; level III evidence.)

Although the PSI and CURB-65 criteria are valuable aids in avoiding inappropriate admissions of low-mortality-risk patients, another important role of these criteria may be to help identify patients at high risk who would benefit from hospitalization. The committee preferred the CURB-65 criteria because of ease of use and because they were designed to measure illness severity more than the likelihood of mortality. Patients with a CURB-65 score  $\geq 2$  are not only at increased risk of death but also are likely to have clinically important physiologic derangements requiring active intervention. These patients should usually be considered for hospitalization or for aggressive in-home care, where available. In a cohort of ~3000 patients, the mortality with a CURB-65 score of 0 was only 1.2%, whereas 3–4 points were associated with 31% mortality [45].

Because the PSI score is not based as directly on severity of illness as are the CURB-65 criteria, a threshold for patients who would require hospital admission or intensive outpatient treatment is harder to define. The higher the score, the greater the need for hospitalization. However, even a patient who meets criteria for risk class V on the basis of very old age and multiple stable chronic illnesses may be successfully managed as an outpatient [23].

#### ***ICU admission decision.***

7. Direct admission to an ICU is required for patients with septic shock requiring vasopressors or with acute respiratory failure requiring intubation and mechanical ventilation. (Strong recommendation; level II evidence.)

8. Direct admission to an ICU or high-level monitoring unit is recommended for patients with 3 of the minor criteria for severe CAP listed in table 4. (Moderate recommendation; level II evidence.)

The second-level admission decision is whether to place the patient in the ICU or a high-level monitoring unit rather than on a general medical floor. Approximately 10% of hospitalized patients with CAP require ICU admission [68–70], but the indications vary strikingly among patients, physicians, hospitals, and different health care systems. Some of the variability among institutions results from the availability of high-level monitoring or intermediate care units appropriate for patients at increased risk of complications. Because respiratory failure is the major reason for delayed transfer to the ICU, simple cardiac monitoring units would not meet the criteria for a high-level monitoring unit for patients with severe CAP. One of the most important determinants of the need for ICU care is the presence of chronic comorbid conditions [68–72]. However, approximately one-third of patients with severe CAP were previously healthy [73].

The rationale for specifically defining severe CAP is 4-fold:

- Appropriate placement of patients optimizes use of limited ICU resources.
- Transfer to the ICU for delayed respiratory failure or delayed onset of septic shock is associated with increased mortality [74]. Although low-acuity ICU admissions do occur, the major concern is initial admission to the general medical unit, with subsequent transfer to the ICU. As many as 45% of patients with CAP who ultimately require ICU admission were initially admitted to a non-ICU setting [75]. Many delayed transfers to the ICU represent rapidly progressive pneumonia that is not obvious on admission. However, some have subtle findings, including those included in the minor criteria in table 4, which might warrant direct admission to the ICU.
- The distribution of microbial etiologies differs from that of CAP in general [76–79], with significant implications for diagnostic testing and empirical antibiotic choices. Avoidance of inappropriate antibiotic therapy has also been associated with lower mortality [80, 81].
- Patients with CAP appropriate for immunomodulatory treatment must be identified. The systemic inflammatory response/severe sepsis criteria typically used for generic sepsis trials may not be adequate when applied specifically to severe CAP [82]. For example, patients with unilateral lobar pneumonia may have hypoxemia severe enough to meet criteria for acute lung injury but not have a systemic response.

Several criteria have been proposed to define severe CAP. Most case series have defined it simply as CAP that necessitates ICU admission. Objective criteria to identify patients for ICU

**Table 4. Criteria for severe community-acquired pneumonia.**

|                                                                    |                 |
|--------------------------------------------------------------------|-----------------|
| Minor criteria <sup>a</sup>                                        |                 |
| Respiratory rate <sup>b</sup>                                      | ≥30 breaths/min |
| PaO <sub>2</sub> /FiO <sub>2</sub> ratio <sup>b</sup>              | ≤250            |
| Multilobar infiltrates                                             |                 |
| Confusion/disorientation                                           |                 |
| Uremia (BUN level, ≥20 mg/dL)                                      |                 |
| Leukopenia <sup>c</sup> (WBC count, <4000 cells/mm <sup>3</sup> )  |                 |
| Thrombocytopenia (platelet count, <100,000 cells/mm <sup>3</sup> ) |                 |
| Hypothermia (core temperature, <36°C)                              |                 |
| Hypotension requiring aggressive fluid resuscitation               |                 |
| Major criteria                                                     |                 |
| Invasive mechanical ventilation                                    |                 |
| Septic shock with the need for vasopressors                        |                 |

**NOTE.** BUN, blood urea nitrogen; PaO<sub>2</sub>/FiO<sub>2</sub>, arterial oxygen pressure/fraction of inspired oxygen; WBC, white blood cell.

<sup>a</sup> Other criteria to consider include hypoglycemia (in nondiabetic patients), acute alcoholism/alcoholic withdrawal, hyponatremia, unexplained metabolic acidosis or elevated lactate level, cirrhosis, and asplenia.

<sup>b</sup> A need for noninvasive ventilation can substitute for a respiratory rate >30 breaths/min or a PaO<sub>2</sub>/FiO<sub>2</sub> ratio <250.

<sup>c</sup> As a result of infection alone.

admission include the initial ATS definition of severe CAP [5] and its subsequent modification [6, 82], the CURB criteria [39, 45], and PSI severity class V (or IV and V) [42]. However, none of these criteria has been prospectively validated for the ICU admission decision. Recently, these criteria were retrospectively evaluated in a cohort of patients with CAP admitted to the ICU [63]. All were found to be both overly sensitive and nonspecific in comparison with the original clinical decision to admit to the ICU. Revisions of the criteria or alternative criteria were, therefore, recommended.

For the revised criteria, the structure of the modified ATS criteria for severe CAP was retained [6]. The 2 major criteria—mechanical ventilation with endotracheal intubation and septic shock requiring vasopressors—are absolute indications for admission to an ICU.

In contrast, the need for ICU admission is less straightforward for patients who do not meet the major criteria. On the basis of the published operating characteristics of the criteria, no single set of minor criteria is adequate to define severe CAP. Both the ATS minor criteria [75] and the CURB criteria [45] have validity when predicting which patients will be at increased risk of death. Therefore, the ATS minor criteria and the CURB variables were included in the new proposed minor criteria (table 4). Age, by itself, was not felt to be an appropriate factor for the ICU admission decision, but the remainder of the CURB-65 criteria [45] were retained as minor criteria (with the exception of hypotension requiring vasopressors as a major criterion). Rather than the complex criteria for confusion in the original CURB studies, the definition of confusion should be new-onset disorientation to person, place, or time.

Three additional minor criteria were added. Leukopenia (white blood cell count,  $<4000$  cells/ $\text{mm}^3$ ) resulting from CAP has consistently been associated with excess mortality, as well as with an increased risk of complications such as acute respiratory distress syndrome (ARDS) [77, 79, 83–87]. In addition, leukopenia is seen not only in bacteremic pneumococcal disease but also in gram-negative CAP [88, 89]. When leukopenia occurs in patients with a history of alcohol abuse, the adverse manifestations of septic shock and ARDS may be delayed or masked. Therefore, these patients were thought to benefit from ICU monitoring. The coagulation system is often activated in CAP, and development of thrombocytopenia (platelet count,  $<100,000$  cells/ $\text{mm}^3$ ) is also associated with a worse prognosis [86, 90–92]. Nonexposure hypothermia (core temperature,  $<36^\circ\text{C}$ ) also carries an ominous prognosis in CAP [83, 93]. The committee felt that there was sufficient justification for including these additional factors as minor criteria.

Other factors associated with increased mortality due to CAP were also considered, including acute alcohol ingestion and delirium tremens [79, 85, 94], hypoglycemia and hyperglycemia, occult metabolic acidosis or elevated lactate levels [91], and hyponatremia [95]. However, many of these criteria overlap with those selected. Future studies validating the proposed criteria should record these factors as well, to determine whether addition or substitution improves the predictive value of our proposed criteria.

With the addition of more minor criteria, the threshold for ICU admission was felt to be the presence of at least 3 minor criteria, based on the mortality association with the CURB criteria. Selecting 2 criteria appears to be too nonspecific, as is demonstrated by the initial ATS criteria [5]. Whether each of the criteria is of equal weight is also not clear. Therefore, prospective validation of this set of criteria is clearly needed.

## DIAGNOSTIC TESTING

9. In addition to a constellation of suggestive clinical features, a demonstrable infiltrate by chest radiograph or other imaging technique, with or without supporting microbiological data, is required for the diagnosis of pneumonia. (Moderate recommendation; level III evidence.)

The diagnosis of CAP is based on the presence of select clinical features (e.g., cough, fever, sputum production, and pleuritic chest pain) and is supported by imaging of the lung, usually by chest radiography. Physical examination to detect rales or bronchial breath sounds is an important component of the evaluation but is less sensitive and specific than chest radiographs [96]. Both clinical features and physical exam findings may be lacking or altered in elderly patients. All patients should be screened by pulse oximetry, which may suggest both

the presence of pneumonia in patients without obvious signs of pneumonia and unsuspected hypoxemia in patients with diagnosed pneumonia [42, 97, 98].

A chest radiograph is required for the routine evaluation of patients who are likely to have pneumonia, to establish the diagnosis and to aid in differentiating CAP from other common causes of cough and fever, such as acute bronchitis. Chest radiographs are sometimes useful for suggesting the etiologic agent, prognosis, alternative diagnoses, and associated conditions. Rarely, the admission chest radiograph is clear, but the patient's toxic appearance suggests more than bronchitis. CT scans may be more sensitive, but the clinical significance of these findings when findings of radiography are negative is unclear [99]. For patients who are hospitalized for suspected pneumonia but who have negative chest radiography findings, it may be reasonable to treat their condition presumptively with antibiotics and repeat the imaging in 24–48 h.

Microbiological studies may support the diagnosis of pneumonia due to an infectious agent, but routine tests are frequently falsely negative and are often nonspecific. A history of recent travel or endemic exposure, if routinely sought, may identify specific potential etiologies that would otherwise be unexpected as a cause of CAP (see table 8) [100].

## Recommended Diagnostic Tests for Etiology

10. Patients with CAP should be investigated for specific pathogens that would significantly alter standard (empirical) management decisions, when the presence of such pathogens is suspected on the basis of clinical and epidemiologic clues. (Strong recommendation; level II evidence.)

The need for diagnostic testing to determine the etiology of CAP can be justified from several perspectives. The primary reason for such testing is if results will change the antibiotic management for an individual patient. The spectrum of antibiotic therapy can be broadened, narrowed, or completely altered on the basis of diagnostic testing. The alteration in therapy that is potentially most beneficial to the individual is an escalation or switch of the usual empirical regimen because of unusual pathogens (e.g., endemic fungi or *Mycobacterium tuberculosis*) or antibiotic resistance issues. Broad empirical coverage, such as that recommended in these guidelines, would not provide the optimal treatment for certain infections, such as psittacosis or tularemia. Increased mortality [80] and increased risk of clinical failure [81, 101] are more common with inappropriate antibiotic therapy. Management of initial antibiotic failure is greatly facilitated by an etiologic diagnosis at admission. De-escalation or narrowing of antibiotic therapy on the basis of diagnostic testing is less likely to decrease an in-

**Table 5. Clinical indications for more extensive diagnostic testing.**

| Indication                                 | Blood culture | Sputum culture | <i>Legionella</i> UAT | Pneumococcal UAT | Other          |
|--------------------------------------------|---------------|----------------|-----------------------|------------------|----------------|
| Intensive care unit admission              | X             | X              | X                     | X                | X <sup>a</sup> |
| Failure of outpatient antibiotic therapy   |               | X              | X                     | X                |                |
| Cavitary infiltrates                       | X             | X              |                       |                  | X <sup>b</sup> |
| Leukopenia                                 | X             |                |                       | X                |                |
| Active alcohol abuse                       | X             | X              | X                     | X                |                |
| Chronic severe liver disease               | X             |                |                       | X                |                |
| Severe obstructive/structural lung disease |               | X              |                       |                  |                |
| Asplenia (anatomic or functional)          | X             |                |                       | X                |                |
| Recent travel (within past 2 weeks)        |               |                | X                     |                  | X <sup>c</sup> |
| Positive <i>Legionella</i> UAT result      |               | X <sup>d</sup> | NA                    |                  |                |
| Positive pneumococcal UAT result           | X             | X              |                       | NA               |                |
| Pleural effusion                           | X             | X              | X                     | X                | X <sup>e</sup> |

**NOTE.** NA, not applicable; UAT, urinary antigen test.

<sup>a</sup> Endotracheal aspirate if intubated, possibly bronchoscopy or nonbronchoscopic bronchoalveolar lavage.

<sup>b</sup> Fungal and tuberculosis cultures.

<sup>c</sup> See table 8 for details.

<sup>d</sup> Special media for *Legionella*.

<sup>e</sup> Thoracentesis and pleural fluid cultures.

dividual's risk of death but may decrease cost, drug adverse effects, and antibiotic resistance pressure.

Some etiologic diagnoses have important epidemiologic implications, such as documentation of severe acute respiratory syndrome (SARS), influenza, legionnaires disease, or agents of bioterrorism. Diagnostic testing for these infections may affect not only the individual but also many other people. Although pneumonia etiologies that should be reported to public health officials vary by state, in general, most states' health regulations require reporting of legionnaires disease, SARS, psittacosis, avian influenza (H5N1), and possible agents of bioterrorism (plague, tularemia, and anthrax). In addition, specific diagnostic testing and reporting are important for pneumonia cases of any etiology thought to be part of a cluster or caused by pathogens not endemic to the area.

There are also societal reasons for encouraging diagnostic testing. The antibiotic recommendations in the present guidelines are based on culture results and sensitivity patterns from patients with positive etiologic diagnoses [102]. Without the accumulated information available from these culture results, trends in antibiotic resistance are more difficult to track, and empirical antibiotic recommendations are less likely to be accurate.

The main downside of extensive diagnostic testing of all patients with CAP is cost, which is driven by the poor quality of most sputum microbiological samples and the low yield of positive culture results in many groups of patients with CAP. A clear need for improved diagnostic testing in CAP, most likely using molecular methodology rather than culture, has been recognized by the National Institutes of Health [103].

The cost-benefit ratio is even worse when antibiotic therapy

is not streamlined when possible [104, 105] or when inappropriate escalation occurs [95]. In clinical practice, narrowing of antibiotic therapy is, unfortunately, unusual, but the committee strongly recommends this as best medical practice. The possibility of polymicrobial CAP and the potential benefit of combination therapy for bacteremic pneumococcal pneumonia have complicated the decision to narrow antibiotic therapy. Delays in starting antibiotic therapy that result from the need to obtain specimens, complications of invasive diagnostic procedures, and unneeded antibiotic changes and additional testing for false-positive tests are also important considerations.

The general recommendation of the committee is to strongly encourage diagnostic testing whenever the result is likely to change individual antibiotic management. For other patients with CAP, the recommendations for diagnostic testing focus on patients in whom the diagnostic yield is thought to be greatest. These 2 priorities often overlap. Recommendations for patients in whom routine diagnostic testing is indicated for the above reasons are listed in table 5. Because of the emphasis on clinical relevance, a variety of diagnostic tests that may be accurate but the results of which are not available in a time window to allow clinical decisions are neither recommended nor discussed.

11. Routine diagnostic tests to identify an etiologic diagnosis are optional for outpatients with CAP. (Moderate recommendation; level III evidence.)

Retrospective studies of outpatient CAP management usually show that diagnostic tests to define an etiologic pathogen are infrequently performed, yet most patients do well with empir-

ical antibiotic treatment [42, 106]. Exceptions to this general rule may apply to some pathogens important for epidemiologic reasons or management decisions. The availability of rapid point-of-care diagnostic tests, specific treatment and chemoprevention, and epidemiologic importance make influenza testing the most logical. Influenza is often suspected on the basis of typical symptoms during the proper season in the presence of an epidemic. However, respiratory syncytial virus (RSV) can cause a similar syndrome and often occurs in the same clinical scenario [107]. Rapid diagnostic tests may be indicated when the diagnosis is uncertain and when distinguishing influenza A from influenza B is important for therapeutic decisions.

Other infections that are important to verify with diagnostic studies because of epidemiologic implications or because they require unique therapeutic intervention are SARS and avian (H5N1) influenza, disease caused by agents of bioterrorism, *Legionella* infection, community-acquired MRSA (CA-MRSA) infection, *M. tuberculosis* infection, or endemic fungal infection. Attempts to establish an etiologic diagnosis are also appropriate in selected cases associated with outbreaks, specific risk factors, or atypical presentations.

12. Pretreatment blood samples for culture and an expectorated sputum sample for stain and culture (in patients with a productive cough) should be obtained from hospitalized patients with the clinical indications listed in table 5 but are optional for patients without these conditions. (Moderate recommendation; level I evidence.)
13. Pretreatment Gram stain and culture of expectorated sputum should be performed only if a good-quality specimen can be obtained and quality performance measures for collection, transport, and processing of samples can be met. (Moderate recommendation; level II evidence.)
14. Patients with severe CAP, as defined above, should at least have blood samples drawn for culture, urinary antigen tests for *Legionella pneumophila* and *S. pneumoniae* performed, and expectorated sputum samples collected for culture. For intubated patients, an endotracheal aspirate sample should be obtained. (Moderate recommendation; level II evidence.)

The only randomized controlled trial of diagnostic strategy in CAP has demonstrated no statistically significant differences in mortality rate or LOS between patients receiving pathogen-directed therapy and patients receiving empirical therapy [108]. However, pathogen-directed therapy was associated with lower mortality among the small number of patients admitted to the ICU. The study was performed in a country with a low incidence of antibiotic resistance, which may limit its applicability to areas with higher levels of resistance. Adverse effects were significantly more common in the empirical therapy group but

may have been unique to the specific antibiotic choice (erythromycin).

The lack of benefit overall in this trial should not be interpreted as a lack of benefit for an individual patient. Therefore, performing diagnostic tests is never incorrect or a breach of the standard of care. However, information from cohort and observational studies may be used to define patient groups in which the diagnostic yield is increased. Patient groups in which routine diagnostic testing is indicated and the recommended tests are listed in table 5.

**Blood cultures.** Pretreatment blood cultures yielded positive results for a probable pathogen in 5%–14% in large series of nonselected patients hospitalized with CAP [104, 105, 109–111]. The yield of blood cultures is, therefore, relatively low (although it is similar to yields in other serious infections), and, when management decisions are analyzed, the impact of positive blood cultures is minor [104, 105]. The most common blood culture isolate in all CAP studies is *S. pneumoniae*. Because this bacterial organism is always considered to be the most likely pathogen, positive blood culture results have not clearly led to better outcomes or improvements in antibiotic selection [105, 112]. False-positive blood culture results are associated with prolonged hospital stay, possibly related to changes in management based on preliminary results showing gram-positive cocci, which eventually prove to be coagulase-negative staphylococci [95, 109]. In addition, false-positive blood culture results have led to significantly more vancomycin use [95].

For these reasons, blood cultures are optional for all hospitalized patients with CAP but should be performed selectively (table 5). The yield for positive blood culture results is halved by prior antibiotic therapy [95]. Therefore, when performed, samples for blood culture should be obtained before antibiotic administration. However, when multiple risk factors for bacteremia are present, blood culture results after initiation of antibiotic therapy are still positive in up to 15% of cases [95] and are, therefore, still warranted in these cases, despite the lower yield.

The strongest indication for blood cultures is severe CAP. Patients with severe CAP are more likely to be infected with pathogens other than *S. pneumoniae*, including *S. aureus*, *P. aeruginosa*, and other gram-negative bacilli [77–80, 95, 113, 114]. Many of the factors predictive of positive blood culture results [95] overlap with risk factors for severe CAP (table 4). Therefore, blood cultures are recommended for all patients with severe CAP because of the higher yield, the greater possibility of the presence of pathogens not covered by the usual empirical antibiotic therapy, and the increased potential to affect antibiotic management.

Blood cultures are also indicated when patients have a host defect in the ability to clear bacteremia—for example, as a result

of asplenia or complement deficiencies. Patients with chronic liver disease also are more likely to have bacteremia with CAP [95]. Leukopenia is also associated with a high incidence of bacteremia [79, 95].

#### **Respiratory tract specimen Gram stain and culture.**

The yield of sputum bacterial cultures is variable and strongly influenced by the quality of the entire process, including specimen collection, transport, rapid processing, satisfactory use of cytologic criteria, absence of prior antibiotic therapy, and skill in interpretation. The yield of *S. pneumoniae*, for example, is only 40%–50% from sputum cultures from patients with bacteremic pneumococcal pneumonia in studies performed a few decades ago [115, 116]. A more recent study of 100 cases of bacteremic pneumococcal pneumonia found that sputum specimens were not submitted in 31% of cases and were judged as inadequate in another 16% of cases [117]. When patients receiving antibiotics for >24 h were excluded, Gram stain showed pneumococci in 63% of sputum specimens, and culture results were positive in 86%. For patients who had received no antibiotics, the Gram stain was read as being consistent with pneumococci in 80% of cases, and sputum culture results were positive in 93%.

Although there are favorable reports of the utility of Gram stain [118], a meta-analysis showed a low yield, considering the number of patients with adequate specimens and definitive results [119]. Recent data show that an adequate specimen with a predominant morphotype on Gram stain was found in only 14% of 1669 hospitalized patients with CAP [120]. Higher PSI scores did not predict higher yield. However, a positive Gram stain was highly predictive of a subsequent positive culture result.

The benefit of a sputum Gram stain is, therefore, 2-fold. First, it broadens initial empirical coverage for less common etiologies, such as infection with *S. aureus* or gram-negative organisms. This indication is probably the most important, because it will lead to less inappropriate antibiotic therapy. Second, it can validate the subsequent sputum culture results.

Forty percent or more of patients are unable to produce any sputum or to produce sputum in a timely manner [108, 120]. The yield of cultures is substantially higher with endotracheal aspirates, bronchoscopic sampling, or transthoracic needle aspirates [120–126], although specimens obtained after initiation of antibiotic therapy are unreliable and must be interpreted carefully [120, 127, 128]. Interpretation is improved with quantitative cultures of respiratory secretions from any source (sputum, tracheal aspirations, and bronchoscopic aspirations) or by interpretation based on semiquantitative culture results [122, 123, 129]. Because of the significant influence on diagnostic yield and cost effectiveness, careful attention to the details of specimen handling and processing are critical if sputum cultures are obtained.

Because the best specimens are collected and processed before antibiotics are given, the time to consider obtaining expectorated sputum specimens from patients with factors listed in table 5 is before initiation of antibiotic therapy. Once again, the best indication for more extensive respiratory tract cultures is severe CAP. Gram stain and culture of endotracheal aspirates from intubated patients with CAP produce different results than expectorated sputum from non-ICU patients [76, 120]. Many of the pathogens in the broader microbiological spectrum of severe CAP are unaffected by a single dose of antibiotics, unlike *S. pneumoniae*. In addition, an endotracheal aspirate does not require patient cooperation, is clearly a lower respiratory tract sample, and is less likely to be contaminated by oropharyngeal colonizers. Nosocomial tracheal colonization is not an issue if the sample is obtained soon after intubation. Therefore, culture and Gram stain of endotracheal aspirates are recommended for patients intubated for severe CAP. In addition to routine cultures, a specific request for culture of respiratory secretions on buffered charcoal yeast extract agar to isolate *Legionella* species may be useful in this subset of patients with severe CAP in areas where *Legionella* is endemic, as well as in patients with a recent travel history [130].

The fact that a respiratory tract culture result is negative does not mean that it has no value. Failure to detect *S. aureus* or gram-negative bacilli in good-quality specimens is strong evidence against the presence of these pathogens. Growth inhibition by antibiotics is lower with these pathogens than with *S. pneumoniae*, but specimens obtained after initiation of antibiotic therapy are harder to interpret, with the possibility of colonization. Necrotizing or cavitory pneumonia is a risk for CA-MRSA infection, and sputum samples should be obtained in all cases. Negative Gram stain and culture results should be adequate to withhold or stop treatment for MRSA infection.

Severe COPD and alcoholism are major risk factors for infection with *P. aeruginosa* and other gram-negative pathogens [131]. Once again, Gram stain and culture of an adequate sputum specimen are usually adequate to exclude the need for empirical coverage of these pathogens.

A sputum culture in patients with suspected legionnaires disease is important, because the identification of *Legionella* species implies the possibility of an environmental source to which other susceptible individuals may be exposed. Localized community outbreaks of legionnaires disease might be recognized by clinicians or local health departments because  $\geq 2$  patients might be admitted to the same hospital. However, outbreaks of legionnaires disease associated with hotels or cruise ships [132–134] are rarely detected by individual clinicians, because travelers typically disperse from the source of infection before developing symptoms. Therefore, a travel history should be actively sought from patients with CAP, and *Legionella* testing should be performed for those who have traveled in the 2

weeks before the onset of symptoms. Urinary antigen tests may be adequate to diagnose and treat an individual, but efforts to obtain a sputum specimen for culture are still indicated to facilitate epidemiologic tracking. The availability of a culture isolate of *Legionella* dramatically improves the likelihood that an environmental source of *Legionella* can be identified and remediated [135–137]. The yield of sputum culture is increased to 43%–57% when associated with a positive urinary antigen test result [138, 139].

Attempts to obtain a sample for sputum culture from a patient with a positive pneumococcal urinary antigen test result may be indicated for similar reasons. Patients with a productive cough and positive urinary antigen test results have positive sputum culture results in as many as 40%–80% of cases [140–143]. In these cases, not only can sensitivity testing confirm the appropriate choice for the individual patient, but important data regarding local community antibiotic resistance rates can also be acquired.

**Other cultures.** Patients with pleural effusions >5 cm in height on a lateral upright chest radiograph [111] should undergo thoracentesis to yield material for Gram stain and culture for aerobic and anaerobic bacteria. The yield with pleural fluid cultures is low, but the impact on management decisions is substantial, in terms of both antibiotic choice and the need for drainage.

Nonbronchoscopic bronchoalveolar lavage (BAL) in the ED has been studied in a small, randomized trial of intubated patients with CAP [144]. A high percentage (87%) of non-bronchoscopic BAL culture results were positive, even in some patients who had already received their first dose of antibiotics. Unfortunately, tracheal aspirates were obtained from only a third of patients in the control group, but they all were culture positive. Therefore, it is unclear that endotracheal aspirates are inferior to nonbronchoscopic BAL. The use of bronchoscopic BAL, protected specimen brushing, or transthoracic lung aspiration has not been prospectively studied for initial management of patients with CAP [123]. The best indications are for immunocompromised patients with CAP or for patients with CAP in whom therapy failed [101, 145].

**Antigen tests.** Urinary antigen tests are commercially available and have been cleared by the US Food and Drug Administration (FDA) for detection of *S. pneumoniae* and *L. pneumophila* serogroup 1 [138, 140, 146–149]. Urinary antigen testing appears to have a higher diagnostic yield in patients with more severe illness [139, 140].

For pneumococcal pneumonia, the principal advantages of antigen tests are rapidity (~15 min), simplicity, reasonable specificity in adults, and the ability to detect pneumococcal pneumonia after antibiotic therapy has been started. Studies in adults show a sensitivity of 50%–80% and a specificity of >90% [146, 149, 150]. This is an attractive test for detecting pneumococcal

pneumonia when samples for culture cannot be obtained in a timely fashion or when antibiotic therapy has already been initiated. Serial specimens from patients with known bacteremia were still positive for pneumococcal urinary antigen in 83% of cases after 3 days of therapy [147]. Comparisons with Gram stain show that these 2 rapidly available tests often do not overlap, with only 28% concordance (25 of 88) among patients when results of either test were positive [140]. Only ~50% of Binax pneumococcal urinary antigen–positive patients can be diagnosed by conventional methods [140, 150]. Disadvantages include cost (approximately \$30 per specimen), although this is offset by increased diagnosis-related group–based reimbursement for coding for pneumococcal pneumonia, and the lack of an organism for in vitro susceptibility tests. False-positive results have been seen in children with chronic respiratory diseases who are colonized with *S. pneumoniae* [151] and in patients with an episode of CAP within the previous 3 months [152], but they do not appear to be a significant problem in colonized patients with COPD [140, 152].

For *Legionella*, several urinary antigen assays are available, but all detect only *L. pneumophila* serogroup 1. Although this particular serogroup accounts for 80%–95% of community-acquired cases of legionnaires disease [138, 153] in many areas of North America, other species and serogroups predominate in specific locales [154, 155]. Prior studies of culture-proven legionnaires disease indicate a sensitivity of 70%–90% and a specificity of nearly 99% for detection of *L. pneumophila* serogroup 1. The urine is positive for antigen on day 1 of illness and continues to be positive for weeks [138, 150].

The major issue with urinary bacterial antigen detection is whether the tests allow narrowing of empirical antibiotic therapy to a single specific agent. The recommended empirical antibiotic regimens will cover both of these microorganisms. Results of a small observational study suggest that therapy with a macrolide alone is adequate for hospitalized patients with CAP who test positive for *L. pneumophila* urinary antigen [156]. Further research is needed in this area.

In contrast, rapid antigen detection tests for influenza, which can also provide an etiologic diagnosis within 15–30 min, can lead to consideration of antiviral therapy. Test performance varies according to the test used, sample type, duration of illness, and patient age. Most show a sensitivity of 50%–70% in adults and a specificity approaching 100% [157–159]. Advantages include the high specificity, the ability of some assays to distinguish between influenza A and B, the rapidity with which the results can be obtained, the possibly reduced use of antibacterial agents, and the utility of establishing this diagnosis for epidemiologic purposes, especially in hospitalized patients who may require infection control precautions. Disadvantages include cost (approximately \$30 per specimen), high rates of false-negative test results, false-positive assays with adenovirus

infections, and the fact that the sensitivity is not superior to physician judgment among patients with typical symptoms during an influenza epidemic [157, 158, 160].

Direct fluorescent antibody tests are available for influenza and RSV and require ~2 h. For influenza virus, the sensitivity is better than with the point-of-care tests (85%–95%). They will detect animal subtypes such as H5N1 and, thus, may be preferred for hospitalized patients [161, 162]. For RSV, direct fluorescent antibody tests are so insensitive (sensitivity, 20%–30%) in adults that they are rarely of value [163].

**Acute-phase serologic testing.** The standard for diagnosis of infection with most atypical pathogens, including *Chlamydia pneumoniae*, *Mycoplasma pneumoniae*, and *Legionella* species other than *L. pneumophila*, relies on acute- and convalescent-phase serologic testing. Most studies use a microimmunofluorescence serologic test, but this test shows poor reproducibility [164]. Management of patients on the basis of a single acute-phase titer is unreliable [165], and initial antibiotic therapy will be completed before the earliest time point to check a convalescent-phase specimen.

**PCR.** A new PCR test (BD ProbeTec ET *Legionella pneumophila*; Becton Dickinson) that will detect all serotypes of *L. pneumophila* in sputum is now cleared by the FDA, but extensive published clinical experience is lacking. Most PCR reagents for other respiratory pathogens (except *Mycobacterium* species) are “home grown,” with requirements for use based on compliance with NCCLS criteria for analytical validity [166]. Despite the increasing use of these tests for atypical pathogens [167, 168], a 2001 review by the Centers for Disease Control and Prevention (CDC) of diagnostic assays for detection of *C. pneumoniae* indicated that, of the 18 PCR reagents, only 4 satisfied the criteria for a validated test [166]. The diagnostic criteria defined in this review are particularly important for use in prospective studies of CAP, because most prior reports used liberal criteria, which resulted in exaggerated rates. For SARS, several PCR assays have been developed, but these tests are inadequate because of high rates of false-negative assays in early stages of infection [169, 170].

## ANTIBIOTIC TREATMENT

A major goal of therapy is eradication of the infecting organism, with resultant resolution of clinical disease. As such, antimicrobials are a mainstay of treatment. Appropriate drug selection is dependent on the causative pathogen and its antibiotic susceptibility. Acute pneumonia may be caused by a wide variety of pathogens (table 6). However, until more accurate and rapid diagnostic methods are available, the initial treatment for most patients will remain empirical. Recommendations for therapy (table 7) apply to most cases; however, physicians should consider specific risk factors for each patient (table 8). A syndromic approach to therapy (under the assumption that an etiology

**Table 6. Most common etiologies of community-acquired pneumonia.**

| Patient type        | Etiology                                                                                                                                                                    |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outpatient          | <i>Streptococcus pneumoniae</i><br><i>Mycoplasma pneumoniae</i><br><i>Haemophilus influenzae</i><br><i>Chlamydia pneumoniae</i><br>Respiratory viruses <sup>a</sup>         |
| Inpatient (non-ICU) | <i>S. pneumoniae</i><br><i>M. pneumoniae</i><br><i>C. pneumoniae</i><br><i>H. influenzae</i><br><i>Legionella</i> species<br>Aspiration<br>Respiratory viruses <sup>a</sup> |
| Inpatient (ICU)     | <i>S. pneumoniae</i><br><i>Staphylococcus aureus</i><br><i>Legionella</i> species<br>Gram-negative bacilli<br><i>H. influenzae</i>                                          |

**NOTE.** Based on collective data from recent studies [171]. ICU, intensive care unit.

<sup>a</sup> Influenza A and B, adenovirus, respiratory syncytial virus, and parainfluenza.

correlates with the presenting clinical manifestations) is not specific enough to reliably predict the etiology of CAP [172–174]. Even if a microbial etiology is identified, debate continues with regard to pathogen-specific treatment, because recent studies suggest coinfection by atypical pathogens (such as *C. pneumoniae*, *Legionella* species, and viruses) and more traditional bacteria [120, 175]. However, the importance of treating multiple infecting organisms has not been firmly established.

The majority of antibiotics released in the past several decades have an FDA indication for CAP, making the choice of antibiotics potentially overwhelming. Selection of antimicrobial regimens for empirical therapy is based on prediction of the most likely pathogen(s) and knowledge of local susceptibility patterns. Recommendations are generally for a class of antibiotics rather than a specific drug, unless outcome data clearly favor one drug. Because overall efficacy remains good for many classes of agents, the more potent drugs are given preference because of their benefit in decreasing the risk of selection for antibiotic resistance. Other factors for consideration of specific antimicrobials include pharmacokinetics/pharmacodynamics, compliance, safety, and cost.

## Likely Pathogens in CAP

Although CAP may be caused by a myriad of pathogens, a limited number of agents are responsible for most cases. The emergence of newly recognized pathogens, such as the novel

**Table 7. Recommended empirical antibiotics for community-acquired pneumonia.**

Outpatient treatment

1. Previously healthy and no use of antimicrobials within the previous 3 months
  - A macrolide (strong recommendation; level I evidence)
  - Doxycycline (weak recommendation; level III evidence)
2. Presence of comorbidities such as chronic heart, lung, liver or renal disease; diabetes mellitus; alcoholism; malignancies; asplenia; immunosuppressing conditions or use of immunosuppressing drugs; or use of antimicrobials within the previous 3 months (in which case an alternative from a different class should be selected)
  - A respiratory fluoroquinolone (moxifloxacin, gemifloxacin, or levofloxacin [750 mg]) (strong recommendation; level I evidence)
  - A  $\beta$ -lactam **plus** a macrolide (strong recommendation; level I evidence)
3. In regions with a high rate (>25%) of infection with high-level (MIC  $\geq 16$   $\mu\text{g/mL}$ ) macrolide-resistant *Streptococcus pneumoniae*, consider use of alternative agents listed above in (2) for patients without comorbidities (moderate recommendation; level III evidence)

Inpatients, non-ICU treatment

- A respiratory fluoroquinolone (strong recommendation; level I evidence)
- A  $\beta$ -lactam **plus** a macrolide (strong recommendation; level I evidence)

Inpatients, ICU treatment

- A  $\beta$ -lactam (cefotaxime, ceftriaxone, or ampicillin-sulbactam) **plus** either azithromycin (level II evidence) **or** a respiratory fluoroquinolone (level I evidence) (strong recommendation) (for penicillin-allergic patients, a respiratory fluoroquinolone and aztreonam are recommended)

Special concerns

- If *Pseudomonas* is a consideration
  - An antipseudomococcal, antipseudomonal  $\beta$ -lactam (piperacillin-tazobactam, cefepime, imipenem, or meropenem) plus either ciprofloxacin or levofloxacin (750 mg)
  - or**
  - The above  $\beta$ -lactam plus an aminoglycoside and azithromycin
  - or**
  - The above  $\beta$ -lactam plus an aminoglycoside and an antipseudomococcal fluoroquinolone (for penicillin-allergic patients, substitute aztreonam for above  $\beta$ -lactam) (moderate recommendation; level III evidence)
- If CA-MRSA is a consideration, add vancomycin or linezolid (moderate recommendation; level III evidence)

**NOTE.** CA-MRSA, community-acquired methicillin-resistant *Staphylococcus aureus*; ICU, intensive care unit.

SARS-associated coronavirus [170], continually increases the challenge for appropriate management.

Table 6 lists the most common causes of CAP, in decreasing order of frequency of occurrence and stratified for severity of illness as judged by site of care (ambulatory vs. hospitalized). *S. pneumoniae* is the most frequently isolated pathogen. Other bacterial causes include nontypeable *Haemophilus influenzae*

and *Moraxella catarrhalis*, generally in patients who have underlying bronchopulmonary disease, and *S. aureus*, especially during an influenza outbreak. Risks for infection with Enterobacteriaceae species and *P. aeruginosa* as etiologies for CAP are chronic oral steroid administration or severe underlying bronchopulmonary disease, alcoholism, and frequent antibiotic therapy [79, 131], whereas recent hospitalization would define cases as HCAP. Less common causes of pneumonia include, but are by no means limited to, *Streptococcus pyogenes*, *Neisseria meningitidis*, *Pasteurella multocida*, and *H. influenzae* type b.

The “atypical” organisms, so called because they are not detectable on Gram stain or cultivatable on standard bacteriologic media, include *M. pneumoniae*, *C. pneumoniae*, *Legionella* species, and respiratory viruses. With the exception of *Legionella* species, these microorganisms are common causes of pneumonia, especially among outpatients. However, these pathogens are not often identified in clinical practice because, with a few exceptions, such as *L. pneumophila* and influenza virus, no specific, rapid, or standardized tests for their detection exist. Although influenza remains the predominant viral cause of CAP in adults, other commonly recognized viruses include RSV [107], adenovirus, and parainfluenza virus, as well as less common viruses, including human metapneumovirus, herpes simplex virus, varicella-zoster virus, SARS-associated coronavirus, and measles virus. In a recent study of immunocompetent adult patients admitted to the hospital with CAP, 18% had evidence of a viral etiology, and, in 9%, a respiratory virus was the only pathogen identified [176]. Studies that include outpatients find viral pneumonia rates as high as 36% [167]. The frequency of other etiologic agents—for example, *M. tuberculosis*, *Chlamydia psittaci* (psittacosis), *Coxiella burnetii* (Q fever), *Francisella tularensis* (tularemia), *Bordetella pertussis* (whooping cough), and endemic fungi (*Histoplasma capsulatum*, *Coccidioides immitis*, *Cryptococcus neoformans*, and *Blastomyces hominis*)—is largely determined by the epidemiologic setting (table 8) but rarely exceeds 2%–3% total [113, 177]. The exception may be endemic fungi in the appropriate geographic distribution [100].

The need for specific anaerobic coverage for CAP is generally overestimated. Anaerobic bacteria cannot be detected by diagnostic techniques in current use. Anaerobic coverage is clearly indicated only in the classic aspiration pleuropulmonary syndrome in patients with a history of loss of consciousness as a result of alcohol/drug overdose or after seizures in patients with concomitant gingival disease or esophageal motility disorders. Antibiotic trials have not demonstrated a need to specifically treat these organisms in the majority of CAP cases. Small-volume aspiration at the time of intubation should be adequately handled by standard empirical severe CAP treatment [178] and by the high oxygen tension provided by mechanical ventilation.

**Table 8. Epidemiologic conditions and/or risk factors related to specific pathogens in community-acquired pneumonia.**

| Condition                                            | Commonly encountered pathogen(s)                                                                                                                                                                                                                             |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alcoholism                                           | <i>Streptococcus pneumoniae</i> , oral anaerobes, <i>Klebsiella pneumoniae</i> , <i>Acinetobacter</i> species, <i>Mycobacterium tuberculosis</i>                                                                                                             |
| COPD and/or smoking                                  | <i>Haemophilus influenzae</i> , <i>Pseudomonas aeruginosa</i> , <i>Legionella</i> species, <i>S. pneumoniae</i> , <i>Moraxella cararhalis</i> , <i>Chlamydophila pneumoniae</i>                                                                              |
| Aspiration                                           | Gram-negative enteric pathogens, oral anaerobes                                                                                                                                                                                                              |
| Lung abscess                                         | CA-MRSA, oral anaerobes, endemic fungal pneumonia, <i>M. tuberculosis</i> , atypical mycobacteria                                                                                                                                                            |
| Exposure to bat or bird droppings                    | <i>Histoplasma capsulatum</i>                                                                                                                                                                                                                                |
| Exposure to birds                                    | <i>Chlamydophila psittaci</i> (if poultry: avian influenza)                                                                                                                                                                                                  |
| Exposure to rabbits                                  | <i>Francisella tularensis</i>                                                                                                                                                                                                                                |
| Exposure to farm animals or parturient cats          | <i>Coxiella burnetti</i> (Q fever)                                                                                                                                                                                                                           |
| HIV infection (early)                                | <i>S. pneumoniae</i> , <i>H. influenzae</i> , <i>M. tuberculosis</i>                                                                                                                                                                                         |
| HIV infection (late)                                 | The pathogens listed for early infection plus <i>Pneumocystis jirovecii</i> , <i>Cryptococcus</i> , <i>Histoplasma</i> , <i>Aspergillus</i> , atypical mycobacteria (especially <i>Mycobacterium kansasii</i> ), <i>P. aeruginosa</i> , <i>H. influenzae</i> |
| Hotel or cruise ship stay in previous 2 weeks        | <i>Legionella</i> species                                                                                                                                                                                                                                    |
| Travel to or residence in southwestern United States | <i>Coccidioides</i> species, <i>Hantavirus</i>                                                                                                                                                                                                               |
| Travel to or residence in Southeast and East Asia    | <i>Burkholderia pseudomallei</i> , avian influenza, SARS                                                                                                                                                                                                     |
| Influenza active in community                        | Influenza, <i>S. pneumoniae</i> , <i>Staphylococcus aureus</i> , <i>H. influenzae</i>                                                                                                                                                                        |
| Cough >2 weeks with whoop or posttussive vomiting    | <i>Bordetella pertussis</i>                                                                                                                                                                                                                                  |
| Structural lung disease (e.g., bronchiectasis)       | <i>Pseudomonas aeruginosa</i> , <i>Burkholderia cepacia</i> , <i>S. aureus</i>                                                                                                                                                                               |
| Injection drug use                                   | <i>S. aureus</i> , anaerobes, <i>M. tuberculosis</i> , <i>S. pneumoniae</i>                                                                                                                                                                                  |
| Endobronchial obstruction                            | Anaerobes, <i>S. pneumoniae</i> , <i>H. influenzae</i> , <i>S. aureus</i>                                                                                                                                                                                    |
| In context of bioterrorism                           | <i>Bacillus anthracis</i> (anthrax), <i>Yersinia pestis</i> (plague), <i>Francisella tularensis</i> (tularemia)                                                                                                                                              |

**NOTE.** CA-MRSA, community-acquired methicillin-resistant *Staphylococcus aureus*; COPD, chronic obstructive pulmonary disease; SARS, severe acute respiratory syndrome.

### Antibiotic Resistance Issues

Resistance to commonly used antibiotics for CAP presents another major consideration in choosing empirical therapy. Resistance patterns clearly vary by geography. Local antibiotic prescribing patterns are a likely explanation [179–181]. However, clonal spread of resistant strains is well documented. Therefore, antibiotic recommendations must be modified on the basis of local susceptibility patterns. The most reliable source is state/provincial or municipal health department regional data, if available. Local hospital antibiograms are generally the most accessible source of data but may suffer from small numbers of isolates.

**Drug-resistant *S. pneumoniae* (DRSP).** The emergence of drug-resistant pneumococcal isolates is well documented. The incidence of resistance appears to have stabilized somewhat in the past few years. Resistance to penicillin and cephalosporins may even be decreasing, whereas macrolide resistance continues to increase [179, 182]. However, the clinical relevance of DRSP

for pneumonia is uncertain, and few well-controlled studies have examined the impact of in vitro resistance on clinical outcomes of CAP. Published studies are limited by small sample sizes, biases inherent in observational design, and the relative infrequency of isolates exhibiting high-level resistance [183–185]. Current levels of  $\beta$ -lactam resistance do not generally result in CAP treatment failures when appropriate agents (i.e., amoxicillin, ceftriaxone, or cefotaxime) and doses are used, even in the presence of bacteremia [112, 186]. The available data suggest that the clinically relevant level of penicillin resistance is a MIC of at least 4 mg/L [3]. One report suggested that, if cefuroxime is used to treat pneumococcal bacteremia when the organism is resistant in vitro, the outcome is worse than with other therapies [112]. Other discordant therapies, including penicillin, did not have an impact on mortality. Data exist suggesting that resistance to macrolides [187–189] and older fluoroquinolones (ciprofloxacin and levofloxacin) [180, 190, 191] results in clinical failure. To date, no failures have

been reported for the newer fluoroquinolones (moxifloxacin and gemifloxacin).

Risk factors for infection with  $\beta$ -lactam-resistant *S. pneumoniae* include age <2 years or >65 years,  $\beta$ -lactam therapy within the previous 3 months, alcoholism, medical comorbidities, immunosuppressive illness or therapy, and exposure to a child in a day care center [112, 192–194]. Although the relative predictive value of these risk factors is unclear, recent treatment with antimicrobials is likely the most significant. Recent therapy or repeated courses of therapy with  $\beta$ -lactams, macrolides, or fluoroquinolones are risk factors for pneumococcal resistance to the same class of antibiotic [181, 193, 195, 196]. One study found that use of either a  $\beta$ -lactam or macrolide within the previous 6 months predicted an increased likelihood that, if pneumococcal bacteremia is present, the organism would be penicillin resistant [196]. Other studies have shown that repeated use of fluoroquinolones predicts an increased risk of infection with fluoroquinolone-resistant pneumococci [195, 197]. Whether this risk applies equally to all fluoroquinolones or is more of a concern for less active antipneumococcal agents (levofloxacin and ciprofloxacin) than for more active agents (moxifloxacin and gemifloxacin) is uncertain [190, 197, 198].

Recommendations for the use of highly active agents in patients at risk for infection with DRSP is, therefore, based only in part on efficacy considerations; it is also based on a desire to prevent more resistance from emerging by employing the most potent regimen possible. Although increasing the doses of certain agents (penicillins, cephalosporins, levofloxacin) may lead to adequate outcomes in the majority of cases, switching to more potent agents may lead to stabilization or even an overall decrease in resistance rates [179, 180].

**CA-MRSA.** Recently, an increasing incidence of pneumonia due to CA-MRSA has been observed [199, 200]. CA-MRSA appears in 2 patterns: the typical hospital-acquired strain [80] and, recently, strains that are epidemiologically, genotypically, and phenotypically distinct from hospital-acquired strains [201, 202]. Many of the former may represent HCAP, because these earlier studies did not differentiate this group from typical CAP. The latter are resistant to fewer antimicrobials than are hospital-acquired MRSA strains and often contain a novel type IV SCCmec gene. In addition, most contain the gene for Panton-Valentine leukocidin [200, 202], a toxin associated with clinical features of necrotizing pneumonia, shock, and respiratory failure, as well as formation of abscesses and empyemas. The large majority of cases published to date have been skin infections in children. In a large study of CA-MRSA in 3 communities, 2% of CA-MRSA infections were pneumonia [203]. However, pneumonia in both adults [204] and children has been reported, often associated with preceding influenza. This strain should also be suspected in patients who present with cavitary infiltrates without risk factors for anaerobic aspiration pneu-

monia (gingivitis and a risk for loss of consciousness, such as seizures or alcohol abuse, or esophageal motility disorders). Diagnosis is usually straightforward, with high yields from sputum and blood cultures in this characteristic clinical scenario. CA-MRSA CAP remains rare in most communities but is expected to be an emerging problem in CAP treatment.

### Empirical Antimicrobial Therapy

**Outpatient treatment.** The following regimens are recommended for outpatient treatment on the basis of the listed clinical risks.

15. Previously healthy and no risk factors for DRSP infection:
  - A. A macrolide (azithromycin, clarithromycin, or erythromycin) (strong recommendation; level I evidence)
  - B. Doxycycline (weak recommendation; level III evidence)
16. Presence of comorbidities, such as chronic heart, lung, liver, or renal disease; diabetes mellitus; alcoholism; malignancies; asplenia; immunosuppressing conditions or use of immunosuppressing drugs; use of antimicrobials within the previous 3 months (in which case an alternative from a different class should be selected); or other risks for DRSP infection:
  - A. A respiratory fluoroquinolone (moxifloxacin, gemifloxacin, or levofloxacin [750 mg]) (strong recommendation; level I evidence)
  - B. A  $\beta$ -lactam **plus** a macrolide (strong recommendation; level I evidence) (High-dose amoxicillin [e.g., 1 g 3 times daily] or amoxicillin-clavulanate [2 g 2 times daily] is preferred; alternatives include ceftriaxone, cefpodoxime, and cefuroxime [500 mg 2 times daily]; doxycycline [level II evidence] is an alternative to the macrolide.)
17. In regions with a high rate (>25%) of infection with high-level (MIC,  $\geq 16$   $\mu\text{g/mL}$ ) macrolide-resistant *S. pneumoniae*, consider the use of alternative agents listed above in recommendation 16 for any patient, including those without comorbidities. (Moderate recommendation; level III evidence.)

The most common pathogens identified from recent studies of mild (ambulatory) CAP were *S. pneumoniae*, *M. pneumoniae*, *C. pneumoniae*, and *H. influenzae* [177, 205]. *Mycoplasma* infection was most common among patients <50 years of age without significant comorbid conditions or abnormal vital signs, whereas *S. pneumoniae* was the most common pathogen among older patients and among those with significant underlying disease. *Hemophilus* infection was found in 5%—mostly in patients with comorbidities. The importance of ther-

apy for *Mycoplasma* infection and *Chlamydothila* infection in mild CAP has been the subject of debate, because many infections are self-limiting [206, 207]. Nevertheless, studies from the 1960s of children indicate that treatment of mild *M. pneumoniae* CAP reduces the morbidity of pneumonia and shortens the duration of symptoms [208]. The evidence to support specific treatment of these microorganisms in adults is lacking.

Macrolides have long been commonly prescribed for treatment of outpatients with CAP in the United States, because of their activity against *S. pneumoniae* and the atypical pathogens. This class includes the erythromycin-type agents (including dirithromycin), clarithromycin, and the azalide azithromycin. Although the least expensive, erythromycin is not often used now, because of gastrointestinal intolerance and lack of activity against *H. influenzae*. Because of *H. influenzae*, azithromycin is preferred for outpatients with comorbidities such as COPD.

Numerous randomized clinical trials have documented the efficacy of clarithromycin and azithromycin as monotherapy for outpatient CAP, although several studies have demonstrated that clinical failure can occur with a resistant isolate. When such patients were hospitalized and treated with a  $\beta$ -lactam and a macrolide, however, all survived and generally recovered without significant complications [188, 189]. Most of these patients had risk factors for which therapy with a macrolide alone is not recommended in the present guidelines. Thus, for patients with a significant risk of DRSP infection, monotherapy with a macrolide is not recommended. Doxycycline is included as a cost-effective alternative on the basis of in vitro data indicating effectiveness equivalent to that of erythromycin for pneumococcal isolates.

The use of fluoroquinolones to treat ambulatory patients with CAP without comorbid conditions, risk factors for DRSP, or recent antimicrobial use is discouraged because of concern that widespread use may lead to the development of fluoroquinolone resistance [185]. However, the fraction of total fluoroquinolone use specifically for CAP is extremely small and unlikely to lead to increased resistance by itself. More concerning is a recent study suggesting that many outpatients given a fluoroquinolone may not have even required an antibiotic, that the dose and duration of treatment were often incorrect, and that another agent often should have been used as first-line therapy. This usage pattern may promote the rapid development of resistance to fluoroquinolones [209].

Comorbidities or recent antimicrobial therapy increase the likelihood of infection with DRSP and enteric gram-negative bacteria. For such patients, recommended empirical therapeutic options include (1) a respiratory fluoroquinolone (moxifloxacin, gemifloxacin, or levofloxacin [750 mg daily]) or (2) combination therapy with a  $\beta$ -lactam effective against *S. pneumoniae* plus a macrolide (doxycycline as an alternative). On the basis of present pharmacodynamic principles, high-dose amox-

icillin (amoxicillin [1 g 3 times daily] or amoxicillin-clavulanate [2 g 2 times daily]) should target >93% of *S. pneumoniae* and is the preferred  $\beta$ -lactam. Ceftriaxone is an alternative to high-dose amoxicillin when parenteral therapy is feasible. Selected oral cephalosporins (cefepodoxime and cefuroxime) can be used as alternatives [210], but these are less active in vitro than high-dose amoxicillin or ceftriaxone. Agents in the same class as the patient had been receiving previously should not be used to treat patients with recent antibiotic exposure.

Telithromycin is the first of the ketolide antibiotics, derived from the macrolide family, and is active against *S. pneumoniae* that is resistant to other antimicrobials commonly used for CAP (including penicillin, macrolides, and fluoroquinolones). Several CAP trials suggest that telithromycin is equivalent to comparators (including amoxicillin, clarithromycin, and trovafloxacin) [211–214]. There have also been recent postmarketing reports of life-threatening hepatotoxicity [215]. At present, the committee is awaiting further evaluation of the safety of this drug by the FDA before making its final recommendation.

**Inpatient, non-ICU treatment.** The following regimens are recommended for hospital ward treatment.

18. A respiratory fluoroquinolone (strong recommendation; level I evidence)
19. A  $\beta$ -lactam **plus** a macrolide (strong recommendation; level I evidence) (Preferred  $\beta$ -lactam agents include cefotaxime, ceftriaxone, and ampicillin; ertapenem for selected patients; with doxycycline [level III evidence] as an alternative to the macrolide. A respiratory fluoroquinolone should be used for penicillin-allergic patients.)

The recommendations of combination treatment with a  $\beta$ -lactam plus a macrolide or monotherapy with a fluoroquinolone were based on retrospective studies demonstrating a significant reduction in mortality compared with that associated with administration of a cephalosporin alone [216–219]. Multiple prospective randomized trials have demonstrated that either regimen results in high cure rates. The major discriminating factor between the 2 regimens is the patient's prior antibiotic exposure (within the past 3 months).

Preferred  $\beta$ -lactams are those effective against *S. pneumoniae* and other common, nonatypical pathogens without being overly broad spectrum. In January 2002, the Clinical Laboratory Standards Institute (formerly the NCCLS) increased the MIC breakpoints for cefotaxime and ceftriaxone for nonmeningeal *S. pneumoniae* infections. These new breakpoints acknowledge that nonmeningeal infections caused by strains formerly considered to be intermediately susceptible, or even resistant, can be treated successfully with usual doses of these  $\beta$ -lactams [112, 186, 220].

Two randomized, double-blind studies showed ertapenem to be equivalent to ceftriaxone [221, 222]. It also has excellent

activity against anaerobic organisms, DRSP, and most Enterobacteriaceae species (including extended-spectrum  $\beta$ -lactamase producers, but not *P. aeruginosa*). Ertapenem may be useful in treating patients with risks for infection with these pathogens and for patients who have recently received antibiotic therapy. However, clinical experience with this agent is limited. Other “antipneumococcal, antipseudomonal”  $\beta$ -lactam agents are appropriate when resistant pathogens, such as *Pseudomonas*, are likely to be present. Doxycycline can be used as an alternative to a macrolide on the basis of scant data for treatment of *Legionella* infections [171, 223, 224].

Two randomized, double-blind studies of adults hospitalized for CAP have demonstrated that parenteral azithromycin alone was as effective, with improved tolerability, as intravenous cefuroxime, with or without intravenous erythromycin [225, 226]. In another study, mortality and readmission rates were similar, but the mean LOS was shorter among patients receiving azithromycin alone than among those receiving other guideline-recommended therapy [227]. None of the 10 patients with erythromycin-resistant *S. pneumoniae* infections died or was transferred to the ICU, including 6 who received azithromycin alone. Another study showed that those receiving a macrolide alone had the lowest 30-day mortality but were the least ill [219]. Such patients were younger and were more likely to be in lower-risk groups.

These studies suggest that therapy with azithromycin alone can be considered for carefully selected patients with CAP with nonsevere disease (patients admitted primarily for reasons other than CAP) and no risk factors for infection with DRSP or gram-negative pathogens. However, the emergence of high rates of macrolide resistance in many areas of the country suggests that this therapy cannot be routinely recommended. Initial therapy should be given intravenously for most admitted patients, but some without risk factors for severe pneumonia could receive oral therapy, especially with highly bioavailable agents such as fluoroquinolones. When an intravenous  $\beta$ -lactam is combined with coverage for atypical pathogens, oral therapy with a macrolide or doxycycline is appropriate for selected patients without severe pneumonia risk factors [228].

**Inpatient, ICU treatment.** The following regimen is the minimal recommended treatment for patients admitted to the ICU.

20. A  $\beta$ -lactam (cefotaxime, ceftriaxone, or ampicillin-sulbactam) **plus** either azithromycin (level II evidence) or a fluoroquinolone (level I evidence) (strong recommendation) (For penicillin-allergic patients, a respiratory fluoroquinolone and aztreonam are recommended.)

A single randomized controlled trial of treatment for severe CAP is available. Patients with shock were excluded; however, among the patients with mechanical ventilation, treatment with

a fluoroquinolone alone resulted in a trend toward inferior outcome [229]. Because septic shock and mechanical ventilation are the clearest reasons for ICU admission, the majority of ICU patients would still require combination therapy. ICU patients are routinely excluded from other trials; therefore, recommendations are extrapolated from nonsevere cases, in conjunction with case series and retrospective analyses of cohorts with severe CAP.

For all patients admitted to the ICU, coverage for *S. pneumoniae* and *Legionella* species should be ensured [78, 230] by using a potent antipneumococcal  $\beta$ -lactam and either a macrolide or a fluoroquinolone. Therapy with a respiratory fluoroquinolone alone is not established for severe CAP [229], and, if the patient has concomitant pneumococcal meningitis, the efficacy of fluoroquinolone monotherapy is uncertain. In addition, 2 prospective observational studies [231, 232] and 3 retrospective analyses [233–235] have found that combination therapy for bacteremic pneumococcal pneumonia is associated with lower mortality than monotherapy. The mechanism of this benefit is unclear but was principally found in the patients with the most severe illness and has not been demonstrated in nonbacteremic pneumococcal CAP studies. Therefore, combination empirical therapy is recommended for at least 48 h or until results of diagnostic tests are known.

In critically ill patients with CAP, a large number of microorganisms other than *S. pneumoniae* and *Legionella* species must be considered. A review of 9 studies that included 890 patients with CAP who were admitted to the ICU demonstrates that the most common pathogens in the ICU population were (in descending order of frequency) *S. pneumoniae*, *Legionella* species, *H. influenzae*, Enterobacteriaceae species, *S. aureus*, and *Pseudomonas* species [171]. The atypical pathogens responsible for severe CAP may vary over time but can account collectively for  $\geq 20\%$  of severe pneumonia episodes. The dominant atypical pathogen in severe CAP is *Legionella* [230], but some diagnostic bias probably accounts for this finding [78].

The recommended standard empirical regimen should routinely cover the 3 most common pathogens that cause severe CAP, all of the atypical pathogens, and most of the relevant Enterobacteriaceae species. Treatment of MRSA or *P. aeruginosa* infection is the main reason to modify the standard empirical regimen. The following are additions or modifications to the basic empirical regimen recommended above if these pathogens are suspected.

21. For *Pseudomonas* infection, use an antipneumococcal, antipseudomonal  $\beta$ -lactam (piperacillin-tazobactam, ceftepime, imipenem, or meropenem) plus either ciprofloxacin or levofloxacin (750-mg dose)

**or**

the above  $\beta$ -lactam plus an aminoglycoside and azithromycin

or

the above  $\beta$ -lactam plus an aminoglycoside and an antipneumococcal fluoroquinolone. (For penicillin-allergic patients, substitute aztreonam for the above  $\beta$ -lactam.)

(Moderate recommendation; level III evidence.)

Pseudomonal CAP requires combination treatment to prevent inappropriate initial therapy, just as *Pseudomonas* nosocomial pneumonia does [131]. Once susceptibilities are known, treatment can be adjusted accordingly. Alternative regimens are provided for patients who may have recently received an oral fluoroquinolone, in whom the aminoglycoside-containing regimen would be preferred. A consistent Gram stain of tracheal aspirate, sputum, or blood is the best indication for *Pseudomonas* coverage. Other, easier-to-treat gram-negative microorganisms may ultimately be proven to be the causative pathogen, but empirical coverage of *Pseudomonas* species until culture results are known is least likely to be associated with inappropriate therapy. Other clinical risk factors for infection with *Pseudomonas* species include structural lung diseases, such as bronchiectasis, or repeated exacerbations of severe COPD leading to frequent steroid and/or antibiotic use, as well as prior antibiotic therapy [131]. These patients do not necessarily require ICU admission for CAP [236], so *Pseudomonas* infection remains a concern for them even if they are only hospitalized on a general ward. The major risk factor for infection with other serious gram-negative pathogens, such as *Klebsiella pneumoniae* or *Acinetobacter* species, is chronic alcoholism.

22. For CA-MRSA infection, add vancomycin or linezolid.  
(Moderate recommendation; level III evidence.)

The best indicator of *S. aureus* infection is the presence of gram-positive cocci in clusters in a tracheal aspirate or in an adequate sputum sample. The same findings on preliminary results of blood cultures are not as reliable, because of the significant risk of contamination [95]. Clinical risk factors for *S. aureus* CAP include end-stage renal disease, injection drug abuse, prior influenza, and prior antibiotic therapy (especially with fluoroquinolones [237]).

For methicillin-sensitive *S. aureus*, the empirical combination therapy recommended above, which includes a  $\beta$ -lactam and sometimes a respiratory fluoroquinolone, should be adequate until susceptibility results are available and specific therapy with a penicillinase-resistant semisynthetic penicillin or first-generation cephalosporin can be initiated. Both also offer additional coverage for DRSP. Neither linezolid [241] nor vancomycin [238] is an optimal drug for methicillin-sensitive *S. aureus*.

Although methicillin-resistant strains of *S. aureus* are still the minority, the excess mortality associated with inappropriate an-

tibiotic therapy [80] would suggest that empirical coverage should be considered when CA-MRSA is a concern. The most effective therapy has yet to be defined. The majority of CA-MRSA strains are more susceptible in vitro to non- $\beta$ -lactam antimicrobials, including trimethoprim-sulfamethoxazole (TMP-SMX) and fluoroquinolones, than are hospital-acquired strains. Previous experience with TMP-SMX in other types of severe infections (endocarditis and septic thrombophlebitis) suggests that TMP-SMX is inferior to vancomycin [239]. Further experience and study of the adequacy of TMP-SMX for CA-MRSA CAP is clearly needed. Vancomycin has never been specifically studied for CAP, and linezolid has been found to be better than ceftriaxone for bacteremic *S. pneumoniae* in a nonblinded study [240] and superior to vancomycin in retrospective analysis of studies involving nosocomial MRSA pneumonia [241]. Newer agents for MRSA have recently become available, and others are anticipated. Of the presently available agents, daptomycin should not be used for CAP, and no data on pneumonia are available for tigecycline.

A concern with CA-MRSA is necrotizing pneumonia associated with production of Panton-Valentine leukocidin and other toxins. Vancomycin clearly does not decrease toxin production, and the effect of TMP-SMX and fluoroquinolones on toxin production is unclear. Addition of clindamycin or use of linezolid, both of which have been shown to affect toxin production in a laboratory setting [242], may warrant their consideration for treatment of these necrotizing pneumonias [204]. Unfortunately, the emergence of resistance during therapy with clindamycin has been reported (especially in erythromycin-resistant strains), and vancomycin would still be needed for bacterial killing.

### **Pathogens Suspected on the Basis of Epidemiologic Considerations**

Clinicians should be aware of epidemiologic conditions and/or risk factors that may suggest that alternative or specific additional antibiotics should be considered. These conditions and specific pathogens, with preferred treatment, are listed in tables 8 and 9.

### **Pathogen-Directed Therapy**

23. Once the etiology of CAP has been identified on the basis of reliable microbiological methods, antimicrobial therapy should be directed at that pathogen. (Moderate recommendation; level III evidence.)

Treatment options may be simplified (table 9) if the etiologic agent is established or strongly suspected. Diagnostic procedures that identify a specific etiology within 24–72 h can still be useful for guiding continued therapy. This information is often available at the time of consideration for a switch from

**Table 9. Recommended antimicrobial therapy for specific pathogens.**

| Organism                                              | Preferred antimicrobial(s)                                                                                             | Alternative antimicrobial(s)                                                                                                                                                                                         |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Streptococcus pneumoniae</i>                       |                                                                                                                        |                                                                                                                                                                                                                      |
| Penicillin nonresistant; MIC <2 µg/mL                 | Penicillin G, amoxicillin                                                                                              | Macrolide, cephalosporins (oral [cefepodoxime, cefprozil, cefuroxime, cefdinir, cefditoren] or parenteral [cefuroxime, ceftriaxone, cefotaxime]), clindamycin, doxycycline, respiratory fluoroquinolone <sup>a</sup> |
| Penicillin resistant; MIC ≥2 µg/mL                    | Agents chosen on the basis of susceptibility, including cefotaxime, ceftriaxone, fluoroquinolone                       | Vancomycin, linezolid, high-dose amoxicillin (3 g/day with penicillin MIC ≤4 µg/mL)                                                                                                                                  |
| <i>Haemophilus influenzae</i>                         |                                                                                                                        |                                                                                                                                                                                                                      |
| Non-β-lactamase producing                             | Amoxicillin                                                                                                            | Fluoroquinolone, doxycycline, azithromycin, clarithromycin <sup>b</sup>                                                                                                                                              |
| β-Lactamase producing                                 | Second- or third-generation cephalosporin, amoxicillin-clavulanate                                                     | Fluoroquinolone, doxycycline, azithromycin, clarithromycin <sup>b</sup>                                                                                                                                              |
| <i>Mycoplasma pneumoniae/Chlamydophila pneumoniae</i> | Macrolide, a tetracycline                                                                                              | Fluoroquinolone                                                                                                                                                                                                      |
| <i>Legionella</i> species                             | Fluoroquinolone, azithromycin                                                                                          | Doxycycline                                                                                                                                                                                                          |
| <i>Chlamydophila psittaci</i>                         | A tetracycline                                                                                                         | Macrolide                                                                                                                                                                                                            |
| <i>Coxiella burnetii</i>                              | A tetracycline                                                                                                         | Macrolide                                                                                                                                                                                                            |
| <i>Francisella tularensis</i>                         | Doxycycline                                                                                                            | Gentamicin, streptomycin                                                                                                                                                                                             |
| <i>Yersinia pestis</i>                                | Streptomycin, gentamicin                                                                                               | Doxycycline, fluoroquinolone                                                                                                                                                                                         |
| <i>Bacillus anthracis</i> (inhalation)                | Ciprofloxacin, levofloxacin, doxycycline (usually with second agent)                                                   | Other fluoroquinolones; β-lactam, if susceptible; rifampin; clindamycin; chloramphenicol                                                                                                                             |
| Enterobacteriaceae                                    | Third-generation cephalosporin, carbapenem <sup>c</sup> (drug of choice if extended-spectrum β-lactamase producer)     | β-Lactam/β-lactamase inhibitor, <sup>d</sup> fluoroquinolone                                                                                                                                                         |
| <i>Pseudomonas aeruginosa</i>                         | Antipseudomonal β-lactam <sup>e</sup> plus (ciprofloxacin or levofloxacin <sup>f</sup> or aminoglycoside)              | Aminoglycoside plus (ciprofloxacin or levofloxacin <sup>f</sup> )                                                                                                                                                    |
| <i>Burkholderia pseudomallei</i>                      | Carbapenem, ceftazidime                                                                                                | Fluoroquinolone, TMP-SMX                                                                                                                                                                                             |
| <i>Acinetobacter</i> species                          | Carbapenem                                                                                                             | Cephalosporin-aminoglycoside, ampicillin-sulbactam, colistin                                                                                                                                                         |
| <i>Staphylococcus aureus</i>                          |                                                                                                                        |                                                                                                                                                                                                                      |
| Methicillin susceptible                               | Antistaphylococcal penicillin <sup>g</sup>                                                                             | Cefazolin, clindamycin                                                                                                                                                                                               |
| Methicillin resistant                                 | Vancomycin or linezolid                                                                                                | TMP-SMX                                                                                                                                                                                                              |
| <i>Bordetella pertussis</i>                           | Macrolide                                                                                                              | TMP-SMX                                                                                                                                                                                                              |
| Anaerobe (aspiration)                                 | β-Lactam/β-lactamase inhibitor, <sup>d</sup> clindamycin                                                               | Carbapenem                                                                                                                                                                                                           |
| Influenza virus                                       | Oseltamivir or zanamivir                                                                                               |                                                                                                                                                                                                                      |
| <i>Mycobacterium tuberculosis</i>                     | Isoniazid plus rifampin plus ethambutol plus pyrazinamide                                                              | Refer to [243] for specific recommendations                                                                                                                                                                          |
| <i>Coccidioides</i> species                           | For uncomplicated infection in a normal host, no therapy generally recommended; for therapy, itraconazole, fluconazole | Amphotericin B                                                                                                                                                                                                       |
| Histoplasmosis                                        | Itraconazole                                                                                                           | Amphotericin B                                                                                                                                                                                                       |
| Blastomycosis                                         | Itraconazole                                                                                                           | Amphotericin B                                                                                                                                                                                                       |

**NOTE.** Choices should be modified on the basis of susceptibility test results and advice from local specialists. Refer to local references for appropriate doses. ATS, American Thoracic Society; CDC, Centers for Disease Control and Prevention; IDSA, Infectious Diseases Society of America; TMP-SMX, trimethoprim-sulfamethoxazole.

<sup>a</sup> Levofloxacin, moxifloxacin, gemifloxacin (not a first-line choice for penicillin susceptible strains); ciprofloxacin is appropriate for *Legionella* and most gram-negative bacilli (including *H. influenzae*).

<sup>b</sup> Azithromycin is more active in vitro than clarithromycin for *H. influenzae*.

<sup>c</sup> Imipenem-cilastatin, meropenem, ertapenem.

<sup>d</sup> Piperacillin-tazobactam for gram-negative bacilli, ticarcillin-clavulanate, ampicillin-sulbactam or amoxicillin-clavulanate.

<sup>e</sup> Ticarcillin, piperacillin, ceftazidime, cefepime, aztreonam, imipenem, meropenem.

<sup>f</sup> 750 mg daily.

<sup>g</sup> Nafcillin, oxacillin flucloxacillin.

parenteral to oral therapy and may be used to direct specific oral antimicrobial choices. If, for example, an appropriate culture reveals penicillin-susceptible *S. pneumoniae*, a narrow-spectrum agent (such as penicillin or amoxicillin) may be used. This will, hopefully, reduce the selective pressure for resistance.

The major issue with pathogen-specific therapy is management of bacteremic *S. pneumoniae* CAP. The implications of the observational finding that dual therapy was associated with reduced mortality in bacteremic pneumococcal pneumonia [231–235] are uncertain. One explanation for the reduced mortality may be the presence of undiagnosed coinfection with an atypical pathogen; although reported to occur in 18%–38% of CAP cases in some studies [73, 175], much lower rates of undiagnosed coinfection are found in general [171] and specifically in severe cases [78]. An alternative explanation is the immunomodulatory effects of macrolides [244, 245]. It is important to note that these studies evaluated the effects of initial empirical therapy before the results of blood cultures were known and did not examine effects of pathogen-specific therapy after the results of blood cultures were available. The benefit of combination therapy was also most pronounced in the more severely ill patients [233, 234]. Therefore, discontinuation of combination therapy after results of cultures are known is most likely safe in non-ICU patients.

24. Early treatment (within 48 h of onset of symptoms) with oseltamivir or zanamivir is recommended for influenza A. (Strong recommendation; level I evidence.)
25. Use of oseltamivir and zanamivir is not recommended for patients with uncomplicated influenza with symptoms for >48 h (level I evidence), but these drugs may be used to reduce viral shedding in hospitalized patients or for influenza pneumonia. (Moderate recommendation; level III evidence.)

Studies that demonstrate that treatment of influenza is effective only if instituted within 48 h of the onset of symptoms have been performed only in uncomplicated cases [246–249]. The impact of such treatment on patients who are hospitalized with influenza pneumonia or a bacterial pneumonia complicating influenza is unclear. In hospitalized adults with influenza, a minority of whom had radiographically documented pneumonia, no obvious benefit was found in one retrospective study of amantadine treatment [250]. Treatment of antigen- or culture-positive patients with influenza with antivirals in addition to antibiotics is warranted, even if the radiographic infiltrate is caused by a subsequent bacterial superinfection. Because of the longer period of persistent positivity after infection, the appropriate treatment for patients diagnosed with only 1 of the rapid diagnostic tests is unclear. Because such patients often have recoverable virus (median duration of 4 days) after hos-

pitalization, antiviral treatment seems reasonable from an infection-control standpoint alone.

Because of its broad influenza spectrum, low risk of resistance emergence, and lack of bronchospasm risk, oseltamivir is an appropriate choice for hospitalized patients. The neuraminidase inhibitors are effective against both influenza A and B viruses, whereas the M2 inhibitors, amantadine, and rimantadine are active only against influenza A [251]. In addition, viruses recently circulating in the United States and Canada are often resistant to the M2 inhibitors on the basis of antiviral testing [252, 253]. Therefore, neither amantadine nor rimantadine should be used for treatment or chemoprophylaxis of influenza A in the United States until susceptibility to these antiviral medications has been reestablished among circulating influenza A viruses [249].

Early treatment of influenza in ambulatory adults with inhaled zanamivir or oral oseltamivir appears to reduce the likelihood of lower respiratory tract complications [254–256]. The use of influenza antiviral medications appears to reduce the likelihood of respiratory tract complications, as reflected by reduced usage rates of antibacterial agents in ambulatory patients with influenza. Although clearly important in outpatient pneumonia, this experience may also apply to patients hospitalized primarily for influenza.

Parenteral acyclovir is indicated for treatment of varicella-zoster virus infection [257] or herpes simplex virus pneumonia. No antiviral treatment of proven value is available for other viral pneumonias—that is, parainfluenza virus, RSV, adenovirus, metapneumovirus, the SARS agent, or hantavirus. For all patients with viral pneumonias, a high clinical suspicion of bacterial superinfection should be maintained.

### ***Pandemic influenza.***

26. Patients with an illness compatible with influenza and with known exposure to poultry in areas with previous H5N1 infection should be tested for H5N1 infection. (Moderate recommendation; level III evidence.)
27. In patients with suspected H5N1 infection, droplet precautions and careful routine infection control measures should be used until an H5N1 infection is ruled out. (Moderate recommendation; level III evidence.)
28. Patients with suspected H5N1 infection should be treated with oseltamivir (level II evidence) and antibacterial agents targeting *S. pneumoniae* and *S. aureus*, the most common causes of secondary bacterial pneumonia in patients with influenza (level III evidence). (Moderate recommendation.)

Recent human infections caused by avian influenza A (H5N1) in Vietnam, Thailand, Cambodia, China, Indonesia, Egypt, and Turkey raise the possibility of a pandemic in the

near future. The severity of H5N1 infection in humans distinguishes it from that caused by routine seasonal influenza. Respiratory failure requiring hospitalization and intensive care has been seen in the majority of the >140 recognized cases, and mortality is ~50% [258, 259]. If a pandemic occurs, deaths will result from primary influenza pneumonia with or without secondary bacterial pneumonia. This section highlights issues for consideration, recognizing that treatment recommendations will likely change as the pandemic progresses. More specific guidance can be found on the IDSA, ATS, CDC, and WHO Web sites as the key features of the pandemic become clearer. Additional guidance is available at <http://www.pandemicflu.gov>.

The WHO has delineated 6 phases of an influenza pandemic, defined by increasing levels of risk and public health response [260]. During the current pandemic alert phase (phase 3: cases of novel influenza infection without sustained person-to-person transmission), testing should be focused on confirming all suspected cases in areas where H5N1 infection has been documented in poultry and on detecting the arrival of the pandemic strain in unaffected countries. Early clinical features of H5N1 infection include persistent fever, cough, and respiratory difficulty progressing over 3–5 days, as well as lymphopenia on admission to the hospital [258, 259, 261]. Exposure to sick and dying poultry in an area with known or suspected H5N1 activity has been reported by most patients, although the recognition of poultry outbreaks has sometimes followed the recognition of human cases [261].

Rapid bedside tests to detect influenza A have been used as screening tools for avian influenza in some settings. Throat swabs tested by RT-PCR have been the most sensitive for confirming H5N1 infection to date, but nasopharyngeal swabs, washes, and aspirates; BAL fluid; lung and other tissues; and stool have yielded positive results by RT-PCR and viral culture with varying sensitivity. Convalescent-phase serum can be tested by microneutralization for antibodies to H5 antigen in a small number of international reference laboratories. Specimens from suspected cases of H5N1 infection should be sent to public health laboratories with appropriate biocontainment facilities; the case should be discussed with health department officials to arrange the transfer of specimens and to initiate an epidemiologic evaluation. During later phases of an ongoing pandemic, testing may be necessary for many more patients, so that appropriate treatment and infection control decisions can be made, and to assist in defining the extent of the pandemic. Recommendations for such testing will evolve on the basis of the features of the pandemic, and guidance should be sought from the CDC and WHO Web sites (<http://www.cdc.gov> and <http://www.who.int>).

Patients with confirmed or suspected H5N1 influenza should be treated with oseltamivir. Most H5N1 isolates since 2004 have been susceptible to the neuraminidase inhibitors oseltamivir

and zanamivir and resistant to the adamantanes (amantidine and rimantidine) [262, 263]. The current recommendation is for a 5-day course of treatment at the standard dosage of 75 mg 2 times daily. In addition, droplet precautions should be used for patients with suspected H5N1 influenza, and they should be placed in respiratory isolation until that etiology is ruled out. Health care personnel should wear N-95 (or higher) respirators during medical procedures that have a high likelihood of generating infectious respiratory aerosols.

Bacterial superinfections, particularly pneumonia, are important complications of influenza pneumonia. The bacterial etiologies of CAP after influenza infection have included *S. pneumoniae*, *S. aureus*, *H. influenzae*, and group A streptococci. *Legionella*, *Chlamydia*, and *Mycoplasma* species are not important causes of secondary bacterial pneumonia after influenza. Appropriate agents would therefore include cefotaxime, ceftriaxone, and respiratory fluoroquinolones. Treatment with vancomycin, linezolid, or other agents directed against CA-MRSA should be limited to patients with confirmed infection or a compatible clinical presentation (shock and necrotizing pneumonia). Because shortages of antibacterials and antivirals are anticipated during a pandemic, the appropriate use of diagnostic tests will be even more important to help target antibacterial therapy whenever possible, especially for patients admitted to the hospital.

#### Time to First Antibiotic Dose

29. For patients admitted through the ED, the first antibiotic dose should be administered while still in the ED. (Moderate recommendation; level III evidence.)

Time to first antibiotic dose for CAP has recently received significant attention from a quality-of-care perspective. This emphasis is based on 2 retrospective studies of Medicare beneficiaries that demonstrated statistically significantly lower mortality among patients who received early antibiotic therapy [109, 264]. The initial study suggested a breakpoint of 8 h [264], whereas the subsequent analysis found that 4 h was associated with lower mortality [109]. Studies that document the time to first antibiotic dose do not consistently demonstrate this difference, although none had as large a patient population. Most importantly, prospective trials of care by protocol have not demonstrated a survival benefit to increasing the percentage of patients with CAP who receive antibiotics within the first 4–8 h [22, 65]. Early antibiotic administration does not appear to shorten the time to clinical stability, either [265], although time of first dose does appear to correlate with LOS [266, 267]. A problem of internal consistency is also present, because, in both studies [109, 264], patients who received antibiotics in the first 2 h after presentation actually did worse than those who re-

ceived antibiotics 2–4 h after presentation. For these and other reasons, the committee did not feel that a specific time window for delivery of the first antibiotic dose should be recommended. However, the committee does feel that therapy should be administered as soon as possible after the diagnosis is considered likely.

Conversely, a delay in antibiotic therapy has adverse consequences in many infections. For critically ill, hemodynamically unstable patients, early antibiotic therapy should be encouraged, although no prospective data support this recommendation. Delay in beginning antibiotic treatment during the transition from the ED is not uncommon. Especially with the frequent use of once-daily antibiotics for CAP, timing and communication issues may result in patients not receiving antibiotics for >8 h after hospital admission. The committee felt that the best and most practical resolution to this issue was that the initial dose be given in the ED [22].

Data from the Medicare database indicated that antibiotic treatment before hospital admission was also associated with lower mortality [109]. Given that there are even more concerns regarding timing of the first dose of antibiotic when the patient is directly admitted to a busy inpatient unit, provision of the first dose in the physician's office may be best if the recommended oral or intramuscular antibiotics are available in the office.

### Switch from Intravenous to Oral Therapy

30. Patients should be switched from intravenous to oral therapy when they are hemodynamically stable and improving clinically, are able to ingest medications, and have a normally functioning gastrointestinal tract. (Strong recommendation; level II evidence.)
31. Patients should be discharged as soon as they are clinically stable, have no other active medical problems, and have a safe environment for continued care. Inpatient observation while receiving oral therapy is not necessary. (Moderate recommendation; level II evidence.)

With the use of a potent, highly bioavailable antibiotic, the ability to eat and drink is the major consideration for switching from intravenous to oral antibiotic therapy for non-ICU patients. Initially, Ramirez et al. [268] defined a set of criteria for an early switch from intravenous to oral therapy (table 10). In general, as many as two-thirds of all patients have clinical improvement and meet criteria for a therapy switch in the first 3 days, and most non-ICU patients meet these criteria by day 7.

Subsequent studies have suggested that even more liberal criteria are adequate for the switch to oral therapy. An alternative approach is to change from intravenous to oral therapy

**Table 10. Criteria for clinical stability.**

---

|                                                                                   |
|-----------------------------------------------------------------------------------|
| Temperature $\leq 37.8^{\circ}\text{C}$                                           |
| Heart rate $\leq 100$ beats/min                                                   |
| Respiratory rate $\leq 24$ breaths/min                                            |
| Systolic blood pressure $\geq 90$ mm Hg                                           |
| Arterial oxygen saturation $\geq 90\%$ or $\text{pO}_2 \geq 60$ mm Hg on room air |
| Ability to maintain oral intake <sup>a</sup>                                      |
| Normal mental status <sup>a</sup>                                                 |

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**NOTE.** Criteria are from [268, 274, 294].  $\text{pO}_2$ , oxygen partial pressure.

<sup>a</sup> Important for discharge or oral switch decision but not necessarily for determination of nonresponse.

at a predetermined time, regardless of the clinical response [269]. One study population with nonsevere illness was randomized to receive either oral therapy alone or intravenous therapy, with the switch occurring after 72 h without fever. The study population with severe illness was randomized to receive either intravenous therapy with a switch to oral therapy after 2 days or a full 10-day course of intravenous antibiotics. Time to resolution of symptoms for the patients with nonsevere illness was similar with either regimen. Among patients with more severe illness, the rapid switch to oral therapy had the same rate of treatment failure and the same time to resolution of symptoms as prolonged intravenous therapy. The rapid-switch group required fewer inpatient days (6 vs. 11), although this was likely partially a result of the protocol, but the patients also had fewer adverse events.

The need to keep patients in the hospital once clinical stability is achieved has been questioned, even though physicians commonly choose to observe patients receiving oral therapy for  $\geq 1$  day. Even in the presence of pneumococcal bacteremia, a switch to oral therapy can be safely done once clinical stability is achieved and prolonged intravenous therapy is not needed [270]. Such patients generally take longer (approximately half a day) to become clinically stable than do nonbacteremic patients. The benefits of in-hospital observation after a switch to oral therapy are limited and add to the cost of care [32].

Discharge should be considered when the patient is a candidate for oral therapy and when there is no need to treat any comorbid illness, no need for further diagnostic testing, and no unmet social needs [32, 271, 272]. Although it is clear that clinically stable patients can be safely switched to oral therapy and discharged, the need to wait for all of the features of clinical stability to be present before a patient is discharged is uncertain. For example, not all investigators have found it necessary to have the white blood cell count improve. Using the definition for clinical stability in table 10, Halm et al. [273] found that 19.1% of 680 patients were discharged from the hospital with  $\geq 1$  instability. Death or readmission occurred in 10.5% of patients with no instability on discharge, in 13.7% of patients with 1 instability, and in 46.2% with  $\geq 2$  instabilities. In general,

patients in higher PSI classes take longer to reach clinical stability than do patients in lower risk classes [274]. This finding may reflect the fact that elderly patients with multiple comorbidities often recover more slowly. Arrangements for appropriate follow-up care, including rehabilitation, should therefore be initiated early for these patients.

In general, when switching to oral antibiotics, either the same agent as the intravenous antibiotic or the same drug class should be used. Switching to a different class of agents simply because of its high bioavailability (such as a fluoroquinolone) is probably not necessary for a responding patient. For patients who received intravenous  $\beta$ -lactam–macrolide combination therapy, a switch to a macrolide alone appears to be safe for those who do not have DRSP or gram-negative enteric pathogens isolated [275].

### Duration of Antibiotic Therapy

32. Patients with CAP should be treated for a minimum of 5 days (level I evidence), should be afebrile for 48–72 h, and should have no more than 1 CAP-associated sign of clinical instability (table 10) before discontinuation of therapy (level II evidence). (Moderate recommendation.)
33. A longer duration of therapy may be needed if initial therapy was not active against the identified pathogen or if it was complicated by extrapulmonary infection, such as meningitis or endocarditis. (Weak recommendation; level III evidence.)

Most patients with CAP have been treated for 7–10 days or longer, but few well-controlled studies have evaluated the optimal duration of therapy for patients with CAP, managed in or out of the hospital. Available data on short-course treatment do not suggest any difference in outcome with appropriate therapy in either inpatients or outpatients [276]. Duration is also difficult to define in a uniform fashion, because some antibiotics (such as azithromycin) are administered for a short time yet have a long half-life at respiratory sites of infection.

In trials of antibiotic therapy for CAP, azithromycin has been used for 3–5 days as oral therapy for outpatients, with some reports of single-dose therapy for patients with atypical pathogen infections [276–278]. Results with azithromycin should not be extrapolated to other drugs with significantly shorter half-lives. The ketolide telithromycin has been used for 5–7 days to treat outpatients, including some with pneumococcal bacteremia or PSI classes  $\geq$ III [211]. In a recent study, high-dose (750 mg) levofloxacin therapy for 5 days was equally successful and resulted in more afebrile patients by day 3 than did the 500-mg dose for 7–10 days (49.1% vs. 38.5%;  $P = .03$ ) [276]. On the basis of these studies, 5 days appears to be

the minimal overall duration of therapy documented to be effective in usual forms of CAP.

As is discussed above, most patients become clinically stable within 3–7 days, so longer durations of therapy are rarely necessary. Patients with persistent clinical instability are often readmitted to the hospital and may not be candidates for short-duration therapy. Short-duration therapy may be suboptimal for patients with bacteremic *S. aureus* pneumonia (because of the risk of associated endocarditis and deep-seated infection), for those with meningitis or endocarditis complicating pneumonia, and for those infected with other, less common pathogens (e.g., *Burkholderia pseudomallei* or endemic fungi). An 8-day course of therapy for nosocomial *P. aeruginosa* pneumonia led to relapse more commonly than did a 15-day course of therapy [279]. Whether the same results would be applicable to CAP cases is unclear, but the presence of cavities or other signs of tissue necrosis may warrant prolonged treatment. Studies of duration of therapy have focused on patients receiving empirical treatment, and reliable data defining treatment duration after an initially ineffective regimen are lacking.

### OTHER TREATMENT CONSIDERATIONS

34. Patients with CAP who have persistent septic shock despite adequate fluid resuscitation should be considered for treatment with drotrecogin alfa activated within 24 h of admission. (Weak recommendation, level II evidence.)

Drotrecogin alfa activated is the first immunomodulatory therapy approved for severe sepsis. In the United States, the FDA recommended the use of drotrecogin alfa activated for patients at high risk of death. The high-risk criterion suggested by the FDA was an Acute Physiologic and Chronic Health Assessment (APACHE) II score  $\geq$ 25, based on a subgroup analysis of the overall study. However, the survival advantage (absolute risk reduction, 9.8%) of drotrecogin alfa activated treatment of patients in the CAP subgroup was equivalent to that in the subgroup with APACHE II scores  $\geq$ 25 [92, 280, 281]. The greatest reduction in the mortality rate was for *S. pneumoniae* infection (relative risk, 0.56; 95% CI, 0.35–0.88) [282]. Subsequent data have suggested that the benefit appears to be greatest when the treatment is given as early in the hospital admission as possible. In the subgroup with severe CAP caused by a pathogen other than *S. pneumoniae* and treated with appropriate antibiotics, there was no evidence that drotrecogin alfa activated affected mortality.

Although the benefit of drotrecogin alfa activated is clearly greatest for patients with CAP who have high APACHE II scores, this criterion alone may not be adequate to select appropriate patients. An APACHE II score  $\geq$ 25 was selected by a subgroup analysis of the entire study cohort and may not be

similarly calibrated in a CAP-only cohort. Two-organ failure, the criterion suggested for drotrecogin alfa activated use by the European regulatory agency, did not influence the mortality benefit for patients with CAP [92].

Therefore, in addition to patients with septic shock, other patients with severe CAP could be considered for treatment with drotrecogin alfa activated. Those with sepsis-induced leukopenia are at extremely high risk of death and ARDS and are, therefore, potential candidates. Conversely, the benefit of drotrecogin alfa activated is not as clear when respiratory failure is caused more by exacerbation of underlying lung disease rather than by the pneumonia itself. Other minor criteria for severe CAP proposed above are similar to organ failure criteria used in many sepsis trials. Consideration of treatment with drotrecogin alfa activated is appropriate, but the strength of the recommendation is only level II.

35. Hypotensive, fluid-resuscitated patients with severe CAP should be screened for occult adrenal insufficiency. (Moderate recommendation; level II evidence.)

A large, multicenter trial has suggested that stress-dose (200–300 mg of hydrocortisone per day or equivalent) steroid treatment improves outcomes of vasopressor-dependent patients with septic shock who do not have an appropriate cortisol response to stimulation [283]. Once again, patients with CAP made up a significant fraction of patients entered into the trial. In addition, 3 small pilot studies have suggested that there is a benefit to corticosteroid therapy even for patients with severe CAP who are not in shock [284–286]. The small sample size and baseline differences between groups compromise the conclusions. Although the criteria for steroid replacement therapy remain controversial, the frequency of intermittent steroid treatment in patients at risk for severe CAP, such as those with severe COPD, suggests that screening of patients with severe CAP is appropriate with replacement if inadequate cortisol levels are documented. If corticosteroids are used, close attention to tight glucose control is required [287].

36. Patients with hypoxemia or respiratory distress should receive a cautious trial of noninvasive ventilation (NIV) unless they require immediate intubation because of severe hypoxemia (arterial oxygen pressure/fraction of inspired oxygen [ $\text{PaO}_2/\text{FiO}_2$ ] ratio, <150) and bilateral alveolar infiltrates. (Moderate recommendation; level I evidence.)

Patients who do not require immediate intubation but who have either hypoxemia or respiratory distress should receive a trial of NIV [114, 288, 289]. Patients with underlying COPD are most likely to benefit. Patients with CAP who were ran-

domized to receive NIV had a >25% absolute risk reduction for the need for intubation [114]. The use of NIV may also improve intermediate-term mortality. Inability to expectorate may limit the use of NIV [290], but intermittent application of NIV may allow for its use in patients with productive cough unless sputum production is excessive. Prompt recognition of a failed NIV trial is critically important, because most studies demonstrate worse outcomes for patients who require intubation after a prolonged NIV trial [288, 290]. Within the first 1–2 h of NIV, failure to improve respiratory rate and oxygenation [114, 289, 290] or failure to decrease carbon dioxide partial pressure ( $\text{pCO}_2$ ) in patients with initial hypercarbia [114] predicts NIV failure and warrants prompt intubation. NIV provides no benefit for patients with ARDS [289], which may be nearly indistinguishable from CAP among patients with bilateral alveolar infiltrates. Patients with CAP who have severe hypoxemia ( $\text{PaO}_2/\text{FiO}_2$  ratio, <150) are also poor candidates for NIV [290].

37. Low-tidal-volume ventilation (6  $\text{cm}^3/\text{kg}$  of ideal body weight) should be used for patients undergoing ventilation who have diffuse bilateral pneumonia or ARDS. (Strong recommendation; level I evidence.)

Distinguishing between diffuse bilateral pneumonia and ARDS is difficult, but it may not be an important distinction. Results of the ARDSNet trial suggest that the use of low-tidal-volume ventilation provides a survival advantage [291]. Pneumonia, principally CAP, was the most common cause of ARDS in that trial, and the benefit of the low-tidal-volume ventilatory strategy appeared to be equivalent in the population with pneumonia compared with the entire cohort. The absolute risk reduction for mortality in the pneumonia cohort was 11%, indicating that, in order to avoid 1 death, 9 patients must be treated [292].

Other aspects of the management of severe sepsis and septic shock in patients with CAP do not appear to be significantly different from those for patients with other sources of infection. Recommendations for these aspects of care are reviewed elsewhere [293].

## MANAGEMENT OF NONRESPONDING PNEUMONIA

Because of the limitations of diagnostic testing, the majority of CAP is still treated empirically. Critical to empirical therapy is an understanding of the management of patients who do not follow the normal response pattern.

Although difficult to define, nonresponse is not uncommon. Overall, 6%–15% of hospitalized patients with CAP do not respond to the initial antibiotic treatment [81, 84, 101, 294]. The incidence of treatment failure among patients with CAP

who are not hospitalized is not well known, because population-based studies are required. Almirall et al. [295] described an overall hospitalization rate of 60% in a population-based study, but the rate of failure among the 30% of patients who initially presented to their primary care physician was not provided. The frequency of prior antibiotic therapy among Medicare patients admitted to the hospital with CAP is 24%–40% [95, 109], but the percentage who received prior antibiotic therapy for the acute episode of pneumonia itself versus other indications is unclear. For patients initially admitted to the ICU, the risk of failure to respond is already high; as many as 40% will experience deterioration even after initial stabilization in the ICU [101].

Mortality among nonresponding patients is increased several-fold in comparison with that among responding patients [296]. Overall mortality rates as high as 49% have been reported for an entire population of nonresponding hospitalized patients with CAP [76, 84, 101], and the mortality rate reported in one study of early failure was 27% [81]. APACHE II score was not the only factor independently associated with mortality in the nonresponding group, suggesting that the excess mortality may be due to factors other than severity of illness at presentation [101].

**Definition and classification.**

- 38. The use of a systematic classification of possible causes of failure to respond, based on time of onset and type of failure (table 11), is recommended. (Moderate recommendation; level II evidence.)

The term “nonresponding pneumonia” is used to define a situation in which an inadequate clinical response is present despite antibiotic treatment. Lack of a clear-cut and validated definition in the literature makes nonresponse difficult to study. Lack of response also varies according to the site of treatment. Lack of response in outpatients is very different from that in patients admitted to the ICU. The time of evaluation is also important. Persistent fever after the first day of treatment differs significantly from fever persisting (or recurring) at day 7 of treatment.

Table 11 provides a construct for evaluating nonresponse to antibiotic treatment of CAP, based on several studies addressing this issue [76, 81, 84, 101]. Two patterns of unacceptable response are seen in hospitalized patients [101]. The first is progressive pneumonia or actual clinical deterioration, with acute respiratory failure requiring ventilatory support and/or septic shock, usually occurring within the first 72 h of hospital admission. As is noted above, as many as 45% of patients with CAP who ultimately require ICU admission are initially admitted to a non-ICU setting and are transferred because of deterioration [75]. Deterioration and development of respira-

**Table 11. Patterns and etiologies of types of failure to respond.**

|                                        |
|----------------------------------------|
| Failure to improve                     |
| Early (<72 h of treatment)             |
| Normal response                        |
| Delayed                                |
| Resistant microorganism                |
| Uncovered pathogen                     |
| Inappropriate by sensitivity           |
| Parapneumonic effusion/empyema         |
| Nosocomial superinfection              |
| Nosocomial pneumonia                   |
| Extrapulmonary                         |
| Noninfectious                          |
| Complication of pneumonia (e.g., BOOP) |
| Misdiagnosis: PE, CHF, vasculitis      |
| Drug fever                             |
| Deterioration or progression           |
| Early (<72 h of treatment)             |
| Severity of illness at presentation    |
| Resistant microorganism                |
| Uncovered pathogen                     |
| Inappropriate by sensitivity           |
| Metastatic infection                   |
| Empyema/parapneumonic                  |
| Endocarditis, meningitis, arthritis    |
| Inaccurate diagnosis                   |
| PE, aspiration, ARDS                   |
| Vasculitis (e.g., SLE)                 |
| Delayed                                |
| Nosocomial superinfection              |
| Nosocomial pneumonia                   |
| Extrapulmonary                         |
| Exacerbation of comorbid illness       |
| Intercurrent noninfectious disease     |
| PE                                     |
| Myocardial infarction                  |
| Renal failure                          |

**NOTE.** ARDS, acute respiratory distress syndrome; BOOP, bronchiolitis obliterans organizing pneumonia; CHF, congestive heart failure; PE, pulmonary embolus; SLE, systemic lupus erythematosus.

tory failure or hypotension >72 h after initial treatment is often related to intercurrent complications, deterioration in underlying disease, or development of nosocomial superinfection.

The second pattern is that of persistent or nonresponding pneumonia. Nonresponse can be defined as absence of or delay in achieving clinical stability, using the criteria in table 10 [274, 294]. When these criteria were used, the median time to achieve clinical stability was 3 days for all patients, but a quarter of patients took ≥6 days to meet all of these criteria for stability [274]. Stricter definitions for each of the criteria and higher PSI scores were associated with longer times to achieve clinical stability. Conversely, subsequent transfer to the ICU after achieving this degree of clinical stability occurred in <1% of

cases. A separate multicenter trial demonstrated similar findings [297]. Given these results, concern regarding nonresponse should be tempered before 72 h of therapy. Antibiotic changes during this period should be considered only for patients with deterioration or in whom new culture data or epidemiologic clues suggest alternative etiologies.

Finally, nonresolving or slow-resolving pneumonia has been used to refer to the conditions of patients who present with persistence of pulmonary infiltrates >30 days after initial pneumonia-like syndrome [298]. As many as 20% of these patients will be found to have diseases other than CAP when carefully evaluated [295].

Two studies have evaluated the risk factors for a lack of response in multivariate analyses [81, 84], including those amenable to medical intervention. Use of fluoroquinolones was independently associated with a better response in one study [84], whereas discordant antimicrobial therapy was associated with early failure [81]. In table 12, the different risk and protective factors and their respective odds ratios are summarized.

Specific causes that may be responsible for a lack of response in CAP have been classified by Arancibia et al. [101] (table 11). This classification may be useful for clinicians as a systematic approach to diagnose the potential causes of nonresponse in CAP. Although in the original study only 8 (16%) of 49 cases could not be classified [101], a subsequent prospective multicenter trial found that the cause of failure could not be determined in 44% [84].

**Management of nonresponding CAP.** Nonresponse to antibiotics in CAP will generally result in  $\geq 1$  of 3 clinical responses: (1) transfer of the patient to a higher level of care, (2)

further diagnostic testing, and (3) escalation or change in treatment. Issues regarding hospital admission and ICU transfer are discussed above.

An inadequate host response, rather than inappropriate antibiotic therapy or unexpected microorganisms, is the most common cause of apparent antibiotic failure when guideline-recommended therapy is used. Decisions regarding further diagnostic testing and antibiotic change/escalation are intimately intertwined and need to be discussed in tandem.

Information regarding the utility of extensive microbiological testing in cases of nonresponding CAP is mainly retrospective and therefore affected by selection bias. A systematic diagnostic approach, which included invasive, noninvasive, and imaging procedures, in a series of nonresponding patients with CAP obtained a specific diagnosis in 73% [101]. In a different study, mortality among patients with microbiologically guided versus empirical antibiotic changes was not improved (mortality rate, 67% vs. 64%, respectively) [76]. However, no antibiotic changes were based solely on sputum smears, suggesting that invasive cultures or nonculture methods may be needed.

Mismatch between the susceptibility of a common causative organism, infection with a pathogen not covered by the usual empirical regimen, and nosocomial superinfection pneumonia are major causes of apparent antibiotic failure. Therefore, the first response to nonresponse or deterioration is to reevaluate the initial microbiological results. Culture or sensitivity data not available at admission may now make the cause of clinical failure obvious. In addition, a further history of any risk factors for infection with unusual microorganisms (table 8) should be taken if not done previously. Viruses are relatively neglected as

**Table 12. Factors associated with nonresponding pneumonia.**

| Risk factor                 | Overall failure <sup>a</sup> |                | Early failure <sup>b</sup> |                |
|-----------------------------|------------------------------|----------------|----------------------------|----------------|
|                             | Decreased risk               | Increased risk | Decreased risk             | Increased risk |
| Older age (>65 years)       | ...                          | ...            | 0.35                       | ...            |
| COPD                        | 0.60                         | ...            | ...                        | ...            |
| Liver disease               | ...                          | 2.0            | ...                        | ...            |
| Vaccination                 | 0.3                          | ...            | ...                        | ...            |
| Pleural effusion            | ...                          | 2.7            | ...                        | ...            |
| Multilobar infiltrates      | ...                          | 2.1            | ...                        | 1.81           |
| Cavitation                  | ...                          | 4.1            | ...                        | ...            |
| Leukopenia                  | ...                          | 3.7            | ...                        | ...            |
| PSI class                   | ...                          | 1.3            | ...                        | 2.75           |
| <i>Legionella</i> pneumonia | ...                          | ...            | ...                        | 2.71           |
| Gram-negative pneumonia     | ...                          | ...            | ...                        | 4.34           |
| Fluoroquinolone therapy     | 0.5                          | ...            | ...                        | ...            |
| Concordant therapy          | ...                          | ...            | 0.61                       | ...            |
| Discordant therapy          | ...                          | ...            | ...                        | 2.51           |

**NOTE.** Data are relative risk values. COPD, chronic obstructive pulmonary disease; PSI, Pneumonia Severity Index.

<sup>a</sup> From [84].

<sup>b</sup> From [81].

a cause of infection in adults but may account for 10%–20% of cases [299]. Other family members or coworkers may have developed viral symptoms in the interval since the patient was admitted, increasing suspicion of this cause.

The evaluation of nonresponse is severely hampered if a microbiological diagnosis was not made on initial presentation. If cultures were not obtained, clinical decisions are much more difficult than if the adequate cultures were obtained but negative. Risk factors for nonresponse or deterioration (table 12), therefore, figure prominently in the list of situations in which more aggressive initial diagnostic testing is warranted (table 5).

Blood cultures should be repeated for deterioration or progressive pneumonia. Deteriorating patients have many of the risk factors for bacteremia, and blood cultures are still high yield even in the face of prior antibiotic therapy [95]. Positive blood culture results in the face of what should be adequate antibiotic therapy should increase the suspicion of either antibiotic-resistant isolates or metastatic sites, such as endocarditis or arthritis.

Despite the high frequency of infectious pulmonary causes of nonresponse, the diagnostic utility of respiratory tract cultures is less clear. Caution in the interpretation of sputum or tracheal aspirate cultures, especially of gram-negative bacilli, is warranted because early colonization, rather than superinfection with resistant bacteria, is not uncommon in specimens obtained after initiation of antibiotic treatment. Once again, the absence of multidrug-resistant pathogens, such as MRSA or *Pseudomonas*, is strong evidence that they are not the cause of nonresponse. An etiology was determined by bronchoscopy in 44% of patients with CAP, mainly in those not responding to therapy [300]. Despite the potential benefit suggested by these results, and in contrast to ventilator-associated pneumonia [301, 302], no randomized study has compared the utility of invasive versus noninvasive strategies in the CAP population with nonresponse.

Rapid urinary antigen tests for *S. pneumoniae* and *L. pneumophila* remain positive for days after initiation of antibiotic therapy [147, 152] and, therefore, may be high-yield tests in this group. A urinary antigen test result that is positive for *L. pneumophila* has several clinical implications, including that coverage for *Legionella* should be added if not started empirically [81]. This finding may be a partial explanation for the finding that fluoroquinolones are associated with a lower incidence of nonresponse [84]. If a patient has persistent fever, the faster response to fluoroquinolones in *Legionella* CAP warrants consideration of switching coverage from a macrolide [303]. Stopping the  $\beta$ -lactam component of combination therapy to exclude drug fever is probably also safe [156]. Because one of the major explanations for nonresponse is poor host immunity rather than incorrect antibiotics, a positive pneumococcal antigen test result would at least clarify the probable

original pathogen and turn attention to other causes of failure. In addition, a positive pneumococcal antigen test result would also help with interpretation of subsequent sputum/tracheal aspirate cultures, which may indicate early superinfection.

Nonresponse may also be mimicked by concomitant or subsequent extrapulmonary infection, such as intravascular catheter, urinary, abdominal, and skin infections, particularly in ICU patients. Appropriate cultures of these sites should be considered for patients with nonresponse to CAP therapy.

In addition to microbiological diagnostic procedures, several other tests appear to be valuable for selected patients with nonresponse:

- Chest CT. In addition to ruling out pulmonary emboli, a CT scan can disclose other reasons for antibiotic failure, including pleural effusions, lung abscess, or central airway obstruction. The pattern of opacities may also suggest alternative noninfectious disease, such as bronchiolitis obliterans organizing pneumonia.
- Thoracentesis. Empyema and parapneumonic effusions are important causes of nonresponse [81, 101], and thoracentesis should be performed whenever significant pleural fluid is present.
- Bronchoscopy with BAL and transbronchial biopsies. If the differential of nonresponse includes noninfectious pneumonia mimics, bronchoscopy will provide more diagnostic information than routine microbiological cultures. BAL may reveal noninfectious entities, such as pulmonary hemorrhage or acute eosinophilic pneumonia, or hints of infectious diseases, such as lymphocytic rather than neutrophilic alveolitis pointing toward virus or *Chlamydomphila* infection. Transbronchial biopsies can also yield a specific diagnosis.

Antibiotic management of nonresponse in CAP has not been studied. The overwhelming majority of cases of apparent nonresponse are due to the severity of illness at presentation or a delay in treatment response related to host factors. Other than the use of combination therapy for severe bacteremic pneumococcal pneumonia [112, 231, 233, 234], there is no documentation that additional antibiotics for early deterioration lead to a better outcome. The presence of risk factors for potentially untreated microorganisms may warrant temporary empirical broadening of the antibiotic regimen until results of diagnostic tests are available.

## PREVENTION

39. All persons  $\geq 50$  years of age, others at risk for influenza complications, household contacts of high-risk persons, and health care workers should receive inactivated influenza vaccine as recommended by the Advisory Committee on Immunization Practices (ACIP), CDC. (Strong recommendation; level I evidence.)

**Table 13. Recommendations for vaccine prevention of community-acquired pneumonia.**

| Factor                                         | Pneumococcal polysaccharide vaccine                                                                                                                                                                                                                                         | Inactivated influenza vaccine                                                                                                                                                                                                                                                                           | Live attenuated influenza vaccine                                                                                           |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Route of administration                        | Intramuscular injection                                                                                                                                                                                                                                                     | Intramuscular injection                                                                                                                                                                                                                                                                                 | Intranasal spray                                                                                                            |
| Type of vaccine                                | Bacterial component (polysaccharide capsule)                                                                                                                                                                                                                                | Killed virus                                                                                                                                                                                                                                                                                            | Live virus                                                                                                                  |
| Recommended groups                             | All persons $\geq 65$ years of age<br><br>High-risk persons 2–64 years of age<br>Current smokers <sup>b</sup>                                                                                                                                                               | All persons $\geq 50$ years of age<br><br>High-risk persons 6 months–49 years of age<br>Household contacts of high-risk persons<br>Health care providers<br>Children 6–23 months of age                                                                                                                 | Healthy persons 5–49 years of age, <sup>a</sup> including health care providers and household contacts of high-risk persons |
| Specific high-risk indications for vaccination | Chronic cardiovascular, pulmonary, renal, or liver disease<br><br>Diabetes mellitus<br><br>Cerebrospinal fluid leaks<br>Alcoholism<br>Asplenia<br><br>Immunocompromising conditions/medications<br>Native Americans and Alaska natives<br>Long-term care facility residents | Chronic cardiovascular or pulmonary disease (including asthma)<br><br>Chronic metabolic disease (including diabetes mellitus)<br><br>Renal dysfunction<br>Hemoglobinopathies<br>Immunocompromising conditions/medications<br>Compromised respiratory function or increased aspiration risk<br>Pregnancy | Avoid in high-risk persons                                                                                                  |
| Revaccination schedule                         | One-time revaccination after 5 years for (1) adults $\geq 65$ years of age, if the first dose is received before age 65 years; (2) persons with asplenia; and (3) immunocompromised persons                                                                                 | Annual revaccination                                                                                                                                                                                                                                                                                    | Annual revaccination                                                                                                        |

**NOTE.** Adapted from the Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention [304].

<sup>a</sup> Avoid use in persons with asthma, reactive airways disease, or other chronic disorders of the pulmonary or cardiovascular systems; persons with other underlying medical conditions, including diabetes, renal dysfunction, and hemoglobinopathies; persons with immunodeficiencies or who receive immunosuppressive therapy; children or adolescents receiving salicylates; persons with a history of Guillain-Barré syndrome; and pregnant women.

<sup>b</sup> Vaccinating current smokers is recommended by the Pneumonia Guidelines Committee but is not currently an indication for vaccine according to the Advisory Committee on Immunization Practices statement.

40. The intranasally administered live attenuated vaccine is an alternative vaccine formulation for some persons 5–49 years of age without chronic underlying diseases, including immunodeficiency, asthma, or chronic medical conditions. (Strong recommendation; level I evidence.)
41. Health care workers in inpatient and outpatient settings and long-term care facilities should receive annual influenza immunization. (Strong recommendation; level I evidence.)
42. Pneumococcal polysaccharide vaccine is recommended for persons  $\geq 65$  years of age and for those with selected

high-risk concurrent diseases, according to current ACIP guidelines. (Strong recommendation; level II evidence.)

Vaccines targeting pneumococcal disease and influenza remain the mainstay for preventing CAP. Pneumococcal polysaccharide vaccine and inactivated influenza vaccine are recommended for all older adults and for younger persons with medical conditions that place them at high risk for pneumonia morbidity and mortality (table 13) [304, 305]. The new live attenuated influenza vaccine is recommended for healthy persons 5–49 years of age, including health care workers [304].

Postlicensure epidemiologic studies have documented the effectiveness of pneumococcal polysaccharide vaccines for prevention of invasive infection (bacteremia and meningitis) among elderly individuals and younger adults with certain chronic medical conditions [306–309]. The overall effectiveness against invasive pneumococcal disease among persons  $\geq 65$  years of age is 44%–75% [306, 308, 310], although efficacy may decrease with advancing age [308]. The effectiveness of the vaccine against pneumococcal disease in immunocompromised persons is less clear, and results of studies evaluating its effectiveness against pneumonia without bacteremia have been mixed. The vaccine has been shown to be cost effective for general populations of adults 50–64 years of age and  $\geq 65$  years of age [311, 312]. A second dose of pneumococcal polysaccharide vaccine after a  $\geq 5$ -year interval has been shown to be safe, with only slightly more local reactions than are seen after the first dose [313]. Because the safety of a third dose has not been demonstrated, current guidelines do not suggest repeated revaccination. The pneumococcal conjugate vaccine is under investigation for use in adults but is currently only licensed for use in young children [314, 315]. However, its use in children  $< 5$  years of age has dramatically reduced invasive pneumococcal bacteremia among adults as well [314, 316].

The effectiveness of influenza vaccines depends on host factors and on how closely the antigens in the vaccine are matched with the circulating strain of influenza. A systematic review demonstrates that influenza vaccine effectively prevents pneumonia, hospitalization, and death [317, 318]. A recent large observational study of adults  $\geq 65$  years of age found that vaccination against influenza was associated with a reduction in the risk of hospitalization for cardiac disease (19% reduction), cerebrovascular disease (16%–23% reduction), and pneumonia or influenza (29%–32% reduction) and a reduction in the risk of death from all causes (48%–50% reduction) [319]. In long-term-care facilities, vaccination of health care workers with influenza vaccine is an important preventive health measure [318, 320, 321]. Because the main virulence factors of influenza virus, a neuraminidase and hemagglutinin, adapt quickly to selective pressures, new vaccine formulations are created each year on the basis of the strains expected to be circulating, and annual revaccination is needed for optimal protection.

43. Vaccination status should be assessed at the time of hospital admission for all patients, especially those with medical illnesses. (Moderate recommendation; level III evidence.)
44. Vaccination may be performed either at hospital discharge or during outpatient treatment. (Moderate recommendation; level III evidence.)
45. Influenza vaccine should be offered to persons at hospital discharge or during outpatient treatment during the fall

and winter. (Strong recommendation; level III evidence.)

Many people who should receive either influenza or pneumococcal polysaccharide vaccine have not received them. According to a 2003 survey, only 69% of adults  $\geq 65$  years of age had received influenza vaccine in the past year, and only 64% had ever received pneumococcal polysaccharide vaccine [322]. Coverage levels are lower for younger persons with vaccine indications. Among adults 18–64 years of age with diabetes, 49% had received influenza vaccine, and 37% had ever received pneumococcal vaccine [323]. Studies of vaccine delivery methods indicate that the use of standing orders is the best way to improve vaccination coverage in office, hospital, or long-term care settings [324].

Hospitalization of at-risk patients represents an underutilized opportunity to assess vaccination status and to either provide or recommend immunization. Ideally, patients should be vaccinated before developing pneumonia; therefore, admissions for illnesses other than respiratory tract infections would be an appropriate focus. However, admission for pneumonia is an important trigger for assessing the need for immunization. The actual immunization may be better provided at the time of outpatient follow-up, especially with the emphasis on early discharge of patients with CAP. Patients with an acute fever should not be vaccinated until their fever has resolved. Confusion of a febrile reaction to immunization with recurrent/superinfection pneumonia is a risk. However, immunization at discharge for pneumonia is warranted for patients for whom outpatient follow-up is unreliable, and such vaccinations have been safely given to many patients.

The best time for influenza vaccination in North America is October and November, although vaccination in December and later is recommended for those who were not vaccinated earlier. Influenza and pneumococcal vaccines can be given at the same time in different arms.

Chemoprophylaxis can be used as an adjunct to vaccination for prevention and control of influenza. Oseltamivir and zanamivir are both approved for prophylaxis; amantadine and rimantadine have FDA indications for chemoprophylaxis against influenza A infection, but these agents are currently not recommended because of the frequency of resistance among strains circulating in the United States and Canada [252, 253]. Developing an adequate immune response to the inactivated influenza vaccine takes  $\sim 2$  weeks in adults; chemoprophylaxis may be useful during this period for those with household exposure to influenza, those who live or work in institutions with an influenza outbreak, or those who are at high risk for influenza complications in the setting of a community outbreak [325, 326]. Chemoprophylaxis also may be useful for persons with contraindications to influenza vaccine or as an adjunct to vaccination for those who may not respond well to influenza vaccine (e.g., persons with HIV infection) [325, 326]. The use

of influenza antiviral medications for treatment or chemoprophylaxis should not affect the response to the inactivated vaccine. Because it is unknown whether administering influenza antiviral medications affects the performance of the new live attenuated intranasal vaccine, this vaccine should not be used in conjunction with antiviral agents.

Other types of vaccination can be considered. Pertussis is a rare cause of pneumonia itself. However, pneumonia is one of the major complications of pertussis. Concern over waning immunity has led the ACIP to emphasize adult immunization for pertussis [327]. One-time vaccination with the new tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine—adsorbed (Tdap) product, ADACEL (Sanofi Pasteur)—is recommended for adults 19–64 years of age. For most adults, the vaccine should be given in place of their next routine tetanus-diphtheria booster; adults with close contact with infants <12 months of age and health care workers should receive the vaccine as soon as possible, with an interval as short as 2 years after their most recent tetanus/diphtheria booster.

46. Smoking cessation should be a goal for persons hospitalized with CAP who smoke. (Moderate recommendation; level III evidence.)
47. Smokers who will not quit should also be vaccinated for both pneumococcus and influenza. (Weak recommendation; level III evidence.)

Smoking is associated with a substantial risk of pneumococcal bacteremia; one report showed that smoking was the strongest of multiple risks for invasive pneumococcal disease in immunocompetent nonelderly adults [328]. Smoking has also been identified as a risk for *Legionella* infection [329]. Smoking cessation should be attempted when smokers are hospitalized; this is particularly important and relevant when these patients are hospitalized for pneumonia. Materials for clinicians and patients to assist with smoking cessation are available online from the US Surgeon General (<http://www.surgeongeneral.gov/tobacco>), the Centers for Disease Control and Prevention (<http://www.cdc.gov/tobacco>), and the American Cancer Society (<http://www.cancer.org>). The most successful approaches to quitting include some combination of nicotine replacement and/or bupropion, a method to change habits, and emotional support. Given the increased risk of pneumonia, the committee felt that persons unwilling to stop smoking should be given the pneumococcal polysaccharide vaccine, although this is not currently an ACIP-recommended indication.

48. Cases of pneumonia that are of public health concern should be reported immediately to the state or local health department. (Strong recommendation; level III evidence.)

Public health interventions are important for preventing some forms of pneumonia. Notifying the state or local health department about a condition of interest is the first step to getting public health professionals involved. Rules and regulations regarding which diseases are reportable differ between states. For pneumonia, most states require reporting for legionnaires disease, SARS, and psittacosis, so that an investigation can determine whether others may be at risk and whether control measures are necessary. For legionnaires disease, reporting of cases has helped to identify common-source outbreaks caused by environmental contamination [130]. For SARS, close observation and, in some cases, quarantine of close contacts have been critical for controlling transmission [330]. In addition, any time avian influenza (H5N1) or a possible terrorism agent (e.g., plague, tularemia, or anthrax) is being considered as the etiology of pneumonia, the case should be reported immediately, even before a definitive diagnosis is obtained. In addition, pneumonia cases that are caused by pathogens not thought to be endemic to the area should be reported, even if those conditions are not typically on the list of reportable conditions, because control strategies might be possible.

For other respiratory diseases, episodes that are suspected of being part of an outbreak or cluster should be reported. For pneumococcal disease and influenza, outbreaks can occur in crowded settings of susceptible hosts, such as homeless shelters, nursing homes, and jails. In these settings, prophylaxis, vaccination, and infection control methods are used to control further transmission [331]. For *Mycoplasma*, antibiotic prophylaxis has been used in schools and institutions to control outbreaks [332].

49. Respiratory hygiene measures, including the use of hand hygiene and masks or tissues for patients with cough, should be used in outpatient settings and EDs as a means to reduce the spread of respiratory infections. (Strong recommendation; level III evidence.)

In part because of the emergence of SARS, improved respiratory hygiene measures (“respiratory hygiene” or “cough etiquette”) have been promoted as a means for reducing transmission of respiratory infections in outpatient clinics and EDs [333]. Key components of respiratory hygiene include encouraging patients to alert providers when they present for a visit and have symptoms of a respiratory infection; the use of hand hygiene measures, such as alcohol-based hand gels; and the use of masks or tissues to cover the mouth for patients with respiratory illnesses. In a survey of the US population, the use of masks in outpatient settings was viewed as an acceptable means for reducing the spread of respiratory infections [334]. For hospitalized patients, infection control recommendations typically are pathogen specific. For more details on the use of

personal protective equipment and other measures to prevent transmission within health care settings, refer to the Healthcare Infection Control Practices Advisory Committee [335].

## SUGGESTED PERFORMANCE INDICATORS

Performance indicators are tools to help guideline users measure both the extent and the effects of implementation of guidelines. Such tools or measures can be indicators of the process itself, outcomes, or both. Deviations from the recommendations are expected in a proportion of cases, and compliance in 80%–95% of cases is generally appropriate, depending on the indicator.

Four specific performance indicators have been selected for the CAP guidelines, 3 of which focus on treatment issues and 1 of which deals with prevention:

- Initial empirical treatment of CAP should be consistent with guideline recommendations. Data exist that support the role of CAP guidelines and that have demonstrated reductions in cost, LOS, and mortality when the guidelines are followed. Reasons for deviation from the guidelines should be clearly documented in the medical record.
- The first treatment dose for patients who are to be admitted to the hospital should be given in the ED. Unlike in prior guidelines, a specific time frame is not being recommended. Initiation of treatment would be expected within 6–8 h of presentation whenever the admission diagnosis is likely CAP. A rush to treatment without a diagnosis of CAP can, however, result in the inappropriate use of antibiotics with a concomitant increase in costs, adverse drug events, increased antibiotic selection pressure, and, possibly, increased antibiotic resistance. Consideration should be given to monitoring the number of patients who receive empirical antibiotics in the ED but are admitted to the hospital without an infectious diagnosis.
- Mortality data for all patients with CAP admitted to wards, ICUs, or high-level monitoring units should be collected. Although tools to predict mortality and severity of illness exist—such as the PSI and CURB-65 criteria, respectively—none is foolproof. Overall mortality rates for all patients with CAP admitted to the hospital, including general medical wards, should be monitored and compared with severity-adjusted norms. In addition, careful attention should be paid to the percentage of patients with severe CAP, as defined in this document, who are admitted initially to a non-ICU or a high-level monitoring unit and to their mortality rate.
- It is important to determine what percentage of at-risk patients in one's practice actually receive immunization for influenza or pneumococcal infection. Prevention of infection is clearly more desirable than having to treat established infection, but it is clear that target groups are undervaccin-

ated. Trying to increase the number of protected individuals is a desirable end point and, therefore, a goal worth pursuing. This is particularly true for influenza, because the vaccine data are more compelling, but it is important to try to protect against pneumococcal infection as well. Coverage of 90% of adults  $\geq 65$  years of age should be the target.

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STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF  
OSTEOPATHIC MEDICINE,

Petitioner,

Case No. 19-4724PL

vs.

JOHN JOSEPH IM, D.O.,

Respondent.

\_\_\_\_\_ /

ORDER ON LATE-FILED EXHIBIT

On the date of the final hearing in this matter, November 7, 2019, the undersigned advised the party that the record of the final hearing would remain open for Respondent to file the complete unaltered copy of Respondent's Exhibit 7. Respondent shall have until 5:00 p.m., November 15, 2019, to file Exhibit 7. Respondent shall not direct any further documents to the undersigned concerning this case. Respondent shall ensure a copy is served on Petitioner, pursuant to Florida Administrative Code Rule 28-106.104.

DONE AND ORDERED this 14th day of November, 2019, in Tallahassee, Leon County, Florida.



\_\_\_\_\_  
YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
(850) 488-9675  
Fax Filing (850) 921-6847  
www.doah.state.fl.us

Filed with the Clerk of the  
Division of Administrative Hearings  
this 14th day of November, 2019.

COPIES FURNISHED:

Virginia Edwards, Esquire  
Department of Health  
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(eServed)

William Edward Walker, Esquire  
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John Joseph Im, D.O.  
Exceptional Urgent Care Center  
13767 U. S. Highway 441  
Lady Lake, Florida 32159  
(eServed)

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**PETITIONER'S NOTICE OF FILING  
CERTIFICATE OF APPEARANCE**

Petitioner, Department of Health, pursuant to the Court's November 5th Order, hereby files this Notice of Filing of Certificate of Appearance verifying K.K. personally appeared before and was duly sworn in by a notary public in the State of Wisconsin for her testimony presented via telephone at the final hearing on November 7, 2019. The Certificate is attached as Exhibit A.

Respectfully Submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel  
Florida Bar No. 1003243  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9892  
Fax: (850) 245-4684  
E-Mail: [virginia.edwards@flhealth.gov](mailto:virginia.edwards@flhealth.gov)

## **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via E-mail this 12th day of November 2019, to Respondent, John Joseph Im, D.O., 13767 US Hwy 441 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,

*Virginia Edwards*

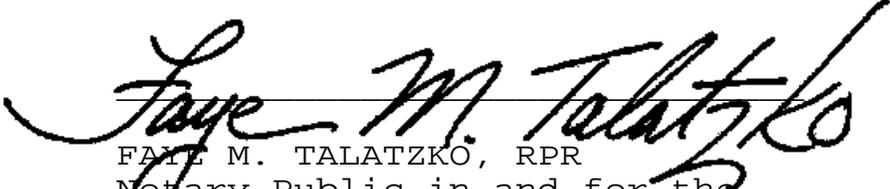
Virginia Edwards  
Assistant General Counsel

STATE OF WISCONSIN )  
COUNTY OF MILWAUKEE )

**EXHIBIT**  
**A**

I, Faye M. Talatzko, Registered Professional Court Reporter and Notary Public in and for the State of Wisconsin, do hereby certify that K [REDACTED] A. K [REDACTED], personally appeared before me on November 7th, 2019, and was duly sworn to give testimony in the case captioned State of Florida, Division of Administrative Hearings; Department of Health, Board of Osteopathic Medicine, versus John Joseph, IM, D.O., Case No. 19-4724PL.

Signed this 8th day of November, 2019

  
FAYE M. TALATZKO, RPR  
Notary Public in and for the  
State of Wisconsin

My commission expires 4-14-2021.

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF  
OSTEOPATHIC MEDICINE,

Petitioner,

Case No. 19-4724PL

vs.

JOHN JOSEPH IM, D.O.,

Respondent.

\_\_\_\_\_ /

ORDER DENYING PETITIONER'S EMERGENCY MOTION FOR PROTECTIVE ORDER  
AND TO QUASH SUBPOENAS

On November 4, 2019, this cause came before the undersigned on Petitioner's Emergency Motion for Protective Order and to Quash Subpoenas ("Motion for Protective Order"), which relates to the attendance of J.K. and K.K., two material and named witnesses in Petitioner's Administrative Complaint. Petitioner has placed the observations and statements of J.K. and K.K. at issue, and Respondent is entitled to defend against them. On October 8, 2019, Petitioner deposed J.K. and K.K. by deposition in lieu of live testimony. However, based on the circumstances surrounding conduct of Petitioner's counsel during the depositions as described by Respondent and reflected in the written transcripts, the undersigned is not yet persuaded that the depositions will be admitted into evidence at the final hearing.

While the witnesses were made aware, as early as October 18, 2019, that Respondent was attempting to serve subpoenas for their attendance at the hearing, Respondent eventually achieved service of the subpoenas on October 30, 2019. Petitioner contends that a protective order is necessary to protect the witnesses from undue burden and undue expense as the witnesses have a prescheduled event that presents a challenge for traveling to Florida for the final hearing. Based on the potential burden to the witnesses, the undersigned will allow the witnesses to present testimony by telephone at the final hearing.

The undersigned, having reviewed the Motion for Protective Order, Respondent's response thereto, and being fully advised on the premises, it is

ORDERED:

1. The Motion for Protective Order is DENIED.
2. The witnesses (J.K. and K.K.) are allowed to present testimony by telephone at the final hearing.
3. The Department shall be responsible for having a notary public with the witnesses (J.K. and K.K.) on the date of the final hearing, November 7, 2019, to swear the witnesses and shall provide the requisite documentation for proof. Fla. Admin. Code R. 28-106.213(5) (b).
4. The subpoena for the attendance of J.K. and K.K. at the final hearing remains in effect as modified by this Order permitting J.K. and K.K. to attend the final hearing by telephone.

DONE AND ORDERED this 5th day of November, 2019, in Tallahassee, Leon County, Florida.



---

YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
(850) 488-9675  
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www.doah.state.fl.us

Filed with the Clerk of the  
Division of Administrative Hearings  
this 5th day of November, 2019.

COPIES FURNISHED:

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(eServed)

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Department of Health  
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(eServed)

John Joseph Im, D.O.  
Exceptional Urgent Care Center  
13767 U.S. Highway 441  
Lady Lake, Florida 32159  
(eServed)

Department of Health, Petitioner v. John Joseph Im, D.O., Respondent.

**DOAH Case no.: 19-4724PL**

**DOH Case No. 2018-07389**

**Addendum to Respondent's Motion to deny Petitioner's Motion of Emergency Motion for Protective Order and to Quash Subpoenas**

1. Court must deny the motion to quash the subpoena
2. DOH asserts that deposition in lieu of live testimony is sufficient which is fatally flawed
3. Respondent's sought sanctions against Virginia Edwards due to the excessive objections which emboldened Mrs. K.K. to flat out refuse to answer several critical questions
4. Ms. Virginia Edwards failed to instruct Mrs. K.K. to answer questions which are critical to the respondent getting fair trial and to cross examine the plaintiffs
5. Since October 18<sup>th</sup>, Mrs. K.K. on numerous occasions have declined to accept subpoena from the process servers stating that she was not home (see Exhibit A)
6. After the failed attempts of the process servers, the respondent was forced to use the sheriff department to serve the subpoena
7. This directly contradicts Ms. Virginia Edward's argument that Mrs. K.K. did not have much time between being served and the trial date.
8. Therefore, plaintiff must appear before the judge November 7<sup>th</sup> so the respondent is not prejudiced against

**Respondent's Motion to deny Petitioner's Motion of Emergency Motion for Protective Order and to Quash Subpoenas**

1. On October 23, 2019, Petitioner filed Petitioner's Motion to Accept Depositions in Lieu of Live Testimony or in the Alternative Motion to Continue ("Motion"). Petitioner requests that the undersigned accept the depositions of J.K. and K.K. at this time. However, this cause is scheduled for final hearing on November 7, 2019. Respondent timely filed a written response objecting to the Motion.
2. On October 30, 2019, it was ordered that the Petitioner's Motion is premature, as the final hearing is not scheduled to commence until November 7, 2019. Thus, the motion is denied.
3. An award ceremony is optional and should not override a court subpoena
4. In his deposition, Mr. J.K. stated that they can fly to their Villages home. The cost of airline tickets can be recouped if they win at trial. Also, they travel regularly between their two residences
5. Respondent has already taken off November 7<sup>th</sup> for the trial date which is list wages

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**PETITIONER'S EMERGENCY MOTION FOR  
PROTECTIVE ORDER AND TO QUASH SUBPOENAS**

Petitioner, Department of Health, hereby files this Emergency Motion for Protective Order and to Quash Subpoenas, pursuant to Rule 28-106.212(3), Fla. Admin. Code, concerning the Subpoena Ad Testificandums served upon witnesses K.K. and J.K. and in support states the following:

1. On or about October 17, 2019, Witnesses J.K. and K.K. mailed letters to Petitioner advising they were unavailable for live appearance at the trial currently scheduled for November 7, 2019 in Lady Lake, Florida. Copies of these notarized letters are attached as Exhibit A.

2. On or about November 1, 2019, Petitioner received notification from

Respondent that on October 30, 2019 witnesses J.K. and K.K. were served with subpoenas to appear at trial. A copy of the notice of service is attached as Exhibit B.

3. Further, after service, K.K. contacted Petitioner via email to advise they are not available to appear on November 7, 2019.

4. Rule 28.106-212(3), Fla. Admin. Code, allows for the presiding officer to quash the subpoena.

5. J.K. and K.K. currently reside in Mauston, Wisconsin, which is out of state and over 100 miles from the hearing location.

6. Respondent has been aware that the witnesses were unavailable since the commencement of the proceedings.

7. To require J.K. and K.K. to travel to the trial from Wisconsin with a one-week notice would cause an undue burden and expense on both witnesses. Both witnesses provided notarized statements of unavailability due to a prior engagement in Wisconsin honoring K.K.'s recently deceased brother.

8. Petitioner respectfully requests the Court enter a Protective Order quashing the subpoenas served upon J.K. and K.K. for their appearance at the hearing currently scheduled for November 7, 2019.

9. Petitioner has conferred with Respondent regarding the relief requested in this motion, and Respondent objects.

WHEREFORE, for the foregoing reasons, Petitioner respectfully requests that the Administrative Law Judge grant this motion quashing the subpoenas served upon J.K. and K.K. and grant the Protective Order.

Respectfully Submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel  
Florida Bar No. 10003243  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9892  
Fax: (850) 245-4684  
E-Mail: [virginia.edwards@flhealth.gov](mailto:virginia.edwards@flhealth.gov)

### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 4th day of November, 2019, to Respondent, John Joseph Im, D.O., 13767 US Hwy 441 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel



2019 OCT 21 PM 2:26  
PRACTITIONER REGULATION  
LEGAL

Virginia Edwards  
4052 Bald Cypress Way  
Bin #65  
Tallahassee, Fl 32399

Oct. 17, 2019

Ms. Edwards,

I am unable to testify on the date of November 7, 2019. I will be attending a conference in which the Wisconsin State Public Defenders Board will be naming an award for my brother. My brother D [redacted] B [redacted] just recently passed away and we were invited to attend this ceremony. At the time of my deposition, the date of Nov. 7<sup>th</sup> was mentioned as a tentative court date. I did not have my appointment calendar with me at that time. I stated that I would probably be available if absolutely necessary. Upon rechecking that date the following week, I realized that it conflicted with the conference date. I apologize if this has caused any problems, however our arrangements to attend the conference had already been made earlier in the month. It is my hope that a different date can be scheduled as I would like to present my testimony.

Thank you,

[Handwritten signature and redacted name]

State of Wisconsin  
County of Juneau  
Subscribed and sworn to before me on this day  
10/17/2019, K [redacted] K [redacted] personally signed above  
as required.  
Kelly A Olson  
Kelly A. Olson, Notary Public,  
My Commission expires: 01-21-2021

Virginia Edwards  
4052 Bald Cypress Way  
Bin #65  
Tallahassee, Fl 32399

Oct. 17, 2019

Ms. Edwards,

I am unable to testify on the date of November 7, 2019. I will be attending a conference in which the Wisconsin State Public Defenders Board will be naming an award for my brother in law, D [REDACTED] B [REDACTED]. He just recently passed away and we were invited to attend the ceremony. At the time of my deposition, Nov. 7<sup>th</sup> was mentioned as a possible trial date. I did not state that I would be able to attend on that date. I was just recently informed that Nov. 7<sup>th</sup> was the date they were considering for trial. I rechecked at that time and discovered the conflict. It is my hope that the trial can be set for another date.

Thank you,

J [REDACTED] K [REDACTED]  
J [REDACTED] K [REDACTED]

State of Wisconsin  
County of Juneau

Subscribed and sworn to before me on this day,  
10-17-2019, J [REDACTED] P. K [REDACTED] personally signed above  
as required.

Kelly A. Olson,  
Kelly A. Olson, Notary Public

My Commission expires: 01-21-2021

From the desk of R [REDACTED] D [REDACTED]

September 16, 2019

Ms. J [REDACTED] B [REDACTED]  
[REDACTED]  
Mauston, Wisconsin 53948-8981

Dear J [REDACTED],

It has been an absolute honor to work under D [REDACTED]'s leadership on the Public Defender Board. D [REDACTED] was such an inspirational leader to each of the Board members and to the agency. Last Friday, the Public Defender Board met and discussed preserving D [REDACTED] legacy for the agency, the staff, and for the private bar attorneys who take agency appointments. With unanimous support, we have renamed our Private Bar Award the D [REDACTED] B [REDACTED] Award which we hope will be a lasting and fitting tribute to D [REDACTED].

J [REDACTED] on behalf of the Public Defender Board, let me again express our deepest sorrow.

Sincerely,

  
[REDACTED]  
Public Defender Board

---

J [REDACTED],  
I am praying  
for your strength.  
Please keep in  
touch. R [REDACTED]  
[REDACTED]

EXHIBIT # 17

EXHIBIT  
B

State of WISCONSIN  
JUNEAU COUNTY SHERIFFS OFFICE  
Civil Division  
MAUSTON, WI 53948

Process Number: 19-0981

Court Number: 19-4724PL

I, BRENT OLESON, SHERIFF of JUNEAU COUNTY SHERIFFS OFFICE do hereby certify  
that I received the within and foregoing Subpoena on 28th day of October, 2019,  
and that I served the same on:

K [REDACTED] A K [REDACTED]  
MARION, WI 53948  
Served on: 30th day of October, 2019 at 16:00:00  
Served to: K [REDACTED] A K [REDACTED]  
5 [REDACTED]  
MARION, WI 53948

(Witness )  
by S Jennings  
( )

Returned on the 31st day of October, 2019

I also certify that I endorsed on the said copy the date of service, signed my  
name, and added my official title thereto.

Service attempted on 30th day of October, 2019 at 16:00:00

Dated the 31st day of October, 2019

Fees:

Service: 75.00  
Mileage: 0.00  
Other : 0.00  
Total : 75.00

BRENT OLESON, SHERIFF  
JUNEAU COUNTY SHERIFFS OFFICE, WISCONSIN

BY: Scott Jennings/SJ

Section 120.569(2)(k), Florida Statutes

(k)1. Any person subject to a subpoena may, before compliance and on timely petition, request the presiding officer having jurisdiction of the dispute to invalidate the subpoena on the ground that it was not lawfully issued, is unreasonably broad in scope, or requires the production of irrelevant material.

2. A party may seek enforcement of a subpoena, order directing discovery, or order imposing sanctions issued under the authority of this chapter by filing a petition for enforcement in the circuit court of the judicial circuit in which the person failing to comply with the subpoena or order resides. A failure to comply with an order of the court shall result in a finding of contempt of court. However, no person shall be in contempt while a subpoena is being challenged under subparagraph 1. The court may award to the prevailing party all or part of the costs and attorney's fees incurred in obtaining the court order whenever the court determines that such an award should be granted under the Florida Rules of Civil Procedure.

3. Any public employee subpoenaed to appear at an agency proceeding shall be entitled to per diem and travel expenses at the same rate as that provided for state employees under s. 112.061 if travel away from such public employee's headquarters is required. All other witnesses appearing pursuant to a subpoena shall be paid such fees and mileage for their attendance as is provided in civil actions in circuit courts of this state. In the case of a public employee, such expenses shall be processed and paid in the manner provided for agency employee travel expense reimbursement, and in the case of a witness who is not a public employee, payment of such fees and expenses shall accompany the subpoena.

Florida Administrative Code Rule 28-106.212

(1) Upon the request of any party, a presiding officer shall issue subpoenas for the attendance of witnesses for deposition or at the hearing. The requesting party shall specify whether the witness is also requested to bring documents.

(2) A subpoena may be served by any person specified by law to serve process or by any person who is not a party and who is 18 years of age or older. Service shall be made by delivering a copy to the person named in the subpoena. Proof of service shall be made by affidavit of the person making service if not served by a person specified by law to serve process.

(3) Any motion to quash or limit the subpoena shall be filed with the presiding officer and shall state the grounds relied upon.

Specific Authority 120.54(5) FS.  
Law Implemented 120.569, 120.57 FS.  
History--New 4-1-97.

RECEIVED THIS SUBPOENA ON:

\_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
o'clock, \_\_\_\_m., and served the same on \_\_\_\_\_,  
\_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_

o'clock, \_\_\_\_m., by delivering a true copy thereof (together with the fee for one day's attendance and the mileage allowed by law) to: \_\_\_\_\_

A. COMPLETE IF SERVED BY SHERIFF OR APPOINTEE

\_\_\_\_\_, 2019,  
at 4:00 o'clock, P.m.  
By: [Signature]  
Title: LIEUTENANT

B. AFFIDAVIT IF SERVED BY OTHER PERSON

\_\_\_\_\_, 20\_\_\_\_  
By: \_\_\_\_\_

Sworn and subscribed to before me,  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_  
County, Florida.  
Type of identification: \_\_\_\_\_  
OR (check if) \_\_\_\_\_ personally known.

\_\_\_\_\_  
(notary public)

SEAL:

NOTE: Notarized Affidavit required only if service is made by a person other than a Sheriff, a Deputy Sheriff, or a certified process server. Chapter 48, Florida Statutes.

\*Fees and mileage need not be tendered to public employees subject to section 112.061, Florida Statutes.

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF  
OSTEOPATHIC MEDICINE,

Petitioner,

Case No. 19-4724PL

vs.

JOHN JOSEPH IM, D.O.,

Respondent.

\_\_\_\_\_ /

AMENDED ORDER DENYING MOTION FOR SANCTIONS

This cause came before the undersigned on Respondent's Notice of Filing Defendant's [sic] Motion for Sanctions Pursuant to Fla. Statute 57.105 ("Motion for Sanctions"), filed October 15, 2019. Prior to filing the Motion for Sanctions, Respondent requested a telephonic hearing to address the conduct of Petitioner's counsel during the depositions of Patient J.K. and K.K. Respondent asserts that the conduct of Petitioner's counsel interfered with his ability to ask all the questions he wished to ask the deponents during the depositions. The undersigned conducted a telephonic motion hearing and heard argument from both parties. Since Respondent filed a motion pursuant to section 57.105, Florida Statutes, addressing concerns regarding discovery matters, the undersigned will address whether sanctions are warranted under section 57.105, and whether sanctions are warranted due to a discovery violation.

Section 57.105 provides, in pertinent part, that:

- (1) Upon the court's initiative or motion of any party, the court shall award a reasonable attorney's fee, . . . on any claim or defense at any time during a civil proceeding or action in which the court finds that the losing party or the losing party's attorney knew or should have known that a claim or defense when initially

presented to the court or at any time before trial:

(a) Was not supported by the material facts necessary to establish the claim or defense; or

(b) Would not be supported by the application of then-existing law to those material facts.

(2) At any time in any civil proceeding or action in which the moving party proves by a preponderance of the evidence that any action taken by the opposing party, . . . was taken primarily for the purpose of unreasonable delay, the court shall award damages to the moving party for its reasonable expenses incurred in obtaining the order, which may include attorney's fees, and other loss resulting from the improper delay.

\* \* \*

(4) A motion by a party seeking sanctions under this section must be served but may not be filed with or presented to the court unless, within 21 days after service of the motion, the challenged paper, claim, defense, contention, allegation, or denial is not withdrawn or appropriately corrected.

(5) In administrative proceedings under chapter 120, an administrative law judge shall award a reasonable attorney's fee and damages to be paid to the prevailing party in equal amounts by the losing party and a losing party's attorney or qualified representative in the same manner and upon the same basis as provided in subsections (1)-(4). Such award shall be a final order subject to judicial review pursuant to s. 120.68 . . . .

This case is scheduled for final hearing on November 7, 2019. At this time, the prevailing party has not been

determined. As a result, Respondent's Motion for Sanctions pursuant to section 57.105, is denied. To the extent it is determined that Respondent is the prevailing party in this case, Respondent may renew his Motion for Sanctions at the appropriate time.

To the extent Respondent seeks sanctions pursuant to purported discovery violations, Respondent may raise appropriate objections to offering the depositions of J.K. and K.K. at the final hearing if the depositions are offered in evidence.

The undersigned having reviewed Respondent's Motion for Sanctions, Petitioner's response thereto, and the record in this cause, it is, therefore,

ORDERED that:

1. The Motion for Sanctions pursuant to section 57.105 is DENIED, without prejudice.

2. The undersigned reserves ruling regarding the conduct of Petitioner's counsel during the depositions in lieu of live testimony of J.K. and K.K. until such time as the depositions are offered into evidence.

DONE AND ORDERED this 4th day of November, 2019, in Tallahassee, Leon County, Florida.



---

YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
(850) 488-9675  
Fax Filing (850) 921-6847  
[www.doah.state.fl.us](http://www.doah.state.fl.us)

Filed with the Clerk of the  
Division of Administrative Hearings  
this 4th day of November, 2019.

COPIES FURNISHED:

Virginia Edwards, Esquire  
Department of Health  
Prosecution Services Unit  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

William Edward Walker, Esquire  
Department of Health  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

John Joseph Im, D.O.  
Exceptional Urgent Care Center  
13767 U. S. Highway 441  
Lady Lake, Florida 32159  
(eServed)

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF  
OSTEOPATHIC MEDICINE,

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presented to the court or at any time before trial:

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\* \* \*

(4) A motion by a party seeking sanctions under this section must be served but may not be filed with or presented to the court unless, within 21 days after service of the motion, the challenged paper, claim, defense, contention, allegation, or denial is not withdrawn or appropriately corrected.

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This case is scheduled for final hearing on December 7, 2019. At this time, the prevailing party has not been determined. As a result, Respondent's Motion for Sanctions pursuant to section 57.105, is denied. To the extent it is determined that Respondent is the prevailing party in this case, Respondent may renew his Motion for Sanctions at the appropriate time.

To the extent Respondent seeks sanctions pursuant to purported discovery violations, the undersigned denies the Motion for Sanctions. Respondent may raise appropriate objections to offering the depositions of J.K. and K.K. at the final hearing if the depositions are offered in evidence.

The undersigned having reviewed Petitioner's Motion for Sanctions, Respondent's response thereto, and the record in this cause, it is, therefore,

ORDERED that:

1. The Motion for Sanctions pursuant to section 57.105 is DENIED, without prejudice.

2. The undersigned reserves ruling on the Motion for Sanctions as it relates to the conduct of Petitioner's counsel during the depositions in lieu of live testimony of J.K. and K.K. until such time as the depositions are offered into evidence.

DONE AND ORDERED this 4th day of November, 2019, in Tallahassee, Leon County, Florida.



---

YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
(850) 488-9675  
Fax Filing (850) 921-6847  
www.doah.state.fl.us

Filed with the Clerk of the  
Division of Administrative Hearings  
this 4th day of November, 2019.

COPIES FURNISHED:

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Department of Health  
Prosecution Services Unit  
Bin C-65  
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Tallahassee, Florida 32399  
(eServed)

William Edward Walker, Esquire  
Department of Health  
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(eServed)

John Joseph Im, D.O.  
Exceptional Urgent Care Center  
13767 U.S. Highway 441  
Lady Lake, Florida 32159  
(eServed)

# EXHIBIT # 17

State of WISCONSIN  
JUNEAU COUNTY SHERIFFS OFFICE  
Civil Division  
MAUSTON, WI 53948

Process Number: 19-0981

Court Number: 19-4724PL

I, BRENT OLESON, SHERIFF of JUNEAU COUNTY SHERIFFS OFFICE do hereby certify that I received the within and foregoing Subpoena on 28th day of October, 2019, and that I served the same on:

KIMBERLY A KINNAS  
N4435 CTH HH  
MARION, WI 53948  
Served on: 30th day of October, 2019 at 16:00:00  
Served to: KIMBERLY A KINNAS  
N4435 CTH HH  
MARION, WI 53948

(Witness )

by S Jennings

( )

Returned on the 31st day of October, 2019

I also certify that I endorsed on the said copy the date of service, signed my name, and added my official title thereto.

Service attempted on 30th day of October, 2019 at 16:00:00

Dated the 31st day of October, 2019

Fees:

Service: 75.00  
Mileage: 0.00  
Other : 0.00  
Total : 75.00

BRENT OLESON, SHERIFF  
JUNEAU COUNTY SHERIFFS OFFICE, WISCONSIN

BY: Scott Jennings/S

Section 120.569(2)(k), Florida Statutes

(k)1. Any person subject to a subpoena may, before compliance and on timely petition, request the presiding officer having jurisdiction of the dispute to invalidate the subpoena on the ground that it was not lawfully issued, is unreasonably broad in scope, or requires the production of irrelevant material.

2. A party may seek enforcement of a subpoena, order directing discovery, or order imposing sanctions issued under the authority of this chapter by filing a petition for enforcement in the circuit court of the judicial circuit in which the person failing to comply with the subpoena or order resides. A failure to comply with an order of the court shall result in a finding of contempt of court. However, no person shall be in contempt while a subpoena is being challenged under subparagraph 1. The court may award to the prevailing party all or part of the costs and attorney's fees incurred in obtaining the court order whenever the court determines that such an award should be granted under the Florida Rules of Civil Procedure.

3. Any public employee subpoenaed to appear at an agency proceeding shall be entitled to per diem and travel expenses at the same rate as that provided for state employees under s. 112.061 if travel away from such public employee's headquarters is required. All other witnesses appearing pursuant to a subpoena shall be paid such fees and mileage for their attendance as is provided in civil actions in circuit courts of this state. In the case of a public employee, such expenses shall be processed and paid in the manner provided for agency employee travel expense reimbursement, and in the case of a witness who is not a public employee, payment of such fees and expenses shall accompany the subpoena.

Florida Administrative Code Rule 28-106.212

(1) Upon the request of any party, a presiding officer shall issue subpoenas for the attendance of witnesses for deposition or at the hearing. The requesting party shall specify whether the witness is also requested to bring documents.

(2) A subpoena may be served by any person specified by law to serve process or by any person who is not a party and who is 18 years of age or older. Service shall be made by delivering a copy to the person named in the subpoena. Proof of service shall be made by affidavit of the person making service if not served by a person specified by law to serve process.

(3) Any motion to quash or limit the subpoena shall be filed with the presiding officer and shall state the grounds relied upon.

Specific Authority 120.54(5) FS.  
Law Implemented 120.569, 120.57 FS.  
History--New 4-1-97.

RECEIVED THIS SUBPOENA ON:

\_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
o'clock, \_\_\_\_m., and served the same on \_\_\_\_\_,  
\_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_

o'clock, \_\_\_\_m., by delivering a true copy thereof (together with the fee for one day's attendance and the mileage allowed by law) to: \_\_\_\_\_

A. COMPLETE IF SERVED BY SHERIFF OR APPOINTEE

\_\_\_\_\_ OCTOBER 30, 2019,  
at 4:00 o'clock, P.m.  
By: [Signature]  
Title: LIEUTENANT

B. AFFIDAVIT IF SERVED BY OTHER PERSON

\_\_\_\_\_, 20\_\_\_\_  
By: \_\_\_\_\_

Sworn and subscribed to before me,  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_  
County, Florida.  
Type of identification: \_\_\_\_\_  
OR (check if) \_\_\_\_\_ personally known.

\_\_\_\_\_  
(notary public)

SEAL:

NOTE: Notarized Affidavit required only if service is made by a person other than a Sheriff, a Deputy Sheriff, or a certified process server. Chapter 48, Florida Statutes.

\*Fees and mileage need not be tendered to public employees subject to section 112.061, Florida Statutes.

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

---

**PETITIONER'S MOTION FOR OFFICIAL RECOGNITION**

COMES NOW, Petitioner, Department of Health, by and through undersigned counsel, and pursuant to Sections 90.202(5), 90.203, and 120.569(2)(i), Florida Statutes, and respectfully requests this Administrative Law Judge take official recognition of the Disciplinary Guidelines of the Florida Board of Osteopathic Medicine. As good cause for granting this Motion, Petitioner states:

1. Respondent is the subject of an Administrative Complaint filed by Petitioner. A formal hearing is scheduled in this matter for November 7, 2019.

2. A copy of the Administrative complaint is attached hereto as Exhibit A and incorporated herein by reference.

3. Section 90.202(5), Florida Statutes, provides that a court may take judicial notice of official actions of the legislative, executive, and judicial departments of the United States and of any state, territory, or jurisdiction of the United States.

4. Section 90.203, Florida Statutes, provides that a court shall take judicial notice of any matter in Section 90.202, when a party requests it and gives each adverse party timely written notice of the request, proof of which is filed with the court, to enable the adverse party to prepare to meet the request, and furnishes the court with sufficient information to enable it to take judicial notice of the matter.

5. Section 120.569(2)(i), Florida Statutes, states that when official recognition is requested, the parties shall be notified and given an opportunity to examine and contest the material.

6. Petitioner requests this Administrative Law Judge take official recognition of the Disciplinary Guidelines of the Florida Board of Osteopathic Medicine, Chapter 64B15-19.002, Florida Administrative Code, as applicable to the allegations in the Administrative Complaint.

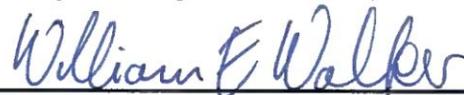
7. A copy of the Disciplinary Guidelines is attached hereto as Exhibit B and incorporated herein by reference.

8. The Disciplinary Guidelines provide that the recommended range of penalty for the allegations in the Administrative Complaint is from a letter of concern and a \$1,000.00 fine to denial or revocation and a \$10,000.00 fine. See Chapter 64B15-19.002(28), Florida Administrative Code.

9. Petitioner maintains that Exhibit B furnishes sufficient information to enable this Administrative Law Judge to take official recognition of the Disciplinary Guidelines of the Florida Board of Osteopathic Medicine as applicable to the allegations in the Administrative Complaint.

WHEREFORE, Petitioner requests this Administrative Law Judge take official recognition of the Disciplinary Guidelines of the Florida Board of Osteopathic Medicine.

Respectfully Submitted,



William E. Walker  
Assistant General Counsel  
Florida Bar No. 0123716  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9876  
Fax: (850) 245-4684  
E-Mail: [william.walker@flhealth.gov](mailto:william.walker@flhealth.gov)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via E-mail this 1st day of November, 2019, to Respondent, John Joseph Im, D.O., 13767 US Hwy 441 Lady Lake, Florida 32159, at johnimdo@yahoo.com.

Respectfully submitted,

A handwritten signature in blue ink that reads "William E. Walker". The signature is written in a cursive style and is positioned above a horizontal line.

William E. Walker  
Assistant General Counsel

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**RESPONDENT.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

COMES NOW Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, John Joseph Im, D.O., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 8729.



3. Respondent's address of record is 11950 County Road 101, Ste. 101, The Villages, Florida 32162.

4. At all times material to this Complaint, Respondent was a Florida-licensed osteopathic physician.

5. At all times material, Respondent was employed by Exceptional Urgent Care Center (EUC) located in Clearwater, Florida.

6. At all times material, J.K. was a patient at EUC under Respondent's care.

7. On or about March 16, 2018, Respondent treated patient J.K. for symptoms associated with pneumonia by prescribing Levaquin 750 milligrams.

8. Levaquin is a drug with contraindications for use with Tikosyn.

9. Respondent was aware, before prescribing Levaquin, that J.K. was currently prescribed Tikosyn.

10. Respondent failed to counsel J.K. on the risks of, or alternatives to, using Levaquin in combination with Tikosyn.

11. The prevailing professional standard of care required Respondent to counsel J.K. on the potential risks and alternatives to Levaquin before prescribing Levaquin.

12. Respondent fell below the prevailing standard of care in his treatment of patient J.K.

13. Section 459.015(1)(x), Florida Statutes (2017), allows the Board of Osteopathic Medicine to impose discipline for committing medical malpractice as defined in Section 456.50, Florida Statutes.

14. Medical malpractice is defined in Section 456.50(1)(g), Florida Statutes (2017), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

15. For purposes of Section 459.015(1)(x), Florida Statutes (2017), the Board shall give great weight to the provisions of Section 766.102, Florida Statutes (2017), which provides that the prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

16. Respondent failed to meet the prevailing professional standard of care in his care and/or treatment of J.K. by failing to counsel J.K. on the risks of, or alternatives to, using Levaquin in combination with Tikosyn.

17. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2017), by committing medical malpractice as defined in Section 456.50, Florida Statutes.

WHEREFORE, Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

[Signature appears on next page]

SIGNED this 19th day of June, 2019.

**FILED**

DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK:

*Cheryl Morris*  
JUN 19 2019

DATE: \_\_\_\_\_

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel  
Florida Bar Number 1003243  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9892  
Facsimile: (850) 245-4684  
Email: Virginia.Edwards@flhealth.gov

PCP: June 19, 2019

PCP Members: Glen Moran, D.O.; Valerie Jackson

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

**A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.**

**Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

**64B15-19.002 Violations and Penalties.**

In imposing discipline upon applicants and licensees, the board shall act in accordance with the following disciplinary guidelines and shall impose a penalty within the range corresponding to the violations set forth below. The statutory language is intended to provide a description of the violation and is not a complete statement of the violation; the complete statement may be found in the statutory provision cited directly under each violation description.

|                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(1) Attempting to obtain, obtaining or renewing a license or certificate by bribery, fraud or through an error of the Department or board.<br/>(Sections 456.072(1)(h) and 459.015(1)(a), F.S.)</p> |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |
| <p>FIRST OFFENSE:</p>                                                                                                                                                                                  | <p>Denial with ability to reapply immediately upon payment of \$5,000.00 fine or probation and \$5,000.00 fine.</p>                                                                                                                                                                                                                                                 | <p>Denial with ability to reapply in not less than 3 years or revocation and \$7,500.00 fine.</p>                                                                                                                                                                                                                                                                    |
| <p>SECOND OFFENSE:</p>                                                                                                                                                                                 | <p>Denial with ability to ability to reapply in not less than 3 years and \$10,000.00 fine or suspension to be followed by probation and \$10,000.00 fine.</p>                                                                                                                                                                                                      | <p>Denial of license with no ability to reapply or revocation and \$10,000.00 fine.</p>                                                                                                                                                                                                                                                                              |
| <p>(2) Action taken against license by another jurisdiction.<br/>(Sections 456.072(1)(f) and 459.015(1)(b), F.S.)</p>                                                                                  |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |
| <p>FIRST OFFENSE:</p>                                                                                                                                                                                  | <p>Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine ranging from \$1,000.00 to \$5,000.00.</p> | <p>Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to revocation or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine ranging from \$5,000.00 to \$10,000.00.</p> |
| <p>SECOND OFFENSE:</p>                                                                                                                                                                                 | <p>Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was taken, and an administrative fine ranging from \$5,000.00 to \$10,000.00.</p>           | <p>Revocation and an administrative fine of \$10,000.00 or denial of license until the licensee's license is unencumbered in the jurisdiction where disciplinary action was originally taken.</p>                                                                                                                                                                    |
| <p>(3) Guilty of crime directly relating to practice or ability to practice.<br/>(Sections 456.072(1)(c) and 459.015(1)(c), F.S.)</p>                                                                  |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |
| <p>FIRST OFFENSE:</p>                                                                                                                                                                                  | <p>Probation and \$2,000.00 fine.</p>                                                                                                                                                                                                                                                                                                                               | <p>Revocation and \$5,000.00 fine or denial of license with ability to reapply for licensure in not less than 3 years revocation.</p>                                                                                                                                                                                                                                |



|                                                                                                                             |                                                             |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| SECOND OFFENSE:                                                                                                             | Suspension to be followed by probation and \$5,000.00 fine. | And \$10,000.00 fine or permanent denial of license.                                         |
| (4) False, deceptive, or misleading advertising.<br>(Section 459.015(1)(d), F.S.)                                           |                                                             |                                                                                              |
| FIRST OFFENSE:                                                                                                              | Letter of concern.                                          | Reprimand and \$1,000.00 fine.                                                               |
| SECOND OFFENSE:                                                                                                             | Probation and \$2,000.00 fine 3 month.                      | Probation and \$5,000.00 fine.                                                               |
| THIRD OFFENSE:                                                                                                              | Suspension to be followed by probation and \$5,000.00 fine. | 1 year suspension to be followed by probation and \$5,000.00 fine.                           |
| (5) Failure to report another licensee in violation.<br>(Sections 456.072(1)(i) and 459.015(1)(e), F.S.)                    |                                                             |                                                                                              |
| FIRST OFFENSE:                                                                                                              | Letter of concern.                                          | Reprimand and \$1,000.00 fine.                                                               |
| SECOND OFFENSE:                                                                                                             | Reprimand and \$2,500.00 fine.                              | Probation and \$2,500.00 fine.                                                               |
| THIRD OFFENSE:                                                                                                              | Probation and \$5,000.00 fine.                              | Suspension to be followed by probation and \$5,000.00 fine.                                  |
| (6) Aiding unlicensed practice.<br>(Sections 456.072(1)(j) and 459.015(1)(f), F.S.)                                         |                                                             |                                                                                              |
| FIRST OFFENSE:                                                                                                              | Probation and \$2,500.00 fine.                              | Denial or revocation and \$5,000.00 fine.                                                    |
| SECOND OFFENSE:                                                                                                             | Suspension to be followed by probation and \$5,000.00 fine. | Denial or revocation and \$10,000.00 fine.                                                   |
| (7) Failure to perform legal duty or obligation.<br>(Sections 456.072(1)(k) and 459.015(1)(g), F.S.)                        |                                                             |                                                                                              |
| FIRST OFFENSE:                                                                                                              | Reprimand and \$1,000.00 fine.                              | Denial with ability to reapply after no less than 2 years or revocation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                             | Probation and \$5,000.00 fine.                              | Denial or revocation and \$10,000.00 fine.                                                   |
| (8) Failing to comply with the educational requirement prior to ordering low-THC cannabis.<br>(Section 456.072(1)(k), F.S.) |                                                             |                                                                                              |
| FIRST OFFENSE:                                                                                                              | A letter of concern, and a fine of \$1,000.00.              | Probation and a fine of \$5,000.00.                                                          |
| SECOND OFFENSE:                                                                                                             | A reprimand and a fine of \$5,000.00.                       | Revocation and a fine of \$10,000.00.                                                        |
| (9) Giving false testimony regarding the practice of medicine.<br>(Section 459.015(1)(h), F.S.)                             |                                                             |                                                                                              |
| FIRST OFFENSE:                                                                                                              | Reprimand and \$2,500.00 fine.                              | Probation and \$5,000.00 fine.                                                               |
| SECOND OFFENSE:                                                                                                             | Suspension to be followed by probation and \$5,000.00 fine. | Revocation and \$10,000 fine or denial of license.                                           |
| (10) Filing a false report or failing to file a report as required.                                                         |                                                             |                                                                                              |

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| (Sections 456.072(1)(l) and 459.015(1)(i), F.S.)                                                                                                                       |                                                                                                                         |                                                                                                                        |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand and \$5,000.00 fine.                                                                                          | Suspension to be followed by probation and \$10,000.00 fine or denial with ability to reapply in not less than 1 year. |
| SECOND OFFENSE:                                                                                                                                                        | Denial with ability to reapply in not less than 3 years or suspension to be followed by probation and \$10,000.00 fine. | Denial with no ability to reapply or revocation and \$10,000.00 fine.                                                  |
| (11) Kickbacks and unauthorized fee arrangements.<br>(Section 459.015(1)(j), F.S.)                                                                                     |                                                                                                                         |                                                                                                                        |
| FIRST OFFENSE:                                                                                                                                                         | Probation and \$2,500.00 fine.                                                                                          | Denial or suspension to be followed by probation and \$5,000.00 fine.                                                  |
| SECOND OFFENSE:                                                                                                                                                        | Denial or suspension to be followed by probation and \$10,000.00 fine.                                                  | Denial or revocation and a \$10,000.00 fine.                                                                           |
| (12) Failure to provide financial disclosure form to a patient being referred to an entity in which the referring physician is an investor.<br>(Section 456.053, F.S.) |                                                                                                                         |                                                                                                                        |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand.                                                                                                              | Reprimand and \$2,500.00 fine.                                                                                         |
| SECOND OFFENSE:                                                                                                                                                        | Reprimand and \$5,000.00 fine.                                                                                          | Probation and \$5,000.00 fine.                                                                                         |
| THIRD OFFENSE:                                                                                                                                                         | Probation and \$7,500.00 fine.                                                                                          | Suspension to be followed by probation and \$10,000.00 fine.                                                           |
| (13) Improper refusal to provide health care.<br>(Section 459.015(1)(k), F.S.)                                                                                         |                                                                                                                         |                                                                                                                        |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand and \$5,000.00 fine.                                                                                          | Probation and \$5,000.00 fine.                                                                                         |
| SECOND OFFENSE:                                                                                                                                                        | Suspension to be followed by probation and \$7,500.00 fine.                                                             | Revocation and \$10,000.00 fine.                                                                                       |
| (14) Sexual misconduct within the patient physician relationship.<br>(Sections 456.072(1)(v) and 459.015(1)(l), F.S.)                                                  |                                                                                                                         |                                                                                                                        |
| FIRST OFFENSE:                                                                                                                                                         | Probation and \$10,000.00 fine.                                                                                         | Denial of licensure or revocation and \$10,000.00 fine.                                                                |
| SECOND OFFENSE:                                                                                                                                                        | Suspension to be followed by probation and \$10,000.00 fine.                                                            | Denial of licensure or revocation and \$10,000.00 fine.                                                                |
| (15) Deceptive, untrue, or fraudulent misrepresentations in the practice of medicine.<br>(Sections 456.072(1)(a), (m) and 459.015(1)(m), F.S.)                         |                                                                                                                         |                                                                                                                        |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand and \$10,000.00 fine.                                                                                         | Denial of licensure or suspension to be followed by probation and \$10,000.00 fine.                                    |
| SECOND OFFENSE:                                                                                                                                                        | Denial of licensure or suspension to be                                                                                 | Denial of licensure or revocation and                                                                                  |

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|                                                                                                    | followed by probation and \$10,000.00 fine.                 | \$10,000.00 fine.                                            |
| (16) Improper solicitation of patients.<br>(Section 459.015(1)(n), F.S.)                           |                                                             |                                                              |
| FIRST OFFENSE:                                                                                     | Reprimand and \$5,000.00 fine.                              | Probation and \$5,000.00 fine.                               |
| SECOND OFFENSE:                                                                                    | Suspension to be followed by probation and \$7,500.00 fine. | Revocation and \$10,000.00 fine.                             |
| (17) Failure to keep written medical records.<br>(Section 459.015(1)(o), F.S.)                     |                                                             |                                                              |
| FIRST OFFENSE:                                                                                     | Reprimand and \$5,000.00 fine.                              | Probation and \$5,000.00 fine.                               |
| SECOND OFFENSE:                                                                                    | Suspension to be followed by probation and \$7,500.00 fine. | Revocation and \$10,000.00 fine.                             |
| (18) Fraudulent, alteration or destruction of patient records.<br>(Section 459.015(1)(p), F.S.)    |                                                             |                                                              |
| FIRST OFFENSE:                                                                                     | Probation and \$5,000.00 fine.                              | Suspension to be followed by probation and \$7,500.00 fine.  |
| SECOND OFFENSE:                                                                                    | Suspension to be followed by probation and \$7,500.00 fine. | Revocation and \$10,000.00 fine.                             |
| (19) Exercising improper influence on patient.<br>(Sections 456.072(1)(n) and 459.015(1)(q), F.S.) |                                                             |                                                              |
| FIRST OFFENSE:                                                                                     | Probation and \$5,000.00 fine.                              | Suspension to be followed by probation and \$7,500.00 fine.  |
| SECOND OFFENSE:                                                                                    | Suspension to be followed by probation and \$7,500.00 fine. | Revocation and \$10,000.00 fine.                             |
| (20) Improper advertising of pharmacy.<br>(Section 459.015(1)(r), F.S.)                            |                                                             |                                                              |
| FIRST OFFENSE:                                                                                     | Letter of concern.                                          | Reprimand and \$1,000.00 fine.                               |
| SECOND OFFENSE:                                                                                    | Probation and \$2,000.00 fine.                              | Probation and \$5,000.00 fine.                               |
| THIRD OFFENSE:                                                                                     | Probation and \$7,500.00 fine.                              | Suspension to be followed by probation and \$10,000.00 fine. |
| (21) Performing, professional services not authorized by patient.<br>(Section 459.015(1)(s), F.S.) |                                                             |                                                              |
| FIRST OFFENSE:                                                                                     | Reprimand and \$5,000.00 fine.                              | Probation and \$5,000.00 fine.                               |
| SECOND OFFENSE:                                                                                    | Probation and \$7,500.00 fine.                              | Revocation and \$10,000.00 fine.                             |
| (22) Controlled substance violations.<br>(Section 459.015(1)(t), F.S.)                             |                                                             |                                                              |
| FIRST OFFENSE:                                                                                     | Probation and \$5,000.00 fine.                              | Suspension to be followed by probation and \$7,500.00 fine.  |
| SECOND OFFENSE:                                                                                    | Suspension to be followed by probation and \$7,500.00 fine. | Revocation and \$10,000.00 fine.                             |
| (23) Prescribing or dispensing of a scheduled drug by the physician to himself.                    |                                                             |                                                              |

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| (Section 459.015(1)(u), F.S.)                                                                                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Probation and \$5,000.00 fine.                                                                                                                                                | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                   |
| SECOND OFFENSE:                                                                                                                                                                                                       | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                   | Revocation and \$10,000.00 fine.                                                                                                                                              |
| (24) Use of amygdalin (Laetrile).<br>(Section 459.015(1)(v), F.S.)                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Reprimand and \$5,000.00 fine.                                                                                                                                                | Probation and \$5,000.00 fine.                                                                                                                                                |
| SECOND OFFENSE:                                                                                                                                                                                                       | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                   | Revocation and \$10,000.00 fine.                                                                                                                                              |
| (25) Inability to practice medicine with skill and safety.<br>(Sections 456.072(1)(z) and 459.015(1)(w), F.S.)                                                                                                        |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Denial or probation and \$2,500.00 fine.                                                                                                                                      | Denial or suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                                                                                                       | Denial or suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                                                                                                                                    |
| (26) Gross Malpractice.<br>(Section 459.015(1)(x), F.S.)                                                                                                                                                              |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Denial or probation and \$7,500.00 fine.                                                                                                                                      | Denial or revocation and \$10,000.00 fine.                                                                                                                                    |
| SECOND OFFENSE:                                                                                                                                                                                                       | Denial or suspension to be followed by probation and \$7,500.00 fine.                                                                                                         | Denial or revocation and \$10,000.00 fine.                                                                                                                                    |
| (27) Repeated Malpractice as defined in Section 456.50, F.S.<br>(Section 459.015(1)(x), F.S.)                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Revocation or denial of license and fine of \$1,000.00.                                                                                                                       | Revocation or denial of license and fine of \$10,000.00.                                                                                                                      |
| (28) Failure to practice medicine in accordance with appropriate level of care, skill and treatment recognized in general law related to the practice of medicine.<br>(Sections 456.50(1)(g) and 459.015(1)(x), F.S.) |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Letter of concern, up to one (1) year probation and \$1,000.00 fine.                                                                                                          | Denial or revocation and \$10,000.00 fine.                                                                                                                                    |
| SECOND OFFENSE:                                                                                                                                                                                                       | Two (2) year probation and \$7,500.00 fine.                                                                                                                                   | Denial or revocation and \$10,000.00 fine.                                                                                                                                    |
| (29) Improper performing of experimental treatment.<br>(Section 459.015(1)(y), F.S.)                                                                                                                                  |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Denial or reprimand and \$5,000.00 fine.                                                                                                                                      | Denial or suspension to be followed                                                                                                                                           |

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|                                                                                                                                    |                                                                       | by probation and \$5,000.00 fine.                                     |
| SECOND OFFENSE:                                                                                                                    | Denial or suspension to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                            |
| (30) Practicing beyond one's scope.<br>(Sections 456.072(1)(o) and 459.015(1)(z), F.S.)                                            |                                                                       |                                                                       |
| FIRST OFFENSE:                                                                                                                     | Denial or reprimand and \$5,000.00 fine.                              | Denial or suspension to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                    | Denial or suspension to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                            |
| (31) Delegation of professional responsibilities to unqualified person.<br>(Sections 456.072(1)(p) and 459.015(1)(aa), F.S.)       |                                                                       |                                                                       |
| FIRST OFFENSE:                                                                                                                     | Reprimand and \$2,500.00 fine.                                        | Denial or suspension to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                    | Denial or suspension to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                            |
| (32) Violation of law, rule, order, or failure to comply with subpoena.<br>(Sections 456.072(1)(q), (dd) and 459.015(1)(bb), F.S.) |                                                                       |                                                                       |
| FIRST OFFENSE:                                                                                                                     | Denial or reprimand and \$5,000.00 fine.                              | Denial or suspension to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                    | Denial or suspension to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                            |
| (33) Restricting another from lawfully advertising services.<br>(Section 459.015(1)(cc), F.S.)                                     |                                                                       |                                                                       |
| FIRST OFFENSE:                                                                                                                     | Letter of concern.                                                    | Reprimand and \$1,000.00 fine.                                        |
| SECOND OFFENSE:                                                                                                                    | Probation and \$2,000.00 fine.                                        | Probation and \$5,000.00 fine.                                        |
| THIRD OFFENSE:                                                                                                                     | 3 month suspension to be followed by probation and a \$5,000.00 fine. | 1 year suspension to be followed by probation and \$5,000.00 fine.    |
| (34) Procuring, aiding or abetting an unlawful abortion.<br>(Section 459.015(1)(dd), F.S.)                                         |                                                                       |                                                                       |
| FIRST OFFENSE:                                                                                                                     | Probation and \$5,000.00 fine.                                        | Suspension to be followed by probation and \$7,500.00 fine.           |
| SECOND OFFENSE:                                                                                                                    | Suspension to be followed by probation and \$7,500.00 fine.           | Revocation and \$10,000.00 fine.                                      |
| (35) Presigning blank prescription forms.<br>(Section 459.015(1)(ee), F.S.)                                                        |                                                                       |                                                                       |
| FIRST OFFENSE:                                                                                                                     | Reprimand and \$5,000.00 fine.                                        | Suspension to be followed by probation and \$5,000.00 fine.           |
| SECOND OFFENSE:                                                                                                                    | Probation and \$5,000.00 fine.                                        | Revocation and \$10,000.00 fine.                                      |
| (36) Prescribing a Schedule II substance for office use.<br>(Section 459.015(1)(ff), F.S.)                                         |                                                                       |                                                                       |

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| FIRST OFFENSE:                                                                                                                                        | Reprimand and \$5,000.00 fine.                                                                                                               | Suspension to be followed by probation and \$5,000.00 fine.                                |
| SECOND OFFENSE:                                                                                                                                       | Probation and \$5,000.00 fine.                                                                                                               | Revocation and \$10,000.00 fine.                                                           |
| (37) Improper use of Schedule II amphetamine or sympathomimetic amine drug.<br>(Section 459.015(1)(gg), F.S.)                                         |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Reprimand and \$5,000.00 fine.                                                                                                               | Suspension to be followed by probation and \$5,000.00 fine.                                |
| SECOND OFFENSE:                                                                                                                                       | Probation and \$5,000.00 fine.                                                                                                               | revocation and \$10,000.00 fine.                                                           |
| (38) Failure to adequately supervise assisting personnel.<br>(Section 459.015(1)(hh), F.S.)                                                           |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Reprimand and \$5,000.00 fine.                                                                                                               | Suspension to be followed by probation and \$5,000.00 fine.                                |
| SECOND OFFENSE:                                                                                                                                       | Probation and \$5,000.00 fine.                                                                                                               | Revocation and \$10,000.00 fine.                                                           |
| (39) Improper use of substances for muscle building or enhancement of athletic performance.<br>(Section 459.015(1)(ii), F.S.)                         |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Reprimand and \$5,000.00 fine.                                                                                                               | Suspension to be followed by probation and \$5,000.00 fine.                                |
| SECOND OFFENSE:                                                                                                                                       | Probation and \$5,000.00 fine.                                                                                                               | Revocation and \$10,000.00 fine.                                                           |
| (40) Misrepresenting, concealing a material fact during licensing, or disciplinary procedure.<br>(Section 459.015(1)(jj), F.S.)                       |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Denial with ability to reapply immediately upon payment of \$5,000.00 fine or probation and \$5,000.00 fine.                                 | Denial with ability to reapply in not less than 3 years or revocation and \$7,500.00 fine. |
| SECOND OFFENSE:                                                                                                                                       | Denial with ability to reapply in not less than 3 years and \$10,000.00 fine or suspension to be followed by probation and \$10,000.00 fine. | Denial of license with no ability to reapply or revocation and \$10,000.00 fine.           |
| (41) Improperly interfering with an investigation or disciplinary proceeding.<br>(Sections 456.072(1)(r) and 459.015(1)(kk), F.S.)                    |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Probation and \$10,000.00 fine.                                                                                                              | Revocation and \$10,000.00 fine.                                                           |
| SECOND OFFENSE:                                                                                                                                       | Suspension to be followed by probation and \$10,000.00 fine.                                                                                 | Revocation and \$10,000.00 fine.                                                           |
| (42) Failing to report any licensee who has violated the disciplinary act who provides services at the same office.<br>(Section 459.015(1)(ll), F.S.) |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Letter of concern.                                                                                                                           | Reprimand and \$1,000.00 fine.                                                             |
| SECOND OFFENSE:                                                                                                                                       | Probation and \$2,000.00 fine.                                                                                                               | Probation and \$5,000.00 fine.                                                             |
| THIRD OFFENSE:                                                                                                                                        | Probation and \$7,500.00 fine.                                                                                                               | Suspension to be followed by probation and \$10,000.00 fine.                               |

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| (43) Giving corroborating written medical expert opinion without reasonable investigation.<br>(Section 459.015(1)(mm), F.S.)                                           |                                                                                                                                     |                                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand and \$5,000.00 fine.                                                                                                      | Suspension to be followed by probation and \$5,000.00 fine.                                                                                                              |
| SECOND OFFENSE:                                                                                                                                                        | Probation and \$5,000.00 fine.                                                                                                      | Revocation and \$10,000.00 fine.                                                                                                                                         |
| (44) Failure to comply with guidelines for use of obesity drugs.<br>(Section 459.0135, F.S. and Rule 64B15-14.004, F.A.C.)                                             |                                                                                                                                     |                                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand and \$5,000.00 fine.                                                                                                      | Suspension to be followed by probation and \$5,000.00 fine.                                                                                                              |
| SECOND OFFENSE:                                                                                                                                                        | Probation and \$5,000.00 fine.                                                                                                      | Revocation and \$10,000.00 fine.                                                                                                                                         |
| (45) Falsely advertising or holding oneself out as a board-certified specialist.<br>(Section 459.015(1)(nn), F.S.)                                                     |                                                                                                                                     |                                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand and \$5,000.00 fine.                                                                                                      | Probation and \$5,000.00 fine.                                                                                                                                           |
| SECOND OFFENSE:                                                                                                                                                        | Suspension to be followed by probation and \$7,500.00 fine.                                                                         | Revocation and \$10,000.00 fine.                                                                                                                                         |
| (46) Failing to provide patients with information about their patient rights and how to file a complaint.<br>(Sections 456.072(1)(u) and 459.015(1)(oo), F.S.)         |                                                                                                                                     |                                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                         | Letter of concern.                                                                                                                  | Reprimand and \$1,000.00 fine.                                                                                                                                           |
| SECOND OFFENSE:                                                                                                                                                        | Probation and \$2,000.00 fine.                                                                                                      | Probation and \$5,000.00 fine.                                                                                                                                           |
| THIRD OFFENSE:                                                                                                                                                         | Probation and \$7,500.00 fine.                                                                                                      | Suspension to be followed by probation and \$10,000.00 fine.                                                                                                             |
| (47) Violating any rule adopted by the board<br>or department.<br>(Sections 456.072(1)(b) and 459.015(1)(pp), F.S.)                                                    |                                                                                                                                     |                                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                         | Denial or letter of concern and \$1,000.00 fine, demonstration of compliance with the rule.                                         | Denial or suspension to be followed by probation and \$5,000.00 fine, a reprimand, completion of a laws and rules course, and demonstration of compliance with the rule. |
| SECOND OFFENSE:                                                                                                                                                        | Denial or reprimand, completion of laws and rules course, demonstration of compliance with the rule, probation and \$7,500.00 fine. | Denial with no ability to reapply or revocation and \$10,000.00 fine.                                                                                                    |
| (48) Using a Class III or a Class IV laser device without having complied with the rules adopted pursuant to section 501.122(2), F.S.<br>(Section 456.072(1)(d), F.S.) |                                                                                                                                     |                                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand and \$1,000.00 fine.                                                                                                      | Probation and \$5,000.00 fine.                                                                                                                                           |

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| SECOND OFFENSE:                                                                                                                                                                                                               | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                                                                                                                                                                      | Revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                                             |
| (49) Failing to comply with the educational course requirements for human immunodeficiency virus and acquired immune deficiency syndrome.<br>(Section 456.072(1)(e), F.S.)                                                    |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                              |
| FIRST OFFENSE:                                                                                                                                                                                                                | Reprimand and \$2,500.00 fine.                                                                                                                                                                                                                                                                                                   | Probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                                               |
| SECOND OFFENSE:                                                                                                                                                                                                               | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                                                                                                                                                                      | Revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                                             |
| (50) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee.<br>(Section 456.072(1)(g), F.S.)                                           |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                              |
| FIRST OFFENSE:                                                                                                                                                                                                                | Reprimand and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                   | Probation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                                              |
| SECOND OFFENSE:                                                                                                                                                                                                               | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                                                                                                                                                                      | Revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                                             |
| (51) Failing to comply with the educational course requirements for domestic violence.<br>(Section 456.072(1)(s), F.S.)                                                                                                       |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                              |
| FIRST OFFENSE:                                                                                                                                                                                                                | Reprimand and \$2,500.00 fine.                                                                                                                                                                                                                                                                                                   | Probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                                               |
| SECOND OFFENSE:                                                                                                                                                                                                               | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                                                                                                                                                                      | Revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                                             |
| (52) Failing to comply with the requirements for profiling and credentialing.<br>(Section 456.072(1)(w), F.S.)                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                              |
| FIRST OFFENSE:                                                                                                                                                                                                                | \$2,500.00 fine.                                                                                                                                                                                                                                                                                                                 | Suspension to be followed by probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                  |
| SECOND OFFENSE:                                                                                                                                                                                                               | Probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                   | Revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                                             |
| (53) Failing to report to the board in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to a crime in any jurisdiction.<br>(Section 456.072(1)(x), F.S.) |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                              |
| FIRST OFFENSE:                                                                                                                                                                                                                | Imposition of discipline that would have been imposed in Florida if the substantive violation occurred in Florida to suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine ranging from \$1,000 to \$5,000.00. | Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to revocation or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken and an administrative fine ranging from \$5,000.00 to \$10,000.00. |
| SECOND OFFENSE:                                                                                                                                                                                                               | Imposition of discipline comparable to                                                                                                                                                                                                                                                                                           | Revocation and an administrative                                                                                                                                                                                                                                                                                                                             |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | discipline that would have been imposed in Florida if the substantive violation occurred in Florida to suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine ranging from \$5,000.00 to \$10,000.00. | fine of \$10,000.00 or denial of license until the licensee's license is unencumbered in the jurisdiction where disciplinary action was originally taken. |
| (54) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents pursuant to section 316.066, F.S., or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in such accidents.<br>(Section 456.072(1)(y), F.S.) |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                           |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Letter of concern.                                                                                                                                                                                                                                                                                                     | Reprimand and \$1,000.00 fine.                                                                                                                            |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Probation and \$2,000.00 fine.                                                                                                                                                                                                                                                                                         | Probation and \$5,000.00 fine.                                                                                                                            |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Probation and \$7,500.00 fine.                                                                                                                                                                                                                                                                                         | Suspension to be followed by probation and \$10,000.00 fine.                                                                                              |
| (55) Testing positive for any drug on any confirmed preemployment or employer-ordered drug screening.<br>(Section 456.072(1)(aa), F.S.)                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                           |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                         | Suspension to be followed by probation and \$7,500.00 fine.                                                                                               |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                                                                                                                                                            | Revocation and \$10,000.00 fine.                                                                                                                          |
| (56) Performing or attempting to perform health care services on the wrong patient, a wrong procedure, an unauthorized, unnecessary or unrelated procedure.<br>(Section 456.072(1)(bb), F.S.)                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                           |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Denial or probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                               | Denial or revocation and \$10,000.00 fine.                                                                                                                |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Denial or suspension and \$10,000.00 fine.                                                                                                                                                                                                                                                                             | Denial or revocation and \$10,000.00 fine.                                                                                                                |
| (57) Leaving a foreign body in a patient such as a sponge, clamp, forceps, surgical needle or other paraphernalia.<br>(Section 456.072(1)(cc), F.S.)                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                           |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Denial or probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                               | Denial or revocation and \$10,000.00 fine.                                                                                                                |

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| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Denial or suspension and \$10,000.00 fine.                                                                                                                          | Denial or revocation and \$10,000.00 fine.                                                                                                                                                          |
| (58) Being terminated for cause, from a treatment program for impaired practitioners, as described in section 456.076, F.S., for failure to comply, without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug-treatment or alcohol-treatment program.<br>(Section 456.072(1)(hh), F.S.)                                                                              |                                                                                                                                                                     |                                                                                                                                                                                                     |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Stayed suspension and probation and \$2,500.00 fine.                                                                                                                | Suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation and \$5,000.00 fine revocation and \$10,000.00 fine. |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation and \$7,500.00 fine. |                                                                                                                                                                                                     |
| (59) Engaging in a pattern of practice when prescribing medicinal drugs or controlled substances which demonstrates a lack of reasonable skill or safety to patients, a violation of any provision of chapter 456, or sections 893.055 and 893.0551, F.S., a violation of the applicable practice act, or a violation of any rules adopted under this chapter or the applicable practice act of the prescribing practitioner.<br>(Section 456.072(1)(gg), F.S.) |                                                                                                                                                                     |                                                                                                                                                                                                     |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                  | One year Probation and \$1,000.00 fine.                                                                                                                             | Revocation and \$10,000.00 fine.                                                                                                                                                                    |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Suspension to be followed by probation and \$5,000.00 fine.                                                                                                         | Revocation and \$10,000.00 fine.                                                                                                                                                                    |
| (60) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 USC s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s.1343, s. 1347, s. 1349, or s. 1518, or 42 USC ss. 1320a-7b, relating to the Medicaid program.<br>(Section 456.072(1)(ii), F.S.)                                                                                                                      |                                                                                                                                                                     |                                                                                                                                                                                                     |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Revocation and a fine of \$10,000.00 or denial of application for licensure.                                                                                        |                                                                                                                                                                                                     |

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| (61) Failing to remit the sum owed to the state for overpayment from the Medicaid program pursuant to a final order, judgment, or settlement.<br>(Section 456.072(1)(j), F.S.)                                 |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Letter of concern and a fine of \$500.00.                                                              | Probation, and a fine of \$1,000.00. |
| SECOND OFFENSE:                                                                                                                                                                                                | Reprimand and a fine of \$500.00.                                                                      | Revocation and a fine of \$1,000.00. |
| (62) Being terminated from the State Medicaid program or any other state Medicaid program, or the federal Medicare program.<br>(Section 456.072(1)(kk), F.S.)                                                  |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Letter of concern and a fine of \$500.00.                                                              | Suspension and a fine of \$1,000.00. |
| SECOND OFFENSE:                                                                                                                                                                                                | Reprimand and a fine of \$500.00.                                                                      | revocation and a fine of \$1,000.00. |
| (63) Being convicted of, or entering into a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, which relates to health care fraud.<br>(Section 456.072(1)(ll), F.S.) |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Revocation and fine of \$10,000.00 or denial of application for licensure.                             |                                      |
| (64) A violation of Rule 64B15-14.0051, F.A.C.                                                                                                                                                                 |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Probation for a term no less than two (2) years and a \$5,000.00 fine.                                 | Revocation.                          |
| SECOND OFFENSE:                                                                                                                                                                                                | Suspension for a minimum of one (1) year to be followed by a term of probation and a \$10,000.00 fine. | Revocation.                          |
| (65) A violation of Rule 64B15-14.0052, F.A.C.                                                                                                                                                                 |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Probation for a term no less than one (1) year and a \$5,000.00 fine.                                  | Revocation.                          |
| SECOND OFFENSE:                                                                                                                                                                                                | Suspension for a minimum of six months to be followed by a term of probation and a \$10,000.00 fine.   | Revocation.                          |
| (66) Registration of pain clinic by a designated physician through misrepresentation or fraud.<br>(Section 459.015(1)(rr)1., F.S.)                                                                             |                                                                                                        |                                      |
| (a) For registering a pain clinic through misrepresentation.                                                                                                                                                   |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Letter of concern and a \$1,000.00 fine.                                                               | Probation and a \$5,000.00 fine.     |
| SECOND OFFENSE:                                                                                                                                                                                                | Probation and a \$5,000.00 fine.                                                                       | Revocation and a \$10,000.00 fine.   |
| (b) For registering a pain clinic through fraud.                                                                                                                                                               |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Revocation and a \$10,000.00 fine.                                                                     |                                      |
| (67) Procuring or attempting to procure,                                                                                                                                                                       |                                                                                                        |                                      |

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| the registration of a pain management clinic for any other person by making or causing to be made, any false representation.<br>(Section 459.015(1)(rr)2., F.S.)                                                                                                                                                                                                    |                                                                                                                                                                      |                                                                                                                                            |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Revocation and a \$10,000.00 fine.                                                                                                                                   |                                                                                                                                            |
| (68) Failing to comply with any requirement of chapter 499, F.S., the Florida Drug and Cosmetic Act; 21 U.S.C., ss. 301-392, the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Drug Abuse Prevention Control Act; or chapter 893, F.S., the Florida Comprehensive Drug Abuse Prevention and Control Act.<br>(Section 459.015(1)(rr)3., F.S.) |                                                                                                                                                                      |                                                                                                                                            |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Letter of concern and a \$1,000.00 fine.                                                                                                                             | Probation and a \$5,000.00 fine.                                                                                                           |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                     | Reprimand and a \$5,000.00 fine.                                                                                                                                     | Suspension, followed by a period of probation, and a \$10,000.00 fine.                                                                     |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Reprimand and a \$7,500.00 fine.                                                                                                                                     | Revocation and a \$10,000.00 fine.                                                                                                         |
| (69) Being convicted of or found guilty of, regardless of adjudication to, a felony or any other crime involving moral turpitude, fraud, dishonesty, or deceit in any jurisdiction of the courts of this state, or any other state, or of the United States.<br>(Section 459.015(1)(rr)4., F.S.)                                                                    |                                                                                                                                                                      |                                                                                                                                            |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Probation and a \$1,000.00 fine.                                                                                                                                     | Revocation and a \$10,000.00 fine.                                                                                                         |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                     | Suspension and a \$5,000.00 fine.                                                                                                                                    | Revocation and a \$10,000.00 fine.                                                                                                         |
| (70) Being convicted of, or disciplined by a regulatory agency of the Federal Government or a regulatory agency of another state for any offense that would constitute a violation of chapter 459, F.S.<br>(Section 459.015(1)(rr)5., F.S.)                                                                                                                         |                                                                                                                                                                      |                                                                                                                                            |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | From imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in Florida and a \$1,000.00 fine. | Suspension until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and a \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                     | From imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in Florida and a \$5,000.00 fine. | Revocation and a \$10,000.00 fine.                                                                                                         |
| (71) Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime which relates to the practice of, or the ability to                                                                                                                                                                                                |                                                                                                                                                                      |                                                                                                                                            |

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| practice, a licensed health care profession.<br>(Section 459.015(1)(rr)6., F.S.)                                                                                                                                                                                                                                                                   |                                                                        |                                                                        |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                     | Probation and a \$1,000.00 fine.                                       | Revocation and a \$10,000.00 fine.                                     |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                    | Suspension and a \$5,000.00 fine.                                      | Revocation and a \$10,000.00 fine.                                     |
| (72) Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime which relates to health care fraud.<br>(Section 459.015(1)(rr)7., F.S.)                                                                                                                                                           |                                                                        |                                                                        |
| (a) Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime relating to healthcare fraud in dollar amounts in excess of \$5,000.00.                                                                                                                                                            |                                                                        |                                                                        |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                     | Revocation and a \$10,000.00 fine.                                     |                                                                        |
| (b) Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime relating to healthcare fraud in dollar amounts of \$5,000.00 or less.                                                                                                                                                              |                                                                        |                                                                        |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                     | Suspension, followed by a period of probation, and a \$10,000.00 fine. |                                                                        |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                    | Revocation and a \$10,000.00 fine.                                     |                                                                        |
| (73) Dispensing any medicinal drug based upon a communication that purports to be a prescription as defined in section 465.003(14) or 893.02, F.S., if the dispensing practitioner knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship.<br>(Section 459.015(1)(rr)8., F.S.) |                                                                        |                                                                        |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                     | Reprimand and a \$1,000.00 fine.                                       | Revocation and a \$10,000.00 fine.                                     |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                    | Probation and a \$5,000.00 fine.                                       | Revocation and a \$10,000.00 fine.                                     |
| (74) Failing to timely notify the Board of the date of his or her termination from a pain management clinic as required by section 459.0137(2)€, F.S.<br>(Section 459.015(1)(rr)9., F.S.)                                                                                                                                                          |                                                                        |                                                                        |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                     | Letter of concern and a \$1,000.00 fine.                               | Probation and a \$5,000.00 fine.                                       |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                    | Reprimand and a \$5,000.00 fine.                                       | Suspension, followed by a period of probation, and a \$10,000.00 fine. |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                                                     | Suspension, followed by a period of probation, and a \$7,500.00 fine.  | Revocation and a \$10,000.00 fine.                                     |
| (75) Failing to timely notify the Department of the theft of prescription blanks from a pain management clinic or a breach of other methods for prescribing within 24 hours as required by section                                                                                                                                                 |                                                                        |                                                                        |

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| 459.0137(2)(d), F.S.<br>(Section 459.015(1)(ss), F.S.)                                                                                                                                                  |                                                                                                                                                 |                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                          | Letter of concern and a \$1,000.00 fine.                                                                                                        | Probation and a \$5,000.00 fine.                                                                     |
| SECOND OFFENSE:                                                                                                                                                                                         | Probation and a \$5,000.00 fine.                                                                                                                | Suspension, followed by a period of probation, and a \$10,000.00 fine.                               |
| THIRD OFFENSE:                                                                                                                                                                                          | Suspension, followed by a period of probation, and a \$7,500.00 fine.                                                                           | Revocation and a \$10,000.00 fine.                                                                   |
| (76) Promoting or advertising through any communication media the use, sale, or dispensing of any controlled substance appearing on any schedule in chapter 893, F.S.<br>(Section 459.015(1)(tt), F.S.) |                                                                                                                                                 |                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                          | Letter of concern and a \$1,000.00 fine.                                                                                                        | 1 year suspension, followed by a period of probation, and a \$5,000.00 fine.                         |
| SECOND OFFENSE:                                                                                                                                                                                         | Reprimand and a \$5,000.00 fine.                                                                                                                | 1 year suspension, followed by a period of probation, and a \$10,000.00 fine.                        |
| (77) Failure to comply with the controlled substance prescribing requirements of section 456.44, F.S.<br>(Section 456.072(1)(mm), F.S.)                                                                 |                                                                                                                                                 |                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                          | Suspension of license for a period of six (6) months followed by a period of probation and an administrative fine in the amount of \$10,000.00. | Revocation and an administrative fine in the amount of \$10,000.00.                                  |
| SECOND OFFENSE:                                                                                                                                                                                         | Suspension of license for a period of one (1) year followed by a period of probation and an administrative fine in the amount of \$10,000.00.   | Revocation and an administrative fine in the amount of \$10,000.00.                                  |
| (78) Providing false or deceptive expert witness testimony related to the practice of medicine.<br>(Section 459.015(1)(qq), F.S.)                                                                       |                                                                                                                                                 |                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                          | Reprimand and an administrative fine of \$5,000.00.                                                                                             | Revocation and an administrative fine of \$10,000.00.                                                |
| SECOND OFFENSE:                                                                                                                                                                                         | Suspension and an administrative fine of \$7,500.00.                                                                                            | Revocation and an administrative fine of \$10,000.00.                                                |
| (79) Failure to comply with the requirements of section 390.0111(3), F.S., regarding termination of pregnancies.<br>(Section 456.072(1)(k), F.S.)                                                       |                                                                                                                                                 |                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                          | Letter of concern and an administrative fine of \$1,000.00.                                                                                     | A period of probation and an administrative fine in the amount of \$2,500.00.                        |
| SECOND OFFENSE:                                                                                                                                                                                         | Reprimand and an administrative fine of \$2,500.00.                                                                                             | Suspension followed by a period of probation and an administrative fine in the amount of \$5,000.00. |

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| THIRD OFFENSE:                                                                                                                                                                                                    | Reprimand and an administrative fine of \$5,000.00.                                    | Revocation and an administrative fine in the amount of \$10,000.00.               |
| (80) Dispensing a controlled substance listed in Schedule II or Schedule III in violation of section 465.0276, F.S. (Section 459.015)(1)(uu), F.S.)                                                               |                                                                                        |                                                                                   |
| FIRST OFFENSE:                                                                                                                                                                                                    | Probation and an administrative fine of \$1,000.00.                                    | Revocation and an administrative fine of \$10,000.00.                             |
| SECOND OFFENSE:                                                                                                                                                                                                   | Suspension followed by a period of probation and an administrative fine of \$5,000.00. | Revocation and an administrative fine of \$10,000.00.                             |
| (81) Willfully failing to comply with section 627.64194 or 641.513, F.S. with such frequency as to indicate a general business practice. (Section 459.015)(1)(vv), F.S.)                                          |                                                                                        |                                                                                   |
| FIRST OFFENSE:                                                                                                                                                                                                    | Letter of concern.                                                                     | Reprimand and an administrative fine in the amount of \$1,000.00 to \$5,000.00.   |
| SECOND OFFENSE:                                                                                                                                                                                                   | Reprimand.                                                                             | Revocation and an administrative fine in the amount of \$5,000.00 to \$10,000.00. |
| (82) Issuing a physician certification as defined in section 381.986, F.S., in a manner out of compliance with the requirements of that section and the rules adopted thereunder. (Section 459.015)(1)(ww), F.S.) |                                                                                        |                                                                                   |
| FIRST OFFENSE:                                                                                                                                                                                                    | Denial or probation and an administrative fine of \$1,000.00.                          | Denial or revocation and an administrative fine of \$5,000.00.                    |
| SECOND OFFENSE:                                                                                                                                                                                                   | Denial or suspension and an administrative fine of \$5,000.00.                         | Denial or revocation and an administrative fine of \$10,000.00.                   |
| (83) Failure to consult the prescription drug monitoring system, as required by section 893.055(8), F.S. (Section 459.015)(1)(g), F.S.)                                                                           |                                                                                        |                                                                                   |
| FIRST OFFENSE:                                                                                                                                                                                                    | Letter of concern and an administrative fine of \$1,000.00.                            | Reprimand and an administrative fine of \$2,500.00.                               |
| SECOND OFFENSE:                                                                                                                                                                                                   | Reprimand and an administrative fine of \$2,500.00.                                    | Suspension and an administrative fine of \$5,000.00.                              |
| THIRD OFFENSE:                                                                                                                                                                                                    | Suspension and an administrative fine of \$5,000.00.                                   | Revocation and an administrative fine in the amount of \$10,000.00.               |
| (84) Failure to report adverse incidents in planned out-of-hospital births by section 459.015(1)(g), F.S. (Section 459.015)(1)(g), F.S.)                                                                          |                                                                                        |                                                                                   |
| FIRST OFFENSE:                                                                                                                                                                                                    | Letter of concern and an administrative fine of \$1,000.00.                            | Reprimand and an administrative fine of \$2,500.00.                               |
| SECOND OFFENSE:                                                                                                                                                                                                   | Reprimand and an administrative fine of                                                | Suspension and an administrative                                                  |

|                       |                                                      |                                                                     |
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|                       | \$2,500.00.                                          | fine of \$5,000.00.                                                 |
| <b>THIRD OFFENSE:</b> | Suspension and an administrative fine of \$5,000.00. | Revocation and an administrative fine in the amount of \$10,000.00. |

*Rulemaking Authority 456.079, 459.015(5) FS. Law Implemented 381.986(4)(d), 456.072, 456.079, 456.50, 459.015 FS. History—New 9-30-87, Amended 10-28-91, 1-12-93, Formerly 21R-19.002, 61F9-19.002, 59W-19.002, Amended 2-2-98, 2-11-01, 6-7-01, 2-26-02, 12-7-05, 11-14-06, 11-27-06, 5-10-10, 7-27-10, 11-10-11, 3-27-12, 7-3-12, 1-1-15, 11-27-16, 4-30-18, 8-9-18.*

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

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**NOTICE OF INTENT TO ADMIT MEDICAL RECORDS**

PLEASE TAKE NOTICE that the undersigned, as counsel for Petitioner, Department of Health, intends to offer medical records, pursuant to testimony by Respondent, into evidence at the Final Hearing for the above referenced case, and in support thereof, Petitioner states:

1. Pursuant to Section 90.803(6), Florida Statutes, Petitioner intends to offer a copy of Patient J.K.'s medical records from Exceptional Urgent Care Center as Petitioner's Exhibit A.

2. Section 90.803(6)(a), Florida Statutes, provides records of regularly conducted business activities are admissible if they were made at or near the time by a person with knowledge, if kept in the course of a regularly conducted business activity and if it was the regular practice of that

business activity to make such record, all as shown by the testimony of the custodian or other qualified witness.

3. Respondent verified the medical records comply with the standards of 90.803(6)(a) Florida Statutes, during his deposition testimony.

4. Petitioner has provided a copy of each document to Respondent for inspection sufficiently in advance of Final Hearing.

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel  
Florida Bar# 1003243  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
(850) 558-9892  
(850) 245-4684 Facsimile  
E-Mail: [Virginia.Edwards@flhealth.gov](mailto:Virginia.Edwards@flhealth.gov)

### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 31st day of October 2019, to Respondent, John Joseph Im, D.O., 13767 US Hwy 441 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**NOTICE OF INTENT TO ADMIT BUSINESS RECORDS**

PLEASE TAKE NOTICE that Petitioner, the Department of Health, intends to offer business records, pursuant to certifications, into evidence at the Final Hearing for the above referenced case, and in support thereof, Petitioner states:

1. Pursuant to Section 90.803(6), Florida Statutes, Petitioner intends to offer the following business records with a with a certificate of completeness into evidence by certification by custodian of record(s).

- (a) Pharmacy information from Publix regarding Patient J.K. as Petitioner's Exhibit G.

(b) Pharmacy notes from Publix regarding Patient J.K. as  
Petitioner's Exhibit H.

2. Section 90.902(11), Florida Statutes, provides in pertinent part:

**90.902 Self-Authentication.** – Extrinsic Evidence of authenticity as a condition precedent to admissibility is not required for:

\* \* \*

(11) An original or duplicate of evidence that would be admissible under s. 90.803(6)... and is accompanied by a certification or declaration from the custodian of the records...certifying that the record:

- (a) Was made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person having knowledge of those matters;
- (b) Was kept in the course of the regularly conducted activity; and
- (c) Was made as a regular practice in the course of the regularly conducted activity,

provided that falsely making such a certification or declaration would subject the maker to criminal penalty under the laws of the foreign or domestic location in which the certification or declaration was signed.

3. Further, pursuant to Section 90.803(6), Florida Statutes, Petitioner intends to offer a copy of a Cardiology Telephone Contact

regarding Patient J.K. from the Department of Veterans Affairs with a certificate of completeness as Petitioner's Exhibit I.

4. Section 90.902(2), Florida Statutes, provides extrinsic evidence of authenticity as a condition precedent to admissibility is not required for a document not bearing a seal but purporting to bear a signature of an officer or employee of any entity listed in subsection(1), affixed in the officer's or employee's official capacity. Subsection 1 includes the United States or any state, district, commonwealth, territory, or insular possession thereof;... or a court, political subdivision, department, officer or agency of any of them.

5. Petitioner has provided a copy of each document to Respondent for inspection sufficiently in advance of Final Hearing.

6. Petitioner submits that the certification and corresponding documents comply with the requirements of Sections 90.803(6) and 90.902(11), Florida Statutes.

*[Signatures Appear on Following Page]*

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel  
Florida Bar# 1003243  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
(850) 558-9892  
(850) 245-4684 Facsimile  
E-Mail: [Virginia.Edwards@flhealth.gov](mailto:Virginia.Edwards@flhealth.gov)

### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 31st day of October 2019, to Respondent, John Joseph Im, D.O., 13767 US Hwy 441 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**PETITIONER'S WITNESS LIST**

Petitioner, Department of Health, notifies the Court that the following witnesses will be available for live testimony:

1. Dr. Anthony Davis  
3108 Woodland Fern Drive,  
Parrish, Florida 34219
  
2. Respondent  
13767 US Hwy 441  
Lady Lake, Florida 32159
  
3. Patient J.K. – transcript and video deposition testimony in lieu of live testimony due to unavailability of witness. Address has been provided to Respondent, however, it has not been included in this list due to patient confidentiality.

4. Patient K.K. – transcript and video deposition testimony in lieu of live testimony due to unavailability of witness. Address has been provided to Respondent, however, it has not been included in this list due to patient confidentiality.
5. Any witnesses listed by Respondent.

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards

Assistant General Counsel

Florida Bar No. 1003243

DOH-Prosecution Services Unit

4052 Bald Cypress Way-Bin C-65

Tallahassee, Florida 32399-3265

Telephone: (850) 558-9892

Fax: (850) 245-4684

E-Mail: [virginia.edwards@flhealth.gov](mailto:virginia.edwards@flhealth.gov)

### **CERTIFICATE OF SERVICE**

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Respectfully submitted,

*Virginia Edwards*

Virginia Edwards

Assistant General Counsel

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF  
OSTEOPATHIC MEDICINE,

Petitioner,

vs.

Case No. 19-4724PL

JOHN JOSEPH IM, D.O.,

Respondent.

ORDER DENYING PETITIONER'S MOTION TO ACCEPT DEPOSITIONS IN LIEU  
OF LIVE TESTIMONY OR IN THE ALTERNATIVE MOTION TO CONTINUE

On October 23, 2019, Petitioner filed Petitioner's Motion to Accept Depositions in Lieu of Live Testimony or in the Alternative Motion to Continue ("Motion"). Petitioner requests that the undersigned accept the depositions of J.K. and K.K. at this time. However, this cause is scheduled for final hearing on November 7, 2019. Respondent timely filed a written response objecting to the Motion. This cause having come before the undersigned and the undersigned having reviewed the record in this cause, it is, therefore,

ORDERED that:

1. Petitioner's Motion is premature, as the final hearing is not scheduled to commence until November 7, 2019. Thus, the Motion is denied. The undersigned will consider whether the depositions in lieu of live testimony may be received in evidence if offered at the final hearing.

2. Finding no good cause to grant a continuance, Petitioner's Motion to Continue is denied.

3. The final hearing set for November 7, 2019, remains as scheduled.

DONE AND ORDERED this 30th day of October, 2019, in Tallahassee, Leon County, Florida.



---

YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
(850) 488-9675  
Fax Filing (850) 921-6847  
www.doah.state.fl.us

Filed with the Clerk of the  
Division of Administrative Hearings  
this 30th day of October, 2019.

COPIES FURNISHED:

Virginia Edwards, Esquire  
Department of Health  
Prosecution Services Unit  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

William Edward Walker, Esquire  
Department of Health  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

John Joseph Im, D.O.  
Exceptional Urgent Care Center  
13767 U. S. Highway 441  
Lady Lake, Florida 32159  
(eServed)

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**AMENDED NOTICE OF TELEPHONIC DEPOSITION**

PLEASE TAKE NOTICE that the undersigned, as counsel for Petitioner, Department of Health, will take the following telephonic deposition in accordance with Florida Rules of Civil Procedure 1.280 and 1.310, of the following witness, at the date, time and place hereinafter set forth:

WITNESS:           Tiffany Alston

DATE:                October 28, 2019

TIME:                1:00 P.M.

LOCATION:            Court Reporting Specialists  
707 Mabbett Street  
Kissimmee, FL 34741

Said deposition will be taken before American Court Reporter reporting firm or any other Notary Public or officer authorized by law to take depositions in the State of Florida. The deponent shall produce all materials as requested in the attached Schedule A.

**All Parties appearing by telephone are to call Conference Call Number 1-888-585-9008 and enter Conference Code 505-333-023.**

The deposition is being taken for the purposes of discovery or evidence, or both, for use at trial or for such other purpose as authorized by law and the Florida Rules of Civil Procedure.

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel  
Florida Bar# 1003243  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
(850) 558-9892  
(850) 245-4684 Facsimile  
E-Mail: [Virginia.Edwards@flhealth.gov](mailto:Virginia.Edwards@flhealth.gov)

## **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 25th day of October, 2019, to Respondent, John Joseph Im, D.O., 13767 US Hwy 441 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards

Assistant General Counsel

cc: Court Reporting Specialists  
707 Mabbett Street  
Kissimmee, FL 34741

### **Schedule A**

Have the following information with you at your deposition:

1. All documents and correspondence related to prescriptions filled and/or prescriptions prescribed by Exceptional Urgent Care, excluding any Prescription Drug Monitoring Program regards, for patient J.K. on March 16, 2018.
2. Any and all notes regarding conversations with J.K., or his wife K.K., for prescriptions prescribed by Exception Urgent Care Center on March 16, 2018.

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**PETITIONER'S NOTICE OF FILING EXHIBITS**

Petitioner, Department of Health, hereby files this Notice of Filing of Petitioner's Exhibit's A and B via hand delivery at the Division of Administrative Hearings corresponding to Petitioner's Response to Respondent's Motion for Sanctions. Copies of the exhibits were sent via email to Respondent, John Joseph Im, D.O., 13767 US Hwy 441 Lady Lake, Florida 32159 today.

Respectfully Submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel  
Florida Bar No. 10003243  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9892  
Fax: (850) 245-4684  
E-Mail: [virginia.edwards@flhealth.gov](mailto:virginia.edwards@flhealth.gov)

## **CERTIFICATE OF SERVICE**

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Respectfully submitted,

***Virginia Edwards***

Virginia Edwards  
Assistant General Counsel

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**PETITIONER'S RESPONSE TO RESPONDENT'S  
MOTION FOR SANCTIONS**

Petitioner, Department of Health, by and through the undersigned counsel, hereby files this Petitioner's Response to Respondent's Motion for Sanctions and responds as follows:

1. On or about October 8, 2019, Petitioner conducted the depositions of J.K. and K.K. via telephone and video recording.
2. The depositions were noticed to be in lieu of live testimony pursuant to Rule 1.330(a)(3), Fla.R.Civ.P, as both witnesses currently reside out of state in Mauston, Wisconsin, and will not return to Florida until January, 2020.

3. Additionally, Petitioner sent an email to Respondent informing him that the depositions were being taken in lieu of live testimony on or about September 25, 2019. [See Exhibit A to Respondent's Motion for Sanctions].

4. On or about October 11, 2019, Respondent filed a request for telephone conference with the Administrative Law Judge to discuss conduct of Petitioner's counsel during the deposition of K.K.

5. On or about October 14, 2019, a telephonic conference took place at which time Respondent's request was changed to a Motion for Sanctions.

6. On or about October 15, 2019, Respondent filed a Notice of Filing Defendant's Motion for Sanctions Pursuant to Fla. Statute 57.105.

7. On or about October 15, 2019, the Court issued an Order to Show Cause allowing Petitioner to show cause in writing why Respondent's Motion for Sanctions should not be granted.

#### Petitioner's Objections During the Depositions

8. Respondent alleges Petitioner made an excessive number of objections during the deposition of K.K. thus interfering with meaningful testimony and disrupting the orderly flow of the deposition.

9. Rule 1.310(c), Fla. R. Civ. P., advises examination and cross examination of witnesses may proceed as permitted at trial and objections must be stated concisely and in a nonargumentative and nonsuggestive manner.

10. Rule 1.330(d)(3)(A), Fla. R. Civ. P., states objections to the competency of a witness or to the competency, relevancy, or materiality of testimony are not waived by failure to make them before or during the taking of the deposition unless the ground of the objection is one that might have been obviated or removed if presented at that time.

11. Rule 1.330(d)(3)(B), Fla. R. Civ. P., states errors and irregularities occurring at the oral examination in the manner of taking the deposition, in the form of the questions or answers, in the oath or affirmation, or in the conduct of the parties and errors of any kind that may be obviated, removed, or cured if promptly presented are waived unless timely objection to them is made at the taking of the deposition.

12. As the depositions were noticed to be in lieu of live testimony, Petitioner made appropriate objections on the record to avoid waiving any objections pursuant to Rule 1.330(d)(3)(A) and (B), Fla. R. Civ. P.

13. Though Petitioner's direct examination of K.K. lasted approximately thirty-five minutes and addressed a two-day treatment period, Respondent's cross examination lasted over two hours.

14. Petitioner made appropriate and concise objections throughout the depositions. A copy of the complete transcript has been attached as Exhibit A for the Court's review.

15. Approximately an hour into Respondent's cross examination, Petitioner made "asked and answered" objections to several of Respondent's questions. Petitioner did not instruct K.K. not to answer the questions. K.K. did tell Respondent she had already answered several of the questions he was asking, but continued to provide answers. (Tr. p. 79; Tr. p. 82; Tr. p. 112, Tr. P. 113).

16. Respondent's Motion for Sanctions does not contain any allegations regarding the Petitioner's conduct during the deposition of J.K. However, a complete copy of the transcript has been provided as exhibit B, and Petitioner maintains all objections were appropriate and made to ensure they were not waived under 1.330(d)(3)(A) and (B), Fla. R. Civ. P.

### Respondent's Conduct During Cross Examination.

17. Respondent alleges in his Motion for Sanctions that Petitioner threatened to terminate the deposition several times.

18. Rule 1.310(d) Fla. R. Civ. P. states that at any time during the taking of a deposition, on motion of a party or of the deponent and on a showing that the examination is being conducted in bad faith or in such a manner as to unreasonably annoy, embarrass, or oppress the deponent or party, the Court in which the action is pending may order the officer conducting the examination to cease immediately from taking the deposition or may limit the scope and manner of the taking of the deposition under rule 1.280(c).

19. Rule 1.280(c), Fla. R. Civ. P. states upon motion by a party...., and for good cause shown, the court in which the action is pending may make any order to protect a party or person from annoyance, embarrassment, oppression, or undue burden or expense that justice requires including...(4) that certain matters not be inquired into, or that the scope of the discovery be limited to certain matters...

20. The matter before the Court involves a treatment period of two

days, and a medication prescribed based on the diagnosis from the second day of treatment of J.K.

21. As the depositions were noticed in lieu of live testimony, and Respondent is Pro Se, Petitioner tried to allow him to ask any questions he felt necessary, though his questions would ordinarily be considered well beyond the scope of cross examination.

22. However, during the course of K.K.'s deposition, it became apparent that Respondent was acting in bad faith, and in such a manner as to unreasonably annoy, embarrass, or oppress K.K. (Tr. pp. 103 - 110).

23. Therefore, Petitioner appropriately objected on the grounds that Respondent was harassing the witness. Petitioner informed Respondent that the deposition would be terminated, and Petitioner would move for a protective order if he continued to harass K.K. (Tr. pp. 110-111).

#### Respondent's Attempts to Testify.

24. During the deposition, Respondent repeatedly testified on the record instead of asking the witness questions. Petitioner advised Respondent if he wasn't going to ask questions of the witness, the deposition would be terminated. (Tr. pp. 79-80).

25. Respondent then attempted to enter an exhibit of a medical article through K.K., a lay witness, and testify himself as to the contents of the exhibit by reading it in to the record. Upon objection, Petitioner advised Respondent that he was to ask questions of the witness, not to read an exhibit in to the record. Respondent continued to testify, and Petitioner advised she would need to move for a protective order if he continued. Over objection, Respondent ultimately read the information in to the record. (Tr. pp. 99-102)

#### Respondent's Repetitive Questions

26. Respondent then began a line of questions that had been previously answered by the witness numerous times. Petitioner advised Respondent if he was going to continue to ask the same questions, the deposition would be suspended, as he was harassing the witness. Respondent advised he was going to move on. (Tr. pp. 110-111).

27. Further, K.K. continued to answer Respondent's questions even after objections were made. (See transcript)

28. As Respondent is pro se, Petitioner never suspended or terminated the deposition and allowed Respondent to continue questioning the witness.

29. As explained above, Petitioner only interjected in the questioning when the Respondent attempted to testify and when he continued to ask irrelevant questions to the point of annoying and harassing the witness. After each objection, Respondent continued his questioning of the witness.

30. Contrary to the representations made by Respondent during the telephone conference on October 14, 2019, Respondent stated he was done deposing K.K. (Tr. p. 145).

#### Cost of the Deposition

31. Respondent further alleges Petitioner made a comment regarding payment of costs of the deposition and that she advised K.K. not to answer questions off the record.

32. After Respondent finished his cross examination, and the deposition was concluded, Respondent requested to ask a question of K.K. Since Petitioner does not represent K.K., Petitioner informed K.K. that it was up to her whether she wanted to answer. (Tr. p. 146).

33. Respondent then proceeded to threaten K.K. by saying that he would be filing an expensive lawsuit against her for defamation.

34. Petitioner immediately objected even though the record had been closed and told Respondent that she was releasing the witness as the

deposition had ended, or alternatively she would re-open the record so that Respondent's attempt to intimidate a witness could be recorded.

35. As Respondent continued to object, Petitioner advised that the Department was paying for the deposition, including the room, court reporter and videographer, and Respondent could contact the witness separately on his own time regarding matters not relevant to the case.

#### Physical Location of JK and KK

36. Respondent contends Petitioner attempted to sway proceedings by stating J.K. and K.K. will not be available for the trial date on November 7, 2019. Pursuant to Rule 1.330(a)(3), Fla. R. Civ. P., the witnesses are out of State; therefore, the depositions can be properly noticed and entered in to evidence in lieu of live testimony.

37. Further, per Respondent's Exhibit A, Respondent was on proper notice that the depositions were to be taken in lieu of live testimony. During the depositions of J.K. and K.K. both witnesses testified that they will be in Wisconsin on the date of the hearing and will not return to Florida until January, 2020. (Exhibit A Tr. p. 9; Exhibit B Tr. p. 10)

## Respondent's Motion for Sanctions

38. Respondent alleges that he is entitled to sanctions for the conduct of Petitioner's counsel during the deposition. However, it would be inappropriate for the division to impose sanctions for this issue.

39. Section 57.105, Florida Statutes is not applicable to this sanctions request.

40. However, Section 120.65(7), Florida Statutes, states that the rules promulgated by the division may authorize any reasonable sanctions, except contempt, for violation of the rules of the division or failure to comply with a reasonable order issued by an administrative law judge.

41. Rule 28-106.206, Fla. Admin Code provides that the presiding officer may issue appropriate orders to effectuate the purposes of discovery and to prevent delay, including the imposition of sanctions in accordance with the Florida Rules of Civil Procedure, except contempt.

42. Rule 1.380, Fla. R. Civ. P., specifically provides for sanctions for the failure of a party to comply with discovery requests or orders.

43. In the instant case, there was no failure to comply with discovery requirements as the deposition took place as scheduled, both parties were

present, and Respondent was given the opportunity to cross examine the witnesses.

44. As detailed above, counsel for Petitioner's conduct during the depositions of J.K. and K.K. was entirely appropriate, and Petitioner respectfully requests Respondent's Motion for Sanctions be denied.

WHEREFORE, for the foregoing reasons, Petitioner respectfully requests that the Administrative Law Judge deny the Respondent's Motion for Sanctions, and for such relief as is just and equitable.

Respectfully Submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel  
Florida Bar No. 10003243  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9892  
Fax: (850) 245-4684  
E-Mail: [virginia.edwards@flhealth.gov](mailto:virginia.edwards@flhealth.gov)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 25th day of October 2019, to Respondent, John Joseph Im, D.O., 13767 US Hwy 441 Lady Lake, Florida 32159, at johnimdo@yahoo.com.

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**NOTICE OF TELEPHONIC DEPOSITION**

PLEASE TAKE NOTICE that the undersigned, as counsel for Petitioner, Department of Health, will take the following telephonic deposition in accordance with Florida Rules of Civil Procedure 1.280 and 1.310, of the following witness, at the date, time and place hereinafter set forth:

WITNESS:           Tiffany Alston

DATE:               October 28, 2019

TIME:               1:00 P.M.

LOCATION:           Court Reporting Specialists  
707 Mabbett Street  
Kissimmee, FL 34741

Said deposition will be taken before American Court Reporter reporting firm or any other Notary Public or officer authorized by law to take depositions in the State of Florida. The deponent shall produce all materials as requested in the attached Schedule A.

**All Parties appearing by telephone are to call in at (407) 847-6228**

The deposition is being taken for the purposes of discovery or evidence, or both, for use at trial or for such other purpose as authorized by law and the Florida Rules of Civil Procedure.

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel  
Florida Bar# 1003243  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
(850) 558-9892  
(850) 245-4684 Facsimile  
E-Mail: [Virginia.Edwards@flhealth.gov](mailto:Virginia.Edwards@flhealth.gov)

## **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 23rd day of October, 2019, to Respondent, John Joseph Im, D.O., 13767 US Hwy 441 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards

Assistant General Counsel

cc: Court Reporting Specialists  
707 Mabbett Street  
Kissimmee, FL 34741

### **Schedule A**

Have the following information with you at your deposition:

1. All documents and correspondence related to prescriptions filled and/or prescriptions prescribed by Exceptional Urgent Care, excluding any Prescription Drug Monitoring Program regards, for patient J.K. on March 16, 2018.
2. Any and all notes regarding conversations with J.K., or his wife K.K., for prescriptions prescribed by Exception Urgent Care Center on March 16, 2018.

Exhibit A

From: Edwards, Virginia Virginia.Edwards@flhealth.gov  
Subject: RE: Deposition  
Date: Sep 25, 2019 at 12:57:36 PM  
To: John johnimdo@yahoo.com

Dr. Im,

Our expert will be present at the hearing. The Plaintiffs will not be present. We are going to introduce their testimony taken at the deposition as an exhibit in lieu of a live appearance since they are in Wisconsin.

Virginia Edwards, Assistant General Counsel  
Office of the General Counsel, Prosecution Services Unit  
Florida Department of Health  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
850-558-9892

**Mission:** To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the Healthiest State in the Nation

**Values:** ICARE

I innovation: We search for creative solutions and manage resources wisely.

C collaboration: We use teamwork to achieve common goals & solve problems.

A accountability: We perform with integrity & respect.

R responsiveness: We achieve our mission by serving our customers & engaging our partners.

E excellence: We promote quality outcomes through learning & continuous performance improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

---

**Please note:**

Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Please consider the environment before printing this e-mail.

---

**From:** John <johnimdo@yahoo.com>  
**Sent:** Wednesday, September 25, 2019 12:54 PM  
**To:** Edwards, Virginia <Virginia.Edwards@flhealth.gov>

## Exhibit B

From: John johnimdo@yahoo.com  
Subject: Re: Motion for Telephonic Appearance  
Date: Oct 15, 2019 at 2:03:01 PM  
To: Edwards, Virginia Virginia.Edwards@flhealth.gov

I object. As I told you Mrs KK stated during her deposition that she would be able to appear in person. Also she has been served a subpoena

Sent from my iPhone  
Dr. John Im

On Oct 15, 2019, at 12:46 PM, Edwards, Virginia  
<Virginia.Edwards@flhealth.gov> wrote:

Dr. Im,

Please review the attached motion and let me know if you have any objections.

Thank you,

Virginia Edwards, Assistant General Counsel  
Office of the General Counsel, Prosecution Services Unit  
Florida Department of Health  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
850-558-9892

**Mission:** To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.

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I innovation: We search for creative solutions and manage resources wisely.

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A accountability: We perform with integrity & respect.

R responsiveness: We achieve our mission by serving our customers & engaging our partners.

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Exhibit B

information.

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Please consider the environment before printing this e-mail.

[<Petitioner's Motion for Telephonic Appearance.pdf>](#)

Please review the attached motion and let me know if you have any objections.

Thank you,

Virginia Edwards, Assistant General Counsel  
Office of the General Counsel, Prosecution Services Unit  
Florida Department of Health  
4052 Bald Cypress Way, Bin 4065  
Tallahassee, FL 32399-3268  
850-858-9892

Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county & community efforts  
Vision: To be the Healthiest State in the Nation  
Values: ICARE  
Innovation: We search for creative solutions and manage resources wisely  
Collaboration: We use teamwork to achieve common goals & solve problems  
Accountability: We perform with integrity & respect  
Responsiveness: We achieve our mission by serving our customers & engaging our partners  
Excellence: We promote quality outcomes through learning & continuous performance improvement  
Purpose: To protect the public through health care licensure, enforcement and

From: Edwards, Virginia Virginia.Edwards@flhealth.gov  
Subject: FW: Motion for Telephonic Appearance  
Date: Oct 22, 2019 at 4:51:37 PM  
To: John johnimdo@yahoo.com

Exhibit C

Dr. Im,

Please let me know your stance on the attached motion as I will be filing it first thing in the morning.

Thank you,

Virginia Edwards, Assistant General Counsel  
Office of the General Counsel, Prosecution Services Unit  
Florida Department of Health  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
850-558-9892

**Mission:** To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the Healthiest State in the Nation

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I innovation: We search for creative solutions and manage resources wisely.

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**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

---

**Please note:**

Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Please consider the environment before printing this e-mail.

---

**From:** Edwards, Virginia  
**Sent:** Tuesday, October 22, 2019 11:11 AM  
**To:** John <johnimdo@yahoo.com>  
**Cc:** Walker, William <William.Walker@flhealth.gov>  
**Subject:** RE: Motion for Telephonic Appearance

**Respondent's Motion to deny Petitioner's Motion to Accept Depositions in Lieu of Live Testimony**

1. On Septemeber 25, 2019, I received an email from Virginia Edwards, Esq. stating that plaintiff will not be present at trial (See Exhibit A).
2. On October 15, 2019 Ms. Edwards emailed me and asked me if I objected to her motion to accept depositions in lieu of live testimony (See Exhibit B).
3. On October 22, 2019, Ms. Edwards emailed me "please let me know your stance on the attached motion" (See Exhibit C).
4. I feel that Ms. Edwards is trying to influence the plaintiffs to have them not be present for trial.
5. Plaintiffs have a second home in The Villages less than 10 miles from Lady Lake Town Hall Commission Chambers.
6. Attending a reward ceremony and not respecting the court's subpoena should not be taken lightly.
7. I request the full might of the court be applied to have the plaintiffs respect the subpoena and appear in person for the trial date November 7, 2019.
8. In my opinion, this is another example of why Ms. Edwards should be sanctioned by the court.

**EXHIBIT  
A**

Virginia Edwards  
4052 Bald Cypress Way  
Bin #65  
Tallahassee, FL 32399

Oct. 17, 2019

Ms. Edwards,

I am unable to testify on the date of November 7, 2019. I will be attending a conference in which the Wisconsin State Public Defenders Board will be naming an award for my brother in law, D [REDACTED] B [REDACTED]. He just recently passed away and we were invited to attend the ceremony. At the time of my deposition, Nov. 7<sup>th</sup> was mentioned as a possible trial date. I did not state that I would be able to attend on that date. I was just recently informed that Nov. 7<sup>th</sup> was the date they were considering for trial. I rechecked at that time and discovered the conflict. It is my hope that the trial can be set for another date.

Thank you,

  
J [REDACTED] Ki [REDACTED]

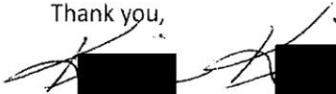
Virginia Edwards  
4052 Bald Cypress Way  
Bin #65  
Tallahassee, FL 32399

Oct. 17, 2019

Ms. Edwards,

I am unable to testify on the date of November 7, 2019. I will be attending a conference in which the Wisconsin State Public Defenders Board will be naming an award for my brother. My brother D [REDACTED] B [REDACTED] just recently passed away and we were invited to attend this ceremony. At the time of my deposition, the date of Nov. 7<sup>th</sup> was mentioned as a tentative court date. I did not have my appointment calendar with me at that time. I stated that I would probably be available if absolutely necessary. Upon rechecking that date the following week, I realized that it conflicted with the conference date. I apologize if this has caused any problems, however our arrangements to attend the conference had already been made earlier in the month. It is my hope that a different date can be scheduled as I would like to present my testimony.

Thank you,

  
K [REDACTED] K [REDACTED]

From the desk of R [REDACTED] D [REDACTED]

September 16, 2019

Ms. J [REDACTED] B [REDACTED]  
[REDACTED]  
Mauston, Wisconsin 53948-8981

Dear J [REDACTED],

It has been an absolute honor to work under D [REDACTED]'s leadership on the Public Defender Board. D [REDACTED] was such an inspirational leader to each of the Board members and to the agency. Last Friday, the Public Defender Board met and discussed preserving D [REDACTED]'s legacy for the agency, the staff, and for the private bar attorneys who take agency appointments. With unanimous support, we have renamed our Private Bar Award the D [REDACTED] B [REDACTED] Award which we hope will be a lasting and fitting tribute to D [REDACTED].

J [REDACTED], on behalf of the Public Defender Board, let me again express our deepest sorrow.

Sincerely,

  
Public Defender Board

J [REDACTED],  
I am praying  
for your strength.  
Please keep in  
touch. [REDACTED]

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**PETITIONER'S MOTION TO ACCEPT DEPOSITIONS IN LIEU OF  
LIVE TESTIMONY OR IN THE ALTERNATIVE MOTION TO  
CONTINUE**

Petitioner, Department of Health, hereby files this Motion to Accept Depositions in Lieu of Live Testimony or in the alternative Motion to Continue and in support states the following:

1. This matter is scheduled for hearing November 7, 2019 in Lady Lake, Florida.
2. Under Rule 1.330(a)(3)(B), Fla.R.Civ.P., the deposition of a witness whether or not a party may be used by any party for any purpose if the court finds that the witness is at a greater distance than 100 miles of the place of trial or out of the state, unless it appears that the absence of the witness was procured by the party offering the deposition.

3. During their depositions, J.K. and K.K., both testified that they currently reside in Mauston, Wisconsin, which is out of state and over 100 miles from the hearing location, and they will not return to Florida until January.

4. Petitioner properly noticed Respondent that the depositions of K.K. and J.K. would be taken in lieu of live testimony on September 16, 2019 via a telephone conversation, and via email on September 20, 2019.

5. Further, on September 24, 2019, Petitioner filed the deposition notices for both witness as Notices of Taking Deposition in Lieu of Live Testimony and specifically advised the depositions would be taken for the purpose of primary evidence at trial.

6. Upon completion of the depositions, Respondent provided notice of intent to subpoena J.K. and K.K. to testify live at the hearing.

7. K.K. and J.K. contacted Petitioner and advised via signed letters that they are unavailable to testify live or telephonically on November 7, 2019 as they have a prescheduled trip to attend a conference and award presentation in Wisconsin in honor of K.K.'s recently deceased brother. Copies of the signed letters are attached as Exhibit A. K.K. advised notarized copies are available if needed.

8. Respondent will not be prejudiced by admittance of the deposition testimony as Respondent had the opportunity to cross-examine both witnesses during their respective depositions.

9. Petitioner is aware there is a pending motion regarding the conduct during the depositions and will promptly provide a response upon receipt of the completed transcripts. Due to the notification of unavailability for trial from the witnesses, Petitioner felt it appropriate to submit this motion for consideration.

10. In the alternative, if the depositions are not accepted in lieu of live testimony, Petitioner requests the hearing date be continued to a time when the witnesses are available to appear telephonically or continued to late January when the witnesses will return to Florida and can present live testimony.

11. Petitioner has conferred with Respondent regarding the relief requested in this motion and Respondent objects.

WHEREFORE, for the foregoing reasons, Petitioner respectfully requests that the Administrative Law Judge grant this motion accepting the depositions be accepted in lieu of live testimony, or alternatively that the trial date and discovery deadline be continued to such time where the witnesses are able to present their testimony.

*[Signature and certificate of service appear on next page]*

Respectfully Submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel  
Florida Bar No. 10003243  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9892  
Fax: (850) 245-4684  
E-Mail: [virginia.edwards@flhealth.gov](mailto:virginia.edwards@flhealth.gov)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 23rd day of October, 2019, to Respondent, John Joseph Im, D.O., 13767 US Hwy 441 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**MOTION TO DENY PETITIONER'S REQUEST FOR  
TELEPHONIC APPEARANCE**

Mrs. KK, the plaintiff, stated in her deposition on October 8, 2019, that she would be available for the trial date on November 7, 2019 at 9:30am in Lady Lake Town Hall, Commission Chambers, 409 Fennell Boulevard, Lady Lake Florida.

Mrs. KK was served with a subpoena to appear in person on October 15, 2019 by Southeast Wisconsin Process, LLC.

I have notified Ms. Virginia Edwards the same.

Respectfully Submitted,

John Joseph Im, D.O.  
Telephone: 352-598-5997  
Address: 13767 US HWY 441  
Lady Lake, FL, 32159

# EXHIBIT A

From: Edwards, Virginia Virginia.Edwards@flhealth.gov  
Subject: RE: Deposition  
Date: Sep 25, 2019 at 12:57:36 PM  
To: John johnimdo@yahoo.com

Dr. Im,

Our expert will be present at the hearing. The Plaintiffs will not be present. We are going to introduce their testimony taken at the deposition as an exhibit in lieu of a live appearance since they are in Wisconsin.

Virginia Edwards, Assistant General Counsel  
Office of the General Counsel, Prosecution Services Unit  
Florida Department of Health  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
850-558-9892

**Mission:** To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.

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---

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Please consider the environment before printing this e-mail.

---

**From:** John <johnimdo@yahoo.com>

**Sent:** Wednesday, September 25, 2019, 12:54 PM

**To:** Edwards, Virginia <Virginia.Edwards@flhealth.gov>

**Subject:** Re: Deposition

Looks the hearing is set for November 7th at 9:30 am. Will the plaintiffs and your expert witness be present? Or do I need to subpoena them?

Sent from my iPhone  
Dr. John Im

On Sep 20, 2019, at 1:47 PM, Edwards, Virginia <Virginia.Edwards@flhealth.gov> wrote:

Dr. Im,

The depositions for Mr. and Mrs. K will take place on October 8<sup>th</sup> at 11am. I am still working on all of the details on the communication aspect, and will provide those as soon as everything is finalized. The depositions will be video recorded.

The deposition of Dr. Davis cannot take place at the same time. I reached out to Dr. Davis to find out his availability for a deposition, and he is available to be deposed on October 9<sup>th</sup>. Please note, if you are going to call Dr. Davis for a deposition, you are responsible for all associated costs, including paying Dr. Davis' deposition fee. Attached is a copy of his fee schedule. If you choose to obtain an expert, we would be required to pay the costs associated for deposing your expert.

I am able to work with Dr. Davis to find a location to conduct the deposition .

Please let me know how you would like to proceed.

Thank you,

Virginia Edwards, Assistant General Counsel  
Office of the General Counsel, Prosecution Services Unit  
Florida Department of Health  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
850-558-9892

**Mission:** To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.

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STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF  
OSTEOPATHIC MEDICINE,

Petitioner,

vs.

Case No. 19-4724PL

JOHN JOSEPH IM, D.O.,

Respondent.

\_\_\_\_\_ /

ORDER TO SHOW CAUSE

On October 11, 2019, this cause came before the undersigned on Respondent's written request for hearing to address the conduct of Petitioner's counsel during the depositions of two lay witnesses. On October 14, 2019, the undersigned conducted a telephonic conference at which time it became clear that Respondent was seeking sanctions against Petitioner. Respondent's request is, therefore, considered a motion for sanctions. Respondent did not include the required statement in his request that he had conferred with Petitioner and obtained Petitioner's position regarding any objection to the request. As such, Respondent has not yet had an opportunity to respond to the request for sanctions. It is, therefore,

ORDERED that no later than 5:00 p.m., October 25, 2019, Petitioner shall show cause in writing why Respondent's motion for sanctions should not be granted.

DONE AND ORDERED this 15th day of October, 2019, in Tallahassee, Leon County, Florida.



\_\_\_\_\_  
YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
(850) 488-9675  
Fax Filing (850) 921-6847  
www.doah.state.fl.us

Filed with the Clerk of the  
Division of Administrative Hearings  
this 15th day of October, 2019.

COPIES FURNISHED:

Virginia Edwards, Esquire  
Department of Health  
Prosecution Services Unit  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

William Edward Walker, Esquire  
Department of Health  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

John Joseph Im, D.O.  
Exceptional Urgent Care Center  
13767 U.S. Highway 441  
Lady Lake, Florida 32159  
(eServed)

Department of Health, Petitioner v. John Joseph Im, D.O., Respondent.

Case No. 2018-07389

**Notice of Filing Defendant's Motion for Sanctions Pursuant to Fla. Statute 57.105**

Defendant, Dr. John Im, hereby gives Notice to the Court and all parties that they are filing the attached defendant's Motion for Sanctions Pursuant to Fla. Stat. 57.105.

**Certificate of Service**

I HEREBY CERTIFY that a true and correct copy of the foregoing document is being faxed to the counsel of record via Florida Courts e-Filing Portal.

Ms. Virginia Edwards, during the October 8, 2019 deposition made an excessive number of objections thus interfering with meaningful testimony thereby disrupting the orderly flow of the deposition.

Ms. Virginia Edwards instructed Mrs. KK, the plaintiff, not to answer "redundant" questions. As a direct result Mrs. KK refuse to answer several of my questions.

Ms. Virginia Edwards never instructed Mrs. KK to answer the question when she refused to answer.

When I asked Mrs. KK to read the highlighted section in an exhibit, Ms. Virginia Edwards objected and instructed Mrs. KK that she did not have to read it.

On several occasions during the deposition, Ms. Virginia Edwards threatened to terminate the deposition.

The deposition was unfairly frustrated by the frequent objections and Ms. Virginia Edwards' attempt to intimidate me did not allow me to finish my questioning of Mrs. KK.

Ms. Virginia Edwards also attempted to sway the proceedings by stating in her email that the plaintiffs will not be available for the trial date November 7, 2019. Please see attached Exhibit A.

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF  
OSTEOPATHIC MEDICINE,

Petitioner,

vs.

Case No. 19-4724PL

JOHN JOSEPH IM, D.O.,

Respondent.

\_\_\_\_\_ /

NOTICE OF EX PARTE COMMUNICATION

This cause came before the undersigned on Respondent's request for telephonic conference, filed on October 11, 2019. Pursuant to section 120.66(2), Florida Statutes, the communication is placed on the record.

No party may communicate in writing with the Administrative Law Judge concerning matters of substance in this case without providing a copy of such written communication to all other parties. No party may communicate orally or in writing with the Administrative Law Judge concerning matters of substance in this case unless the other parties are privy to the communication.

Attention is further directed to Florida Administrative Code Rule 28-106.104, which requires as follows:

(4) Whenever a party files a pleading or other document with the agency, that party shall serve copies of the pleading or other document upon all other parties to the proceeding. A certificate of service shall accompany each pleading or other document filed with the agency.

DONE AND ENTERED this 15th day of October, 2019, in Tallahassee, Leon County, Florida.



---

YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
(850) 488-9675  
Fax Filing (850) 921-6847  
www.doah.state.fl.us

Filed with the Clerk of the  
Division of Administrative Hearings  
this 15th day of October, 2019.

COPIES FURNISHED:

Virginia Edwards, Esquire  
Department of Health  
Prosecution Services Unit  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

William Edward Walker, Esquire  
Department of Health  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

John Joseph Im, D.O.  
Exceptional Urgent Care Center  
13767 U. S. Highway 441  
Lady Lake, Florida 32159  
(eServed)

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF  
OSTEOPATHIC MEDICINE,

Petitioner,

vs.

Case No. 19-4724PL

JOHN JOSEPH IM, D.O.,

Respondent.

---

NOTICE OF TELEPHONIC STATUS CONFERENCE

A telephonic status conference will be held in this case on October 14, 2019, at 11:00 a.m., or as soon thereafter as can be heard. To participate in the status conference, each party must call Conference Number 888.585.9008 and enter Conference Room number 824028205# at the time noted above.

October 11, 2019



---

YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
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COPIES FURNISHED:

Virginia Edwards, Esquire  
Department of Health  
Prosecution Services Unit  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

William Edward Walker, Esquire  
Department of Health  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

John Joseph Im, D.O.  
Exceptional Urgent Care Center  
13767 U. S. Highway 441  
Lady Lake, Florida 32159  
(eServed)

In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this proceeding should contact the Judge's secretary no later than ten days prior to the hearing. The Judge's secretary may be contacted at (850) 488-9675, via 1-800-955-8771 (TTY), 1-800-955-1339 (ASCII), or 1-800-955-8770 (Voice) Florida Relay Service.

Yolanda Y. Green  
Administrative Law Judge  
Division of Administrative Hearings

Your Honor,

I would like to request a telephone conference with you in regards to a disturbing incident during my deposition on October 8, 2019. Ms. Virginia Edwards Esq, told me that she does not represent the plaintiff or myself, however during the deposition she objected to my questioning of Mrs. KK at least thirty times. On several occasions when Mrs. KK refused to answer my questions, Ms. Virginia Edwards never instructed Mrs. KK to answer the questions. In fact, she threatened me several times stating that my questioning of Mrs. KK were grounds of harassment of the witness and that she will be forced to end the deposition and report me to the judge. At one point she stated, "We are paying for this deposition". This statement was really confusing to me and it is another form of intimidation. I feel that Ms. Edwards attempted to influence and empower the complaining party. She even told Mrs. KK that she did not have to talk to me off-record even though Mrs. KK agreed to. Rule 4-3.4 states "A lawyer must not fabricate evidence or counsel or assist a witness to testify falsely".

Thank you for your time and consideration and I look forward to addressing my concerns with you via telephone conference.

John Joseph Im, D.O.

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**NOTICE OF TAKING RECORDED TELEPHONIC  
DEPOSITION IN LIEU OF LIVE TESTIMONY**

PLEASE TAKE NOTICE that the undersigned, as counsel for Petitioner, Department of Health, will take the following telephonic and video recorded deposition in accordance with Florida Rules of Civil Procedure 1.280 and 1.310, of the following witness, at the date, time and place hereinafter set forth:

**WITNESS:**            K.K.

**DATE:**                October 8, 2019

**TIME:**                11:00 A.M. Central/12:00 P.M. Eastern

**LOCATION:**            Best Western  
                              1006 WI-82  
                              Meeting Room  
                              Mauston, WI 53948

Said deposition will be taken before Atkinson-Baker Inc. reporting firm or any other Notary Public or officer authorized by law to take depositions in the State of Wisconsin. Further, the deposition will be video recorded by Jon S. Hansen with Video Concepts, Inc., N1912 Majestic Pines Circle, Wautoma, WI 54982. **All Parties appearing by telephone are to call Conference Call Number 1-888-585-9008 and enter Conference Code 546-726-849.**

**This deposition is being taken for the purpose of primary evidence at trial** and for such other purpose as authorized by law and the Rules of Civil Procedure.

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel  
Florida Bar# 1003243  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
(850) 558-9892  
(850) 245-4684 Facsimile  
E-Mail: [Virginia.Edwards@flhealth.gov](mailto:Virginia.Edwards@flhealth.gov)

## **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 24th day of September, 2019, to Respondent, John Joseph Im, D.O., 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel

cc: Atkinson-Baker, Inc.  
(800) 288-3376  
E-mail: [shuynh@depo.com](mailto:shuynh@depo.com)

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**NOTICE OF TAKING RECORDED TELEPHONIC  
DEPOSITION IN LIEU OF LIVE TESTIMONY**

PLEASE TAKE NOTICE that the undersigned, as counsel for Petitioner, Department of Health, will take the following telephonic and video recorded deposition in accordance with Florida Rules of Civil Procedure 1.280 and 1.310, of the following witness, at the date, time and place hereinafter set forth:

WITNESS: J.K.

DATE: October 8, 2019

TIME: 10:00 A.M. Central/11:00 A.M. Eastern

LOCATION: Best Western  
1006 WI-82  
Meeting Room  
Mauston, WI 53948

Said deposition will be taken before Atkinson-Baker Inc. reporting firm or any other Notary Public or officer authorized by law to take depositions in the State of Wisconsin. Further, the deposition will be video recorded by Jon S. Hansen with Video Concepts, Inc., N1912 Majestic Pines Circle, Wautoma, WI 54982. **All Parties appearing by telephone are to call Conference Call Number 1-888-585-9008 and enter Conference Code 546-726-849.**

**This deposition is being taken for the purpose of primary evidence at trial** and for such other purpose as authorized by law and the Rules of Civil Procedure.

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel  
Florida Bar# 1003243  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
(850) 558-9892  
(850) 245-4684 Facsimile  
E-Mail: [Virginia.Edwards@flhealth.gov](mailto:Virginia.Edwards@flhealth.gov)

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Respectfully submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel

cc: Atkinson-Baker, Inc.  
(800) 288-3376  
E-mail: [shuynh@depo.com](mailto:shuynh@depo.com)

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**AMENDED NOTICE OF TAKING DEPOSITION**

PLEASE TAKE NOTICE that the undersigned, as counsel for Petitioner, Department of Health, will take the following deposition in accordance with Florida Rules of Civil Procedure 1.280 and 1.310, of the following witness, at the date, time and place hereinafter set forth:

WITNESS:            John Joseph Im, M.D.

DATE:                October 3, 2019

TIME:                3:00 P.M.

LOCATION:            Lady Lake Town Hall Commission Chambers  
409 Fennell Boulevard  
Lady Lake, Florida 32159

upon oral examination before Owen & Associates reporting firm or any other Notary Public or officer authorized by law to take depositions in the State of Florida. The deposition is being taken for the purposes of discovery or evidence, or both, for use at trial or for such other purpose as authorized by law and the Florida Rules of Civil Procedure.

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel  
Florida Bar# 1003243  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
(850) 558-9892  
(850) 245-4684 Facsimile  
E-Mail: [Virginia.Edwards@flhealth.gov](mailto:Virginia.Edwards@flhealth.gov)

### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 19th day of September, 2019, to Respondent, John Joseph Im, D.O., 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel

cc: Owen & Associates  
(352) 352-624-2258  
E-mail: [owenassocs@aol.com](mailto:owenassocs@aol.com)

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**NOTICE OF TAKING RECORDED TELEPHONIC  
DEPOSITION IN LIEU OF LIVE TESTIMONY**

PLEASE TAKE NOTICE that the undersigned, as counsel for Petitioner, Department of Health, will take the following telephonic and video recorded deposition in accordance with Florida Rules of Civil Procedure 1.280 and 1.310, of the following witness, at the date, time and place hereinafter set forth:

WITNESS:            J.K.

DATE:                October 8, 2019

TIME:                10:00 A.M. Central/11:00 A.M. Eastern

LOCATION:            Best Western  
                              1006 WI-82  
                              Meeting Room  
                              Mauston, WI 53948

Said deposition will be taken before Atkinson-Baker Inc. reporting firm or any other Notary Public or officer authorized by law to take depositions in the State of Wisconsin. Further, the deposition will be video recorded by Jon S. Hansen with Video Concepts, Inc., N1912 Majestic Pines Circle, Wautoma, WI 54982. **All Parties appearing by telephone are to call Conference Call Number 1-888-585-9008 and enter Conference Code 546-726-849.**

**This deposition is being taken for the purpose of primary evidence at trial** and for such other purpose as authorized by law and the Rules of Civil Procedure.

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel  
Florida Bar# 1003243  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
(850) 558-9892  
(850) 245-4684 Facsimile  
E-Mail: [Virginia.Edwards@flhealth.gov](mailto:Virginia.Edwards@flhealth.gov)

## **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 24th day of September, 2019, to Respondent, John Joseph Im, D.O., 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel

cc: Atkinson-Baker, Inc.  
(800) 288-3376  
E-mail: [shuynh@depo.com](mailto:shuynh@depo.com)

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**NOTICE OF TAKING DEPOSITION**

PLEASE TAKE NOTICE that the undersigned, as counsel for Petitioner, Department of Health, will take the following deposition in accordance with Florida Rules of Civil Procedure 1.280 and 1.310, of the following witness, at the date, time and place hereinafter set forth:

WITNESS: John Joseph Im, M.D.

DATE: October 3, 2019

TIME: 3:00 P.M.

LOCATION: Lady Lake Town Hall Commission Chambers  
409 Fennell Boulevard  
Lady Lake, Florida 32159

upon oral examination before Owen & Associates reporting firm or any other Notary Public or officer authorized by law to take depositions in the State of Florida. The deposition is being taken for the purposes of discovery or evidence, or both, for use at trial or for such other purpose as authorized by law and the Florida Rules of Civil Procedure.

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel  
Florida Bar# 1003243  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
(850) 558-9892  
(850) 245-4684 Facsimile  
E-Mail: [Virginia.Edwards@flhealth.gov](mailto:Virginia.Edwards@flhealth.gov)

### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this \_\_\_\_ day of September, 2019, to Respondent, John Joseph Im, D.O., 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,  
*Virginia Edwards*  
Virginia Edwards  
Assistant General Counsel

cc: Owen & Associates  
(352) 352-624-2258  
E-mail: [owenassocs@aol.com](mailto:owenassocs@aol.com)

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**PETITIONER'S NOTICE OF INTENT TO SERVE SUBPOENA  
DUCEES TECUM ON A NON-PARTY**

Petitioner, Department of Health, hereby notifies that pursuant to 1.351 and 1.410, Florida Rules of Civil Procedure, the undersigned will be serving the attached subpoena duces tecum commanding Publix Pharmacy, who is not a party, to produce documents, electronically stored information, and/or tangible things, if no objection is received from any party within ten (10) days from the date of service of this notice.

[Signature and Certificate of Service appear on following page]

Respectfully Submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel  
Florida Bar No. 10003243  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9892  
Fax: (850) 245-4684  
E-Mail: [virginia.edwards@flhealth.gov](mailto:virginia.edwards@flhealth.gov)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via E-mail this 19th day of September, 2019, to Respondent, John Joseph Im, D.O., 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel



(k)1. Any person subject to a subpoena may, before compliance and on timely petition, request the presiding officer having jurisdiction of the dispute to invalidate the subpoena on the ground that it was not lawfully issued, is unreasonably broad in scope, or requires the production of irrelevant material.

2. A party may seek enforcement of a subpoena, order directing discovery, or order imposing sanctions issued under the authority of this chapter by filing a petition for enforcement in the circuit court of the judicial circuit in which the person failing to comply with the subpoena or order resides. A failure to comply with an order of the court shall result in a finding of contempt of court. However, no person shall be in contempt while a subpoena is being challenged under subparagraph 1. The court may award to the prevailing party all or part of the costs and attorney's fees incurred in obtaining the court order whenever the court determines that such an award should be granted under the Florida Rules of Civil Procedure.

3. Any public employee subpoenaed to appear at an agency proceeding shall be entitled to per diem and travel expenses at the same rate as that provided for state employees under s. 112.061 if travel away from such public employee's headquarters is required. All other witnesses appearing pursuant to a subpoena shall be paid such fees and mileage for their attendance as is provided in civil actions in circuit courts of this state. In the case of a public employee, such expenses shall be processed and paid in the manner provided for agency employee travel expense reimbursement, and in the case of a witness who is not a public employee, payment of such fees and expenses shall accompany the subpoena.

Florida Administrative Code Rule 28-106.212

(1) Upon the request of any party, a presiding officer shall issue subpoenas for the attendance of witnesses for deposition or at the hearing. The requesting party shall specify whether the witness is also requested to bring documents.

(2) A subpoena may be served by any person specified by law to serve process or by any person who is not a party and who is 18 years of age or older. Service shall be made by delivering a copy to the person named in the subpoena. Proof of service shall be made by affidavit of the person making service if not served by a person specified by law to serve process.

(3) Any motion to quash or limit the subpoena shall be filed with the presiding officer and shall state the grounds relied upon.

Specific Authority 120.54(5) FS.  
Law Implemented 120.569, 120.57 FS.  
History--New 4-1-97.

RECEIVED THIS SUBPOENA ON:

\_\_\_\_\_, 20\_\_\_, at \_\_\_\_\_  
o'clock, \_\_.m., and served the same on  
\_\_\_\_\_, 20\_\_\_, at \_\_\_\_\_  
o'clock, \_\_.m., by delivering a true copy  
thereof (together with the fee for one day's  
attendance and the mileage allowed by law\*)  
to: \_\_\_\_\_

**A. COMPLETE IF SERVED BY SHERIFF OR APPOINTEE**

\_\_\_\_\_, 20\_\_\_,  
at \_\_\_\_\_ o'clock, \_\_.m.  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

**B. AFFIDAVIT IF SERVED BY OTHER PERSON**

\_\_\_\_\_, 20\_\_\_  
By: \_\_\_\_\_

Sworn and subscribed to before me,  
this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, in  
\_\_\_\_\_ County, Florida.

Type of identification: \_\_\_\_\_  
or (check if) \_\_\_ personally known.

\_\_\_\_\_  
(notary public)

SEAL:

NOTE: Notarized Affidavit required only if service is made by a person other than a Sheriff, a Deputy Sheriff, or a certified process server. Chapter 48, Florida Statutes.

\*Fees and mileage need not be tendered to public employees subject to section 112.061, Florida Statutes.

## ATTACHMENT A

The term "DOCUMENT" is intended to encompass the full range of material discoverable under the Florida Rules of Civil Procedure and includes, without limitation: correspondence, letters, e-mails, handwritten notes, memoranda, studies, messages, text messages, notes of telephone conversations, reports, cables, telegrams, photographs, recordings, audio tapes, video tapes, or other records or oral communications; graphs, work sheets, schedules, exhibits, demonstrative aids, contracts, agreements, logs, summaries, computer files (including back-up tapes, files and e-mails), printouts or computer discs, tapes or other electronic storage media, charts, tables, publications, data compilations, minute books or diaries; and any other data compilations from which information can be obtained and translated, if necessary, by the responding person into a reasonably usable form.

1. All documents and correspondence related to prescriptions filled, and/or prescriptions prescribed, excluding any Prescription drug monitoring Program records, for [REDACTED] DOB [REDACTED] including but not limited to: notes regarding conversations with [REDACTED], copies of prescriptions issued by Exceptional Urgent Care Center, and any other related documentation created on or after March 15, 2018 through March 17, 2018. A patient release has been included.

These items will be inspected and may be copied at that time. You will not be required to surrender the original items. **As an alternative to your personal appearance you may comply with this subpoena by providing legible copies of the items to be produced to Virginia Edwards, Assistant General Counsel, DOH Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 323990-3265 on or before the scheduled date of production. A Certification that the records are true and complete and kept in the ordinary course of business should be attached for each numbered item above. See Attachment B.**

You have the right to object to the production pursuant to this subpoena at any time before production by giving written notice to the attorney whose name appears on this subpoena.

If you fail to:

- (1) appear as specified; or
- (2) furnish the records instead of appearing as provided above; or
- (3) object to this subpoena,

you may be compelled to produce the records. You are subpoenaed by the attorney whose name appears in this subpoena and unless excused from this subpoena by the attorney or the Division of Administrative Hearings, you shall respond to this subpoena as directed.

**ATTACHMENT B**

Certification of Completeness of Records

I, \_\_\_\_\_, hereby certify that I am the official custodian  
of records for: \_\_\_\_\_ (business name).

My title and telephone number is: \_\_\_\_\_.

My employer's address is: \_\_\_\_\_.

I hereby verify that I have searched the records maintained at \_\_\_\_\_  
\_\_\_\_\_ (business name) and have determined that the attached records

consisting of \_\_\_\_\_ pages are true and correct copies of the records requested pursuant to

the Subpoena Duces Tecum Without Deposition for employee. I further certify that

these records were made at or near the time of the employee's employment by, or from

information transmitted by, a person with knowledge; are kept in the course of the regularly

conducted business of \_\_\_\_\_ (business name); and that it is

the regular practice of \_\_\_\_\_ (business name) to keep such

records. This certification is made pursuant to Section 90.902(11), Florida Statutes (2019).

\_\_\_\_\_

Affiant Signature

\_\_\_\_\_

Date

**NOTARIZATION**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

The foregoing was sworn to and subscribed before me, an officer duly authorized in the State of \_\_\_\_\_, to take oaths and acknowledgments, by \_\_\_\_\_ who is either personally known to me or who produced satisfactory identification as follows: \_\_\_\_\_, and who did take an oath.

Done this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(Stamp/Seal)  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
Print Name: \_\_\_\_\_  
My Commission Expires:



## AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

To: Any and All Treating Health Care Practitioners or Facilities:

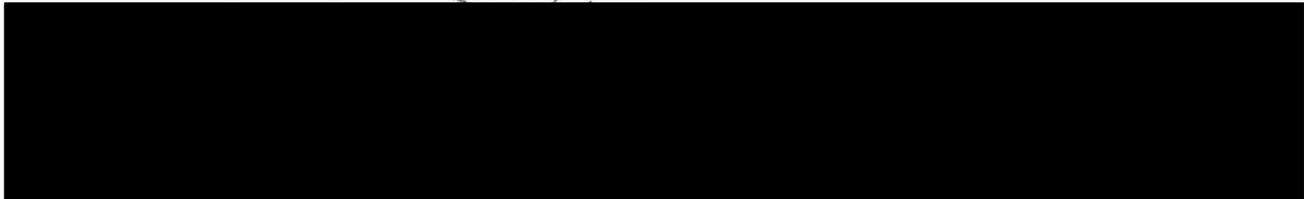
This authorization meets the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA Privacy Law) found at 45 CFR, Part 164.

This document authorizes any and all licensed health care practitioners, including but not limited to: physicians, nurses, therapists, social workers, counselors, dentists, chiropractors, podiatrists, optometrists, hospitals, clinics, laboratories, medical attendants and other persons who have participated in providing any health care or service to me, to discuss any communication, whether confidential or privileged, and to provide full and complete patient reports and records justifying the course of treatment including but not limited to: patient histories, x-rays, examination and test results, HIV, mental health, drug abuse treatment, psychiatric and psychological records, reports or information prepared by other persons that may be in your possession and all financial records, to the Department of Health (or any official representative of the Department) pursuant to Section 456.057, Florida Statutes. This document provides full authorization to the Department of Health (or any official representative of the Department) to use any of the aforementioned reports and information for reproduction, investigation or other use for licensure or disciplinary actions and civil, criminal or administrative proceedings, as needed by the Department and may be subject to re-disclosure by the recipient and may no longer be protected by the federal privacy laws and regulation.

By signing below, the patient understands, acknowledges and authorizes the Department to release their identity and medical records to law enforcement and other regulatory agencies in appropriate circumstances at the Department's discretion.

**A photocopy of this document is as sufficient as the original.**

I understand that this authorization may be revoked upon my written request except to the extent that action has already been taken on this authorization.



Name of Authorized Person Other than Patient (Print): \_\_\_\_\_

Signature of Authorized Person Other than Patient: \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_ Witness Signature: \_\_\_\_\_

DOH USE ONLY  
Reference Number

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF  
OSTEOPATHIC MEDICINE,

Petitioner,

vs.

Case No. 19-4724PL

JOHN JOSEPH IM, D.O.,

Respondent.

\_\_\_\_\_ /

ORDER OF PRE-HEARING INSTRUCTIONS

This cause having been scheduled for final hearing, it is, therefore,

ORDERED that:

1. No later than 7 days before the final hearing, Petitioner and Respondent shall provide each other with a list of the names and addresses of their prospective witnesses and copies of the documents which they intend to offer as exhibits. Failure to do so may result in the exclusion at the final hearing of witnesses or exhibits not previously disclosed. The witness list shall be filed with the Division of Administrative Hearings no later than 5 days prior to the final hearing.

2. No later than 7 days prior to the final hearing, the parties shall confer with each other to determine whether this cause can be amicably resolved.

DONE AND ORDERED this 18th day of September, 2019, in Tallahassee, Leon County, Florida.



---

YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
(850) 488-9675  
Fax Filing (850) 921-6847  
www.doah.state.fl.us

Filed with the Clerk of the  
Division of Administrative Hearings  
this 18th day of September, 2019.

COPIES FURNISHED:

Virginia Edwards, Esquire  
Department of Health  
Prosecution Services Unit  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

William Edward Walker, Esquire  
Department of Health  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

John Joseph Im, D.O.  
Suite 501  
13940 US Highway 441  
Lady Lake, Florida 32159

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF  
OSTEOPATHIC MEDICINE,

Petitioner,

vs.

Case No. 19-4724PL

JOHN JOSEPH IM, D.O.,

Respondent.

\_\_\_\_\_ /

NOTICE OF HEARING

A hearing will be held in this case at the Lady Lake Town Hall, Commission Chambers, 409 Fennell Boulevard, Lady Lake, Florida, on November 7, 2019, at 9:30 a.m., or as soon thereafter as can be heard. Continuances will be granted only by order of the Administrative Law Judge for good cause shown.

ISSUE: Whether Respondent failed to meet the prevailing professional standard of care by failing to counsel J.K. regarding the risks of, or alternatives to, using Levaquin with Tikosyn in violation of section 459.015(1)(x), Florida Statutes; and, if so, what sanction is appropriate.

AUTHORITY: Chapter 120, Florida Statutes; and Florida Administrative Code Chapter 28-106, Parts I and II.

The parties shall arrange to have all witnesses and evidence present at the time and place of hearing. Subpoenas will be issued by the Administrative Law Judge upon request of the parties. Registered e-filers shall request subpoenas through eALJ. All parties have the right to present oral argument and to cross-examine opposing witnesses. All parties have the right to be represented by counsel or other qualified representative, in accordance with Florida Administrative Code Rule 28-106.106. Failure to appear at this hearing may be grounds for closure of the file without further proceedings.

The agency shall be responsible for preserving the testimony at the final hearing. Fla. Admin. Code R. 28-106.214.

September 18, 2019



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YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
(850) 488-9675  
Fax Filing (850) 921-6847  
www.doah.state.fl.us

COPIES FURNISHED:

Virginia Edwards, Esquire  
Department of Health  
Prosecution Services Unit  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

William Edward Walker, Esquire  
Department of Health  
Bin C-65  
4052 Bald Cypress Way  
Tallahassee, Florida 32399  
(eServed)

John Joseph Im, D.O.  
Suite 501  
13940 US Highway 441  
Lady Lake, Florida 32159

ROOM CONFIRMATION COPY:

Carol Osborne  
Lady Lake Town Hall  
409 Fennell Boulevard  
Lady Lake, Florida 32159  
(352) 751-1571  
(eServed)

In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this proceeding should contact the Judge's secretary no later than ten days prior to the hearing. The Judge's secretary may be contacted at (850) 488-9675, via 1-800-955-8771 (TTY), 1-800-955-1339 (ASCII), or 1-800-955-8770 (Voice) Florida Relay Service.

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**JOINT RESPONSE TO INITIAL ORDER**

Petitioner, Department of Health, and Respondent, John Joseph Im, D.O., hereby file this Joint Response to the Initial Order issued in this matter on September 9, 2019.

1. There are no related cases currently pending before the Division of Administrative Hearings.
2. The parties estimate it will take one day to conduct the final hearing.
3. The parties request Marion County, Florida near Lady Lake as the hearing location.
4. Both parties are available for the final hearing any day between October 22nd through October 29th, or November 5th through November 15th.

5. The parties are unaware of any need for ADA accommodations.
6. Respondent has authorized Petitioner to file this motion on behalf of both parties.
7. Respondent has been made aware of the Pro Se resources on the Division's website.

Respectfully Submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel  
Florida Bar No. 10003243  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9892  
Fax: (850) 245-4684  
E-Mail: [virginia.edwards@flhealth.gov](mailto:virginia.edwards@flhealth.gov)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 16th day of September, 2019, to Respondent, John Joseph Im, D.O., 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF  
OSTEOPATHIC MEDICINE,

Petitioner,

Case No. 19-4724PL  
2018-07389

vs.

JOHN JOSEPH IM, D.O.,

Respondent.

INITIAL ORDER

1. Any document filed with DOAH by a party represented by a lawyer shall be filed electronically through eALJ located at [www.doah.state.fl.us](http://www.doah.state.fl.us). Parties not represented by a lawyer may file electronically through eALJ. Documents filed through eALJ shall include the filing party's e-mail address and a copy shall be served upon all other parties. All documents must contain the DOAH style and case number.
  2. THE AGENCY OR, WHERE THE AGENCY IS NOT A PARTY, THE PETITIONER SHALL COORDINATE WITH ALL PARTIES AND PROVIDE THE FOLLOWING INFORMATION WITHIN SEVEN DAYS OF THE DATE OF THIS ORDER. If coordination is not possible, each party shall individually provide the information.
    - a. Any related cases before DOAH, and, if so, the DOAH case number;
    - b. Estimated length of time necessary to conduct the final hearing;
    - c. Suggested geographic location for the final hearing. Any party may ask the judge to consider his or her preference for either an in-person hearing or a hearing conducted by video-teleconferencing (VTC). Information about VTC hearings, including VTC locations, is available at [www.doah.state.fl.us](http://www.doah.state.fl.us);
    - d. All dates more than 30 and less than 70 days from the date of this Order on which both parties are available for the final hearing; and
    - e. Whether the parties are aware of any need for an ADA accommodation by any participant to the hearing, and, if so, the nature of the accommodation.
  3. If a document is NOT electronically filed as provided in paragraph 1, PARTIES NOT REPRESENTED BY A LAWYER shall file the document on 8.5" x 11" paper at the address below and serve a copy upon all other parties. Parties not represented may file electronically through eALJ, facsimile, or mail. CHOOSE ONE METHOD of filing for each document.
  4. EVERY PERSON FILING A DOCUMENT AT DOAH MUST ENSURE THAT NO INFORMATION PROTECTED BY PRIVACY OR CONFIDENTIALITY LAWS IS CONTAINED IN ANY DOCUMENT THAT WOULD BE POSTED TO DOAH'S WEBSITE IN THE REGULAR COURSE OF BUSINESS.
  5. FAILURE TO COMPLY WITH THE PROVISIONS OF PARAGRAPH 2 SHALL WAIVE VENUE RIGHTS, AND THE FINAL HEARING WILL BE SET AT A TIME AND PLACE DETERMINED BY THE JUDGE.
- DONE AND ORDERED this 9th day of September, 2019, in Tallahassee, Florida.



YOLONDA Y. GREEN  
Administrative Law Judge  
Division of Administrative Hearings  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060  
(850) 488-9675  
Fax Filing (850) 921-6847  
[www.doah.state.fl.us](http://www.doah.state.fl.us)

SUMMARY OF PROCEDURES

This case has been filed with the Division of Administrative Hearings to conduct an evidentiary hearing governed by chapter 120, Florida Statutes, and Florida Administrative Code Chapter 28-106, Parts I and II.

THE PARTIES SHALL TAKE NOTICE THAT:

1. Parties that have not previously registered for electronic filing may register through eALJ at [www.doah.state.fl.us](http://www.doah.state.fl.us). Once your registration has been submitted you will receive electronic notification within 24 hours that your account has been activated. YOUR REGISTRATION MUST BE ACTIVATED BEFORE YOU MAY FILE ELECTRONICALLY.
2. Discovery may be undertaken in the manner provided in the Florida Rules of Civil Procedure and, if desired, should be initiated immediately. Subpoenas may be obtained from the Judge by contacting (850) 488-9675, extension 5444. Registered e-filers shall obtain subpoenas electronically through the DOAH website under the eALJ link. Discovery must be completed five days before the date of the final hearing unless an extension of time for good cause is granted.
3. The government agency for which a hearing is conducted will make arrangements for preserving the testimony at the final hearing.
4. A party may appear personally or be represented by a lawyer or other qualified representative, pursuant to rule 28-106.106. Self-represented litigants should review "Representing Yourself" located on the Division's website at [www.doah.state.fl.us](http://www.doah.state.fl.us). Parties not represented by counsel are also notified of The Florida Bar's "Free Legal Answers" and other related resources, which are available at [www.floridalawhelp.org](http://www.floridalawhelp.org).
5. Rule 28-106.210 provides that requests for continuances must be filed with the Judge at least five days prior to the date of hearing, except in cases of extreme emergency, and will only be granted for good cause shown.
6. Parties will promptly notify the Judge in the event of a settlement or other development which might alter the scheduled hearing.
7. The parties are expected to discuss the possibility of settlement, enter into pre-hearing stipulations of fact and law, identify and limit issues, and exchange exhibit and witness lists prior to the hearing.
8. If all parties agree, this case may proceed as a summary hearing, without discovery, if requested by motion within 15 days from the date of this Order. A Final Order will be entered within 30 days after the hearing.

In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this proceeding should notify the Judge in the response to the Initial Order, or if not known at that time, contact the Judge's secretary no later than ten days prior to the hearing. The Judge's secretary may be contacted at the address or telephone numbers on page one, via 1-800-955-8770 (Voice), 1-800-955-1339 (ASCII), or 1-800-955-8771 (TDD) Florida Relay Service.

COPIES FURNISHED:

Virginia Edwards Assistant General  
Counsel  
(850)558-9892

William Edward Walker Esquire  
(850)558-9876

John Joseph Im  
( ) -

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH CASE NO.: 19-4724PL  
DOH CASE NO.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

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**NOTICE OF SERVING PETITIONER'S FIRST REQUEST FOR  
ADMISSIONS, FIRST REQUEST FOR INTERROGATORIES, AND  
FIRST REQUEST FOR PRODUCTION TO RESPONDENT**

Petitioner files this Notice of Serving Petitioner's First Request for Admissions, First Request for Interrogatories, and First Request for Production which were served via Certified U.S. mail and E-mail to Respondent John Joseph Im, D.O., at 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, and at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com) on this this 9th day of September, 2019.

**[SIGNATURE BLOCK AND CERTIFICATE OF SERVICE ON  
FOLLOWING PAGE]**

Respectfully submitted,

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel  
Florida Bar No. 10003243  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9892  
Fax: (850) 245-4684  
virginia.edwards@flhealth.gov

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 9th day of September, 2019, to Respondent, John Joseph Im, D.O., 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH Case No.:**

**DOH Case No.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

---

**NOTICE OF APPEARANCE**

The undersigned files this Notice of Appearance as counsel of record for Petitioner thereby notifying this Administrative Law Judge that the undersigned will be representing the Petitioner in the above-styled proceeding. The undersigned further requests that he be copied with all papers and pleadings filed in these proceedings.

Respectfully submitted,

9/6/2019

Date



William E. Walker  
Assistant General Counsel  
Florida Bar No. 0123716  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9876  
Fax: (850) 245-4684  
E-Mail: [william.walker@flhealth.gov](mailto:william.walker@flhealth.gov)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 6<sup>th</sup> day of September 2019, to Respondent, John Joseph Im, D.O., 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, at johnimdo@yahoo.com.



William E. Walker  
Assistant General Counsel

# EXCEPTIONAL LEGAL CARE CENTER

To: VIRGINIA EDWARDS  
 Fax: 850-245-4684  
 Date: 7/24/19  
 Number of pages (including cover) 3  
 From: John Im  
 Memo: \_\_\_\_\_

PRACTITIONER REGULATORY  
 LEGAL  
 2019 JUL 24 AM 0:52

**Important:** This facsimile transmittal is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential and/or exempt from disclosure. If you have received this in error, please do not use this information in any way and immediately notify the sender to arrange for return of these documents.

**HIPAA Compliance Notice:** This facsimile transmittal may contain health related information that is protected by federal and state laws and may be protected health information under HIPAA privacy law provisions. Dissemination or disposal of protected health information may be done only in compliance with HIPAA and other applicable law.

**Your Health. Your Time. Our Priority.**  
 43940 US Hwy 441 Suite 501 Phone: 352-391-5200  
 LAOY LAKE, FL 32159 Fax: 352-505-8873

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOAH Case No.:**

**DOH Case No.: 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**NOTICE OF APPEARANCE**

The undersigned files this Notice of Appearance as counsel of record for Petitioner thereby notifying this Administrative Law Judge that the undersigned will be representing the Petitioner in the above-styled proceeding. The undersigned further requests that she be copied with all papers and pleadings filed in these proceedings.

Respectfully submitted,

09/06/2019

Date

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel  
Florida Bar No. 1003243  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9892  
Fax: (850) 245-4684  
E-Mail: Virginia.Edwards@flhealth.gov

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true copy of the foregoing has been provided via U.S. mail and E-mail this 6th day of September 2019, to Respondent, John Joseph Im, D.O., 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, at [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel

ELECTION OF RIGHTS

DOH v. John Joseph Im, D.O.

Case No. 2018-07389

Please sign and complete all of the information below:

I received notice of the Administrative Complaint on the following date: 7/22/19

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

OPTION 1. I do not dispute the allegations of material fact in the Administrative Complaint. I do wish to be afforded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

PARAGRAPHS 10, 12, 16, & 17

Respondent's Signature
Address:

Attorney/Qualified Representative\*
Address:

Lic. No.: 058729
Phone No.: 352-598-5999 Fax No.:
Email: JOHNIMDO@YAHOO.COM

Phone No.:
Fax No.:
Email:

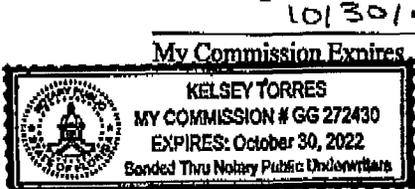
STATE OF FLORIDA
COUNTY OF

\*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared John J. Im, whose identity is known to me or FL Driver License (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 23rd day of July 2019.

Kelsey Torres
Notary Public-State of Florida
Type or Print Name



PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Virginia Edwards, Esquire, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 558-9892; FAX (850) 245-4684; TDD 1-800-955-8771; Virginia.Edwards@flhealth.gov

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2018-07389**

**JOHN JOSEPH IM, D.O.,**

**RESPONDENT.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

COMES NOW Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, John Joseph Im, D.O., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 8729.

3. Respondent's address of record is 11950 County Road 101, Ste. 101, The Villages, Florida 32162.

4. At all times material to this Complaint, Respondent was a Florida-licensed osteopathic physician.

5. At all times material, Respondent was employed by Exceptional Urgent Care Center (EUC) located in Clearwater, Florida.

6. At all times material, J.K. was a patient at EUC under Respondent's care.

7. On or about March 16, 2018, Respondent treated patient J.K. for symptoms associated with pneumonia by prescribing Levaquin 750 milligrams.

8. Levaquin is a drug with contraindications for use with Tikosyn.

9. Respondent was aware, before prescribing Levaquin, that J.K. was currently prescribed Tikosyn.

10. Respondent failed to counsel J.K. on the risks of, or alternatives to, using Levaquin in combination with Tikosyn.

11. The prevailing professional standard of care required Respondent to counsel J.K. on the potential risks and alternatives to Levaquin before prescribing Levaquin.

12. Respondent fell below the prevailing standard of care in his treatment of patient J.K.

13. Section 459.015(1)(x), Florida Statutes (2017), allows the Board of Osteopathic Medicine to impose discipline for committing medical malpractice as defined in Section 456.50, Florida Statutes.

14. Medical malpractice is defined in Section 456.50(1)(g), Florida Statutes (2017), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

15. For purposes of Section 459.015(1)(x), Florida Statutes (2017), the Board shall give great weight to the provisions of Section 766.102, Florida Statutes (2017), which provides that the prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

16. Respondent failed to meet the prevailing professional standard of care in his care and/or treatment of J.K. by failing to counsel J.K. on the risks of, or alternatives to, using Levaquin in combination with Tikosyn.

17. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2017), by committing medical malpractice as defined in Section 456.50, Florida Statutes.

WHEREFORE, Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

[Signature appears on next page]

SIGNED this 19th day of June, 2019.

**FILED**

DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK:

*Annex Morris*  
JUN 19 2019

DATE: \_\_\_\_\_

*Virginia Edwards*

Virginia Edwards  
Assistant General Counsel  
Florida Bar Number 1003243  
DOH-Prosecution Services Unit  
4052 Bald Cypress Way-Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 558-9892  
Facsimile: (850) 245-4684  
Email: Virginia.Edwards@flhealth.gov

PCP: June 19, 2019

PCP Members: Glen Moran, D.O.; Valerie Jackson

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

**A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.**

**Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Vision:** To be the **Healthiest State** in the Nation

September 6, 2019

**VIA EALJ ELECTRONIC FILING ONLY**

Robert S. Cohen, Director and Chief Judge  
Division of Administrative Hearings  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060

Re: DOH v. John Joseph Im, D.O.  
DOH Case Number 2018-07389

Dear Judge Cohen:

Pursuant to section 120.57(1), Florida Statutes, I am forwarding one copy of Petitioner's Administrative Complaint; one copy of Respondent's Election of Rights; and one copy of Petitioner's Notice of Appearance. Please assign an Administrative Law Judge to this matter.

Assistant General Counsel William Walker and I will be representing Petitioner in this matter and should receive copies of all papers and pleadings filed in the proceeding. Respondent is pro se and should receive copies of all papers and pleadings filed in the proceeding at 13940 US Hwy 441 Suite 501 Lady Lake, Florida 32159, [johnimdo@yahoo.com](mailto:johnimdo@yahoo.com).

Thank you for your assistance in this matter. If you have any questions or concerns, please contact me at (850) 558-9892, or my assistant, Sharon Russ at (850) 558-9917.

Sincerely,

*Virginia Edwards*

Virginia Edwards, Esq.  
Assistant General Counsel

Enclosures: as stated above

cc: John Joseph Im, D.O. (via electronic mail only)

**Florida Department of Health**

Office of the General Counsel – Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265  
Express Mail: 2585 Merchants Row BV, Suite 105, Tallahassee, FL 32399  
PHONE: (850) 245-4640 • FAX: (850) 245-4684

[FloridaHealth.gov](http://FloridaHealth.gov)



**Accredited Health Department**  
Public Health Accreditation Board

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**CASE NO. 2018-07389  
DOAH CASE No. 19-4724PL**

**JOHN JOSEPH IM, DO**

**Respondent.**

\_\_\_\_\_ /

**MOTION TO ASSESS COSTS**  
**IN ACCORDANCE WITH SECTION 456.072(4)**

The Department of Health, by and through counsel, and moves the Board of Osteopathic Medicine for entry of a Final Order assessing costs against Respondent for the investigation and prosecution of this case in accordance with Section 456.072(4), Florida Statutes (2017). As grounds therefore, the Petitioner states the following:

1. At its next regularly scheduled meeting, the Board of Osteopathic Medicine will take up for consideration the above-styled disciplinary action and will enter a Final Order.

2. Section 456.072(4), Florida Statutes (2017), states as follows:

In addition to any other discipline imposed through final order, or citation, entered on or after July 1, 2001, pursuant to this section or discipline imposed through

final order, or citation, entered on or after July 1, 2001, for a violation of any practice act, the board, or the department when there is not board, shall assess costs related to the investigation and prosecution of the case. Such costs related to the investigation and prosecution include, but are not limited to, salaries and benefits of personnel, costs related to the time spent by the attorney and other personnel working on the case, and any other expenses incurred by the department for the case. The board, or the department when there is no board, shall determine the amount of costs to be assessed after its consideration of an affidavit of itemized costs and any written objections thereto. . . (emphasis added)

3. The investigation and prosecution of this case has resulted in costs in the total amount of \$35,007.20, based on the following itemized statement of costs:

- a. Total costs for Complaints \$ 29.69
- b. Total costs for Investigations \$1,447.71
- c. Total costs for Legal \$27,514.30
- d. Total costs for expenses \$35,007.20

Petitioner seeks an assessment of costs against Respondent in the amount of \$35,007.20, as evidenced in the attached affidavit. (Exhibit A).

4. Should Respondent file written objections to the assessment of costs, within ten (10) days of the date of this motion, specifying the grounds for the objections and the specific elements of the costs to which objections are made, Petitioner requests that the Board determine the

amount of costs to be assessed based upon its consideration of the affidavit attached as Exhibit A and any timely-filed written objections.

5. Petitioner requests that the Board grant this motion and assess costs in the amount of \$35,007.20 as supported by competent, substantial evidence. This assessment of costs is in addition to any other discipline imposed by the Board and is in accordance with Section 456.072(4), Florida Statutes (2017).

WHEREFORE, the Department of Health requests that the Board of Osteopathic Medicine enter a Final Order assessing costs against Respondent in the amount of \$35,007.20.

DATED this 30th day of December, 2019.

Respectfully submitted,

William E Walker

William Walker

Assistant General Counsel

DOH Prosecution Services Unit

4052 Bald Cypress Way, Bin C-65

Tallahassee, FL 32399-3265

Florida Bar #0123716

(850) 558-9876 Phone

(850) 245-4684 FAX

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Motion to Assess Costs has been provided to Respondent, John Joseph Im at 13940 US Hwy 441, Suite 501, Lady Lake, FL 32159 by Certified Mail this 30th day of December, 2019.

William Walker

William Walker

Assistant General Counsel

## AFFIDAVIT OF FEES AND COSTS EXPENDED

STATE OF FLORIDA  
COUNTY OF LEON:

**BEFORE ME**, the undersigned authority, personally appeared **RACHEL BEAM** who was sworn and states as follows:

- 1) My name is Rachel Beam.
- 2) I am over the age of 18, competent to testify, and make this affidavit upon my own personal knowledge and after review of the records at the Florida Department of Health (DOH).
- 3) I am the Operations and Management Consultant Manager (OMCM) for the Consumer Services and Compliance Management Unit for DOH. The Consumer Services Unit is where all complaints against Florida health care licensees (e.g., medical doctors, dentists, nurses, respiratory therapists) are officially filed. I have been in my current job position for more than one year. My business address is 4052 Bald Cypress Way, Bin C-75 Tallahassee, Florida 32399-3275.
- 4) As OMCM of the Consumer Services and Compliance Management Unit, my job duties include reviewing data in the Time Tracking System and verifying that the amounts correspond. The Time Tracking System is a computer program which records and tracks DOH's costs regarding the investigation and prosecution of cases against Florida health care licensees.
- 5) As of today, DOH's total costs for investigating and prosecuting DOH case number(s) **2018-07389** (Department of Health v **John Joseph Im, DO**) are **THIRTY-SEVEN THOUSAND EIGHT HUNDRED TWENTY FOUR DOLLARS AND FORTY THREE CENTS (\$38,824.43)**.
- 6) The costs for DOH case numbers **2018-07389** (Department of Health v. **John Joseph Im, DO**) are summarized in Exhibit 1 (Cost Summary Report), which is attached to this document.
- 7) The itemized costs and expenses for DOH case numbers **2018-07389** (Department of Health v. **John Joseph Im, DO**) are detailed in Exhibit 2 (Itemized Cost Report and Itemized Expense Report and receipts), which is attached to this document.
- 8) The itemized costs as reflected in Exhibit 2 are determined by the following method: DOH employees who work on cases daily are to keep track of their time in six-minute increments (e.g., investigators

and lawyers). A designated DOH employee in the Consumer Services Unit, Legal Department, and in each area office, inputs the time worked and expenses spent into the Time Tracking System. Time and expenses are charged against a state health care Board (e.g., Florida Board of Medicine, Florida Board of Dentistry, Florida Board of Osteopathic Medicine), and/or a case. If no Board or case can be charged, then the time and expenses are charged as administrative time. The hourly rate of each employee is calculated by formulas established by the Department. (See the Itemized Cost Report)

9) Rachel Beam, first being duly sworn, states that she has read the foregoing Affidavit and its attachments and the statements contained therein are true and correct to the best of her knowledge and belief.

FURTHER AFFIANT SAYETH NOT.

*Rachel Beam*

\_\_\_\_\_  
Rachel Beam, Affiant

State of Florida  
County of Leon

Sworn to and subscribed before me this 30 day of December, 2019, by Rachel Beam, who is personally known to me.

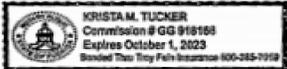
*Krista M. Tucker*

\_\_\_\_\_  
Notary Signature

**Krista M. Tucker**

\_\_\_\_\_  
Name of Notary Printed

Stamp Commissioned Name of Notary Public:



## Complaint Cost Summary

Complaint Number: 201807389

Subject's Name: IM, JOHN JOSEPH

|                             | ***** Cost to Date ***** |             |
|-----------------------------|--------------------------|-------------|
|                             | Hours                    | Costs       |
| <b>Complaint:</b>           | 1.70                     | \$29.69     |
| <b>Investigation:</b>       | 23.20                    | \$1,447.71  |
| <b>Legal:</b>               | 250.50                   | \$27,309.45 |
| <b>Compliance:</b>          | 0.00                     | \$0.00      |
|                             | *****                    | *****       |
| <b>Sub Total:</b>           | 275.40                   | \$28,786.85 |
| <b>Expenses to Date:</b>    |                          | \$9,037.58  |
| <b>Prior Amount:</b>        |                          | \$0.00      |
| <b>Total Costs to Date:</b> |                          | \$37,824.43 |



\*\*\* CONFIDENTIAL \*\*\*

**Time Tracking System  
Itemized Cost by Complaint**

Complaint 201807389

Report Date 12/30/2019

| Staff Code                         | Activity Hours | Staff Rate | Cost           | Activity Date | Activity Code | Activity Description                 |
|------------------------------------|----------------|------------|----------------|---------------|---------------|--------------------------------------|
| <b>CONSUMER SERVICES UNIT</b>      |                |            |                |               |               |                                      |
| HA189                              | 0.20           | \$15.04    | \$3.01         | 03/22/2018    | 78            | INITIAL REVIEW AND ANALYSIS OF COMPL |
| HA189                              | 0.20           | \$15.04    | \$3.01         | 03/22/2018    | 36            | PREPARATION OR REVISION OF LETTER    |
| HA215                              | 0.30           | \$13.43    | \$4.03         | 03/27/2018    | 78            | INITIAL REVIEW AND ANALYSIS OF COMPL |
| HA189                              | 0.10           | \$15.04    | \$1.50         | 04/18/2018    | 25            | REVIEW CASE FILE                     |
| HA189                              | 0.40           | \$15.04    | \$6.02         | 05/15/2018    | 25            | REVIEW CASE FILE                     |
| HA23                               | 0.10           | \$61.03    | \$6.10         | 05/21/2018    | 1             | ROUTINE ADMINISTRATIVE DUTIES        |
| HA189                              | 0.40           | \$15.04    | \$6.02         | 05/22/2018    | 25            | REVIEW CASE FILE                     |
| <b>Sub Total</b>                   | <b>1.70</b>    |            | <b>\$29.69</b> |               |               |                                      |
| <b>INVESTIGATIVE SERVICES UNIT</b> |                |            |                |               |               |                                      |
| WI132                              | 0.60           | \$64.46    | \$38.68        | 04/11/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1104                              | 0.10           | \$64.46    | \$6.45         | 05/30/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1108                              | 0.40           | \$64.46    | \$25.78        | 05/30/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1104                              | 0.20           | \$64.46    | \$12.89        | 05/31/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1104                              | 0.20           | \$64.46    | \$12.89        | 06/04/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1104                              | 1.00           | \$64.46    | \$64.46        | 06/14/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1104                              | 0.10           | \$64.46    | \$6.45         | 06/15/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1104                              | 0.20           | \$64.46    | \$12.89        | 06/20/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1104                              | 0.20           | \$64.46    | \$12.89        | 07/02/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1104                              | 0.40           | \$64.46    | \$25.78        | 07/09/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1104                              | 1.00           | \$64.46    | \$64.46        | 07/11/2018    | 58            | TRAVEL TIME                          |
| J1104                              | 0.70           | \$64.46    | \$45.12        | 07/11/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1104                              | 1.20           | \$64.46    | \$77.35        | 07/16/2018    | 76            | REPORT WRITING                       |
| J1104                              | 0.40           | \$64.46    | \$25.78        | 07/16/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1104                              | 0.50           | \$64.46    | \$32.23        | 07/20/2018    | 76            | REPORT WRITING                       |
| J1104                              | 0.30           | \$64.46    | \$19.34        | 07/25/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |
| J1104                              | 0.20           | \$64.46    | \$12.89        | 07/30/2018    | 76            | REPORT WRITING                       |
| J1104                              | 0.20           | \$64.46    | \$12.89        | 07/30/2018    | 4             | ROUTINE INVESTIGATIVE WORK           |



\*\*\* CONFIDENTIAL \*\*\*

**Time Tracking System  
Itemized Cost by Complaint**

Complaint 201807385

Report Date 12/30/2019

| Staff Code       | Activity Hours | Staff Rate | Cost              | Activity Date | Activity Code | Activity Description                |
|------------------|----------------|------------|-------------------|---------------|---------------|-------------------------------------|
| J1104            | 0.20           | \$64.46    | \$12.89           | 08/01/2018    | 4             | ROUTINE INVESTIGATIVE WORK          |
| J1104            | 0.30           | \$64.46    | \$19.34           | 08/01/2018    | 76            | REPORT WRITING                      |
| J1104            | 0.40           | \$64.46    | \$25.78           | 08/10/2018    | 76            | REPORT WRITING                      |
| J1104            | 0.10           | \$64.46    | \$6.45            | 08/10/2018    | 4             | ROUTINE INVESTIGATIVE WORK          |
| J1104            | 1.30           | \$64.46    | \$83.80           | 09/10/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| J1104            | 0.60           | \$64.46    | \$38.68           | 09/12/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| J199             | 0.20           | \$50.82    | \$10.16           | 10/01/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| J199             | 0.10           | \$50.82    | \$5.08            | 10/02/2019    | 176           | REPORT PREPARATION                  |
| J199             | 0.20           | \$50.82    | \$10.16           | 10/02/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| J199             | 1.20           | \$50.82    | \$60.98           | 10/03/2019    | 100           | SERVICE OF ADMINISTRATIVE COMPLAINT |
| J199             | 0.20           | \$50.82    | \$10.16           | 10/04/2019    | 176           | REPORT PREPARATION                  |
| J199             | 0.10           | \$50.82    | \$5.08            | 10/04/2019    | 76            | REPORT WRITING                      |
| J199             | 1.50           | \$50.82    | \$76.23           | 10/04/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| J1104            | 0.30           | \$64.46    | \$19.34           | 10/23/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| OI177            | 0.70           | \$64.46    | \$45.12           | 10/23/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| OI171            | 2.50           | \$64.46    | \$161.15          | 10/24/2019    | 100           | SERVICE OF ADMINISTRATIVE COMPLAINT |
| OI177            | 2.50           | \$64.46    | \$161.15          | 10/24/2019    | 100           | SERVICE OF ADMINISTRATIVE COMPLAINT |
| OI177            | 0.30           | \$64.46    | \$19.34           | 10/24/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| J1104            | 0.40           | \$64.46    | \$25.78           | 10/25/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| OI177            | 0.30           | \$64.46    | \$19.34           | 10/25/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| J1104            | 0.70           | \$64.46    | \$45.12           | 10/28/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| J1104            | 0.60           | \$64.46    | \$38.68           | 11/08/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| J1104            | 0.60           | \$64.46    | \$38.68           | 11/12/2019    | 6             | SUPPLEMENTAL INVESTIGATION          |
| <b>Sub Total</b> | <b>23.20</b>   |            | <b>\$1,447.71</b> |               |               |                                     |

**PROSECUTION SERVICES UNIT**

|         |      |          |          |            |     |                                   |
|---------|------|----------|----------|------------|-----|-----------------------------------|
| HLL123A | 0.10 | \$109.02 | \$10.90  | 08/14/2018 | 61  | GENERAL INTAKE                    |
| HLL146A | 0.80 | \$109.02 | \$87.22  | 11/02/2018 | 25  | REVIEW CASE FILE                  |
| HLL146A | 0.20 | \$109.02 | \$21.80  | 11/06/2018 | 36  | PREPARATION OR REVISION OF LETTER |
| HLL154B | 1.00 | \$109.02 | \$109.02 | 01/04/2019 | 25  | REVIEW CASE FILE                  |
| HLL154B | 0.10 | \$109.02 | \$10.90  | 01/09/2019 | 114 | CONTACT WITH EXPERTS              |



Report Date 12/30/2019

**\*\*\* CONFIDENTIAL \*\*\***

**Time Tracking System  
Itemized Cost by Complaint**

Complaint 201807385

| Staff Code | Activity Hours | Staff Rate | Cost     | Activity Date | Activity Code | Activity Description                 |
|------------|----------------|------------|----------|---------------|---------------|--------------------------------------|
| HLL154B    | 0.10           | \$109.02   | \$10.90  | 01/09/2019    | 114           | CONTACT WITH EXPERTS                 |
| HLL154B    | 0.50           | \$109.02   | \$54.51  | 01/10/2019    | 114           | CONTACT WITH EXPERTS                 |
| HLL123A    | 0.20           | \$109.02   | \$21.80  | 01/10/2019    | 114           | CONTACT WITH EXPERTS                 |
| HLL154B    | 0.50           | \$109.02   | \$54.51  | 02/04/2019    | 89            | PROBABLE CAUSE PREPARATION           |
| HLL154B    | 0.40           | \$109.02   | \$43.61  | 02/05/2019    | 102           | REVIEW EXPERT WITNESS REPORT         |
| HLL154B    | 0.80           | \$109.02   | \$87.22  | 02/05/2019    | 28            | PREPARE OR REVISE ADMINISTRATIVE COM |
| HLL147A    | 0.30           | \$109.02   | \$32.71  | 04/24/2019    | 25            | REVIEW CASE FILE                     |
| HLL147A    | 0.30           | \$109.02   | \$32.71  | 06/17/2019    | 89            | PROBABLE CAUSE PREPARATION           |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 06/18/2019    | 70            | CONFERENCES WITH LAWYERS             |
| HLL147A    | 1.10           | \$109.02   | \$119.92 | 06/19/2019    | 25            | REVIEW CASE FILE                     |
| HLL147A    | 0.40           | \$109.02   | \$43.61  | 06/19/2019    | 70            | CONFERENCES WITH LAWYERS             |
| HLL147A    | 0.10           | \$109.02   | \$10.90  | 06/19/2019    | 63            | PRESENTATION OF CASES TO PROBABLE C  |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 06/19/2019    | 90            | POST PROBABLE CAUSE PROCESSING       |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 06/20/2019    | 90            | POST PROBABLE CAUSE PROCESSING       |
| HLL147A    | 0.40           | \$109.02   | \$43.61  | 07/11/2019    | 27            | REVIEW MEMORANDUM                    |
| HLL147A    | 0.30           | \$109.02   | \$32.71  | 07/18/2019    | 25            | REVIEW CASE FILE                     |
| HLL147A    | 0.30           | \$109.02   | \$32.71  | 07/22/2019    | 35            | TELEPHONE CALLS                      |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 07/22/2019    | 36            | PREPARATION OR REVISION OF LETTER    |
| HLL147A    | 0.10           | \$109.02   | \$10.90  | 07/24/2019    | 37            | REVIEW LETTER                        |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 07/24/2019    | 36            | PREPARATION OR REVISION OF LETTER    |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 07/25/2019    | 37            | REVIEW LETTER                        |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 07/25/2019    | 88            | PROOFING AND SIGNING LETTERS         |
| HLL147A    | 0.50           | \$109.02   | \$54.51  | 07/26/2019    | 26            | PREPARE OR REVISE MEMORANDUM         |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 08/08/2019    | 27            | REVIEW MEMORANDUM                    |
| HLL147A    | 0.30           | \$109.02   | \$32.71  | 08/09/2019    | 114           | CONTACT WITH EXPERTS                 |
| HLL147A    | 0.70           | \$109.02   | \$76.31  | 08/20/2019    | 47            | TRIAL PREPARATION                    |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 08/26/2019    | 27            | REVIEW MEMORANDUM                    |
| HLL147A    | 2.70           | \$109.02   | \$294.35 | 08/27/2019    | 47            | TRIAL PREPARATION                    |
| HLL151B    | 0.80           | \$109.02   | \$87.22  | 08/30/2019    | 25            | REVIEW CASE FILE                     |
| HLL151B    | 1.30           | \$109.02   | \$141.73 | 09/03/2019    | 25            | REVIEW CASE FILE                     |
| HLL147A    | 2.30           | \$109.02   | \$250.75 | 09/04/2019    | 47            | TRIAL PREPARATION                    |
| HLL151B    | 0.70           | \$109.02   | \$76.31  | 09/04/2019    | 25            | REVIEW CASE FILE                     |
| HLL151B    | 0.30           | \$109.02   | \$32.71  | 09/04/2019    | 70            | CONFERENCES WITH LAWYERS             |



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**Time Tracking System  
Itemized Cost by Complaint**

Complaint 201807385

Report Date 12/30/2019

| Staff Code | Activity Hours | Staff Rate | Cost     | Activity Date | Activity Code | Activity Description                  |
|------------|----------------|------------|----------|---------------|---------------|---------------------------------------|
| HLL151B    | 0.10           | \$109.02   | \$10.90  | 09/04/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL147A    | 0.80           | \$109.02   | \$87.22  | 09/05/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 0.50           | \$109.02   | \$54.51  | 09/05/2019    | 25            | REVIEW CASE FILE                      |
| HLL151B    | 0.20           | \$109.02   | \$21.80  | 09/06/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL147A    | 0.60           | \$109.02   | \$65.41  | 09/06/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 0.50           | \$109.02   | \$54.51  | 09/09/2019    | 39            | PREPARE/RESPOND TO DISCOVERY          |
| HLL151B    | 0.20           | \$109.02   | \$21.80  | 09/09/2019    | 36            | PREPARATION OR REVISION OF LETTER     |
| HLL151B    | 0.30           | \$109.02   | \$32.71  | 09/09/2019    | 41            | REVIEW PLEADING                       |
| HLL147A    | 0.90           | \$109.02   | \$98.12  | 09/16/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 09/16/2019    | 103           | REVIEW SUPPLEMENTAL REPORT            |
| HLL151B    | 0.20           | \$109.02   | \$21.80  | 09/16/2019    | 35            | TELEPHONE CALLS                       |
| HLL151B    | 0.30           | \$109.02   | \$32.71  | 09/16/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 0.30           | \$109.02   | \$32.71  | 09/17/2019    | 70            | CONFERENCES WITH LAWYERS              |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 09/18/2019    | 113           | CONTACT WITH WITNESSES                |
| HLL151B    | 0.10           | \$109.02   | \$10.90  | 09/18/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 0.20           | \$109.02   | \$21.80  | 09/19/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 4.60           | \$109.02   | \$501.49 | 09/19/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 0.90           | \$109.02   | \$98.12  | 09/20/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 0.20           | \$109.02   | \$21.80  | 09/23/2019    | 41            | REVIEW PLEADING                       |
| HLL147A    | 0.70           | \$109.02   | \$76.31  | 09/23/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 1.80           | \$109.02   | \$196.24 | 09/24/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 3.40           | \$109.02   | \$370.67 | 09/27/2019    | 43            | PREPARE FOR DEPOSITION                |
| HLL147A    | 0.60           | \$109.02   | \$65.41  | 09/30/2019    | 43            | PREPARE FOR DEPOSITION                |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 10/01/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 2.50           | \$109.02   | \$272.55 | 10/02/2019    | 43            | PREPARE FOR DEPOSITION                |
| HLL147A    | 2.70           | \$109.02   | \$294.35 | 10/02/2019    | 43            | PREPARE FOR DEPOSITION                |
| HLL147A    | 8.00           | \$109.02   | \$872.16 | 10/03/2019    | 58            | TRAVEL TIME                           |
| HLL147A    | 0.70           | \$109.02   | \$76.31  | 10/03/2019    | 43            | PREPARE FOR DEPOSITION                |
| HLL147A    | 2.10           | \$109.02   | \$228.94 | 10/03/2019    | 44            | DEPOSITIONS                           |
| HLL151B    | 4.00           | \$109.02   | \$436.08 | 10/03/2019    | 58            | TRAVEL TIME                           |
| HLL151B    | 2.10           | \$109.02   | \$228.94 | 10/03/2019    | 44            | DEPOSITIONS                           |
| HLL147A    | 1.80           | \$109.02   | \$196.24 | 10/04/2019    | 43            | PREPARE FOR DEPOSITION                |
| HLL147A    | 4.10           | \$109.02   | \$446.98 | 10/07/2019    | 43            | PREPARE FOR DEPOSITION                |



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Complaint 201807385

Report Date 12/30/2019

| Staff Code | Activity Hours | Staff Rate | Cost     | Activity Date | Activity Code | Activity Description                  |
|------------|----------------|------------|----------|---------------|---------------|---------------------------------------|
| HLL147A    | 0.80           | \$109.02   | \$87.22  | 10/08/2019    | 43            | PREPARE FOR DEPOSITION                |
| HLL147A    | 4.60           | \$109.02   | \$501.49 | 10/08/2019    | 44            | DEPOSITIONS                           |
| HLL151B    | 0.50           | \$109.02   | \$54.51  | 10/08/2019    | 43            | PREPARE FOR DEPOSITION                |
| HLL151B    | 4.60           | \$109.02   | \$501.49 | 10/08/2019    | 44            | DEPOSITIONS                           |
| HLL147A    | 0.50           | \$109.02   | \$54.51  | 10/09/2019    | 38            | REVIEW DISCOVERY REQUESTS/RESPONSE    |
| HLL147A    | 0.70           | \$109.02   | \$76.31  | 10/10/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 10/11/2019    | 41            | REVIEW PLEADING                       |
| HLL147A    | 0.50           | \$109.02   | \$54.51  | 10/11/2019    | 38            | REVIEW DISCOVERY REQUESTS/RESPONSE    |
| HLL147A    | 0.90           | \$109.02   | \$98.12  | 10/11/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 0.20           | \$109.02   | \$21.80  | 10/11/2019    | 41            | REVIEW PLEADING                       |
| HLL151B    | 0.30           | \$109.02   | \$32.71  | 10/11/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 3.50           | \$109.02   | \$381.57 | 10/11/2019    | 46            | LEGAL RESEARCH                        |
| HLL147A    | 0.80           | \$109.02   | \$87.22  | 10/14/2019    | 45            | PREHEARING MOTION/CONFERENCE CALL     |
| HLL147A    | 2.10           | \$109.02   | \$228.94 | 10/14/2019    | 46            | LEGAL RESEARCH                        |
| HLL151B    | 0.80           | \$109.02   | \$87.22  | 10/14/2019    | 45            | PREHEARING MOTION/CONFERENCE CALL     |
| HLL151B    | 2.60           | \$109.02   | \$283.45 | 10/14/2019    | 46            | LEGAL RESEARCH                        |
| HLL151B    | 0.60           | \$109.02   | \$65.41  | 10/14/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 0.40           | \$109.02   | \$43.61  | 10/15/2019    | 41            | REVIEW PLEADING                       |
| HLL147A    | 0.30           | \$109.02   | \$32.71  | 10/15/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL147A    | 2.90           | \$109.02   | \$316.16 | 10/15/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC    |
| HLL147A    | 0.80           | \$109.02   | \$87.22  | 10/15/2019    | 46            | LEGAL RESEARCH                        |
| HLL151B    | 0.50           | \$109.02   | \$54.51  | 10/15/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 0.30           | \$109.02   | \$32.71  | 10/16/2019    | 41            | REVIEW PLEADING                       |
| HLL151B    | 0.50           | \$109.02   | \$54.51  | 10/16/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 1.30           | \$109.02   | \$141.73 | 10/16/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC    |
| HLL147A    | 1.90           | \$109.02   | \$207.14 | 10/16/2019    | 46            | LEGAL RESEARCH                        |
| HLL147A    | 1.80           | \$109.02   | \$196.24 | 10/17/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 2.60           | \$109.02   | \$283.45 | 10/18/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL147A    | 1.80           | \$109.02   | \$196.24 | 10/21/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL147A    | 1.20           | \$109.02   | \$130.82 | 10/21/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 0.40           | \$109.02   | \$43.61  | 10/21/2019    | 41            | REVIEW PLEADING                       |
| HLL151B    | 1.80           | \$109.02   | \$196.24 | 10/21/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL151B    | 0.40           | \$109.02   | \$43.61  | 10/21/2019    | 47            | TRIAL PREPARATION                     |



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Report Date 12/30/2019

| Staff Code | Activity Hours | Staff Rate | Cost     | Activity Date | Activity Code | Activity Description                  |
|------------|----------------|------------|----------|---------------|---------------|---------------------------------------|
| HLL147A    | 0.90           | \$109.02   | \$98.12  | 10/22/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL147A    | 1.20           | \$109.02   | \$130.82 | 10/22/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 3.50           | \$109.02   | \$381.57 | 10/22/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL151B    | 0.40           | \$109.02   | \$43.61  | 10/22/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 0.10           | \$109.02   | \$10.90  | 10/22/2019    | 114           | CONTACT WITH EXPERTS                  |
| HLL147A    | 0.40           | \$109.02   | \$43.61  | 10/23/2019    | 114           | CONTACT WITH EXPERTS                  |
| HLL147A    | 1.20           | \$109.02   | \$130.82 | 10/23/2019    | 43            | PREPARE FOR DEPOSITION                |
| HLL151B    | 0.70           | \$109.02   | \$76.31  | 10/23/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 0.50           | \$109.02   | \$54.51  | 10/23/2019    | 114           | CONTACT WITH EXPERTS                  |
| HLL151B    | 1.50           | \$109.02   | \$163.53 | 10/23/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL151B    | 2.50           | \$109.02   | \$272.55 | 10/23/2019    | 46            | LEGAL RESEARCH                        |
| HLL151B    | 4.00           | \$109.02   | \$436.08 | 10/24/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL151B    | 0.50           | \$109.02   | \$54.51  | 10/24/2019    | 41            | REVIEW PLEADING                       |
| HLL151B    | 1.10           | \$109.02   | \$119.92 | 10/24/2019    | 46            | LEGAL RESEARCH                        |
| HLL151B    | 0.30           | \$109.02   | \$32.71  | 10/24/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 0.20           | \$109.02   | \$21.80  | 10/24/2019    | 41            | REVIEW PLEADING                       |
| HLL147A    | 1.40           | \$109.02   | \$152.63 | 10/24/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL147A    | 0.30           | \$109.02   | \$32.71  | 10/24/2019    | 43            | PREPARE FOR DEPOSITION                |
| HLL147A    | 1.60           | \$109.02   | \$174.43 | 10/25/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL147A    | 0.50           | \$109.02   | \$54.51  | 10/28/2019    | 43            | PREPARE FOR DEPOSITION                |
| HLL147A    | 0.80           | \$109.02   | \$87.22  | 10/28/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 0.50           | \$109.02   | \$54.51  | 10/28/2019    | 44            | DEPOSITIONS                           |
| HLL151B    | 1.20           | \$109.02   | \$130.82 | 10/28/2019    | 43            | PREPARE FOR DEPOSITION                |
| HLL151B    | 0.50           | \$109.02   | \$54.51  | 10/28/2019    | 44            | DEPOSITIONS                           |
| HLL151B    | 1.50           | \$109.02   | \$163.53 | 10/28/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 1.20           | \$109.02   | \$130.82 | 10/29/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 1.20           | \$109.02   | \$130.82 | 10/29/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 1.80           | \$109.02   | \$196.24 | 10/30/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 3.50           | \$109.02   | \$381.57 | 10/30/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 1.30           | \$109.02   | \$141.73 | 10/30/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL151B    | 0.40           | \$109.02   | \$43.61  | 10/30/2019    | 41            | REVIEW PLEADING                       |
| HLL147A    | 2.10           | \$109.02   | \$228.94 | 10/31/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 2.40           | \$109.02   | \$261.65 | 10/31/2019    | 47            | TRIAL PREPARATION                     |



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Report Date 12/30/2019

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|------------|----------------|------------|----------|---------------|---------------|---------------------------------------|
| HLL151B    | 0.10           | \$109.02   | \$10.90  | 10/31/2019    | 36            | PREPARATION OR REVISION OF LETTER     |
| HLL151B    | 0.10           | \$109.02   | \$10.90  | 11/01/2019    | 36            | PREPARATION OR REVISION OF LETTER     |
| HLL151B    | 0.20           | \$109.02   | \$21.80  | 11/01/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL151B    | 1.20           | \$109.02   | \$130.82 | 11/01/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 1.60           | \$109.02   | \$174.43 | 11/04/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL147A    | 3.90           | \$109.02   | \$425.18 | 11/04/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 5.00           | \$109.02   | \$545.10 | 11/04/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 0.10           | \$109.02   | \$10.90  | 11/04/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL151B    | 0.20           | \$109.02   | \$21.80  | 11/04/2019    | 41            | REVIEW PLEADING                       |
| HLL151B    | 4.50           | \$109.02   | \$490.59 | 11/05/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 0.10           | \$109.02   | \$10.90  | 11/05/2019    | 41            | REVIEW PLEADING                       |
| HLL151B    | 1.50           | \$109.02   | \$163.53 | 11/05/2019    | 46            | LEGAL RESEARCH                        |
| HLL147A    | 8.50           | \$109.02   | \$926.67 | 11/05/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 4.00           | \$109.02   | \$436.08 | 11/06/2019    | 58            | TRAVEL TIME                           |
| HLL151B    | 5.00           | \$109.02   | \$545.10 | 11/06/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 5.10           | \$109.02   | \$556.00 | 11/06/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 4.00           | \$109.02   | \$436.08 | 11/06/2019    | 58            | TRAVEL TIME                           |
| HLL151B    | 4.00           | \$109.02   | \$436.08 | 11/07/2019    | 47            | TRIAL PREPARATION                     |
| HLL151B    | 6.50           | \$109.02   | \$708.63 | 11/07/2019    | 48            | FORMAL HEARING                        |
| HLL147A    | 1.00           | \$109.02   | \$109.02 | 11/07/2019    | 47            | TRIAL PREPARATION                     |
| HLL147A    | 6.50           | \$109.02   | \$708.63 | 11/07/2019    | 48            | FORMAL HEARING                        |
| HLL147A    | 4.00           | \$109.02   | \$436.08 | 11/07/2019    | 58            | TRAVEL TIME                           |
| HLL147A    | 0.50           | \$109.02   | \$54.51  | 11/08/2019    | 26            | PREPARE OR REVISE MEMORANDUM          |
| HLL147A    | 0.30           | \$109.02   | \$32.71  | 11/12/2019    | 40            | PREPARATION OF OR REVISION OF A PLEAD |
| HLL151B    | 1.10           | \$109.02   | \$119.92 | 11/12/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC    |
| HLL147A    | 2.10           | \$109.02   | \$228.94 | 11/14/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC    |
| HLL147A    | 6.20           | \$109.02   | \$675.92 | 11/15/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC    |
| HLL151B    | 1.80           | \$109.02   | \$196.24 | 11/15/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC    |
| HLL151B    | 0.10           | \$109.02   | \$10.90  | 11/15/2019    | 41            | REVIEW PLEADING                       |
| HLL151B    | 2.70           | \$109.02   | \$294.35 | 11/18/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC    |
| HLL147A    | 7.30           | \$109.02   | \$795.85 | 11/18/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC    |
| HLL147A    | 1.50           | \$109.02   | \$163.53 | 11/19/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC    |
| HLL151B    | 6.20           | \$109.02   | \$675.92 | 11/20/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC    |



\*\*\* CONFIDENTIAL \*\*\*

**Time Tracking System  
Itemized Cost by Complaint**

Complaint 201807385

Report Date 12/30/2019

| Staff Code       | Activity Hours | Staff Rate | Cost               | Activity Date | Activity Code | Activity Description               |
|------------------|----------------|------------|--------------------|---------------|---------------|------------------------------------|
| HLL147A          | 0.60           | \$109.02   | \$65.41            | 11/21/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC |
| HLL147A          | 1.10           | \$109.02   | \$119.92           | 11/22/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC |
| HLL151B          | 1.20           | \$109.02   | \$130.82           | 11/22/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC |
| HLL151B          | 0.70           | \$109.02   | \$76.31            | 11/25/2019    | 49            | REVIEW TRANSCRIPTS AND PREPARE REC |
| HLL151B          | 0.30           | \$109.02   | \$32.71            | 12/02/2019    | 41            | REVIEW PLEADING                    |
| <b>Sub Total</b> | <b>250.50</b>  |            | <b>\$27,309.45</b> |               |               |                                    |

**Total Cost**

**\$28,786.85**



\*\*\* CONFIDENTIAL \*\*\*

**Time Tracking System  
Itemized Expense by Complaint**  
Complaint 201807389

Report Date: 12/30/2019

| Staff Code                       | Expense Date          | Expense Amount    | Expense Code | Expense Code Description |
|----------------------------------|-----------------------|-------------------|--------------|--------------------------|
| <b>PROSECUTION SERVICES UNIT</b> |                       |                   |              |                          |
| HLL147A                          | 10/15/2019            | \$480.00          | 131400       | COURT REPORTING          |
| HLL147A                          | 10/14/2019            | \$90.00           | 131400       | COURT REPORTING          |
| HLL147A                          | 10/08/2019            | \$1,149.50        | 131400       | COURT REPORTING          |
| HLL147A                          | 11/05/2019            | \$1,453.05        | 131400       | COURT REPORTING          |
| HLL147A                          | 11/07/2019            | \$320.35          | 131400       | COURT REPORTING          |
| HLL147A                          | 11/18/2019            | \$2,544.68        | 131400       | COURT REPORTING          |
| HLL147A                          | 11/18/2019            | \$3,000.00        | 131630       | EXPERT WITNESS           |
|                                  | <b>SubTotal</b>       | <b>\$9,037.58</b> |              |                          |
|                                  | <b>Total Expenses</b> | <b>\$9,037.58</b> |              |                          |

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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December 30, 2019

**VIA CERTIFIED MAIL**

John Joseph Im, DO  
13940 US Hwy 441, Suite 501  
Lady Lake, Florida 32159

**Certified Article Number**

9414 7266 9904 2151 9070 28

**SENDER'S RECORD**

Re: DOH vs. John Joseph Im, DO  
DOH Case Number: 2018-07389

Dear Dr. Im:

Our office is now making preparation for this recommended order to be presented at the February 28, 2020 meeting of the Florida Board of Osteopathic Medicine, in Tampa, Florida. Please be advised your case will be set at the convenience of the Department and/or the Florida Board of Osteopathic Medicine and you will be notified of the date and time approximately two weeks prior to the meeting.

Thank for your attention and cooperation in this matter. Should you have any questions, please feel free to contact this office.

Sincerely,

William Walker  
Assistant General Counsel

WALZ FROM  
CERTIFIED MAILER®

**WALZ**

John Joseph Im, DO  
13940 US Hwy 441, Suite 501  
Lady Lake, FL 32159

Label #1

John Joseph Im, DO  
13940 US Hwy 441, Suite 501  
Lady Lake, FL 32159

Label #2

Label #3

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5 (OPTIONAL)

Label #6 - Return Receipt Barcode (Sender's Record)



9590 9266 9904 2151 9070 21

FOLD AND TEAR THIS WAY →

FOLD AND TEAR THIS WAY →

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS® MAIL CARRIER  
DETACH ALONG PERFORATION

Return Receipt (Form 3811) Barcode



9590 9266 9904 2151 9070 21

1. Article Addressed to:

John Joseph Im, DO  
13940 US Hwy 441, Suite 501  
Lady Lake, FL 32159

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2151 9070 28

**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

USPS® ARTICLE NUMBER

9414 7266 9904 2151 9070 28

|                                    |         |
|------------------------------------|---------|
| Certified Mail Fee                 | \$ 3.50 |
| Return Receipt (Hardcopy)          | \$ 2.80 |
| Return Receipt (Electronic)        | \$ 0.00 |
| Certified Mail Restricted Delivery | \$ 0.00 |
| Postage                            | \$ 0.50 |
| Total Postage and Fees             | \$ 6.80 |

Postmark Here

TEAR ALONG THIS LINE

Sent to: John Joseph Im, DO  
13940 US Hwy 441, Suite 501  
Lady Lake, FL 32159

Reference Information

William Walker  
Board Letter

PS Form 3800, Facsimile, July 2015

Label #7 - Certified Mail Article Number

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL®**



9414 7266 9904 2151 9070 28

RETURN RECEIPT REQUESTED

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type:  
 Certified Mail  
 Certified Mail Restricted Delivery

Reference Information

Board Letter  
William Walker

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---

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2018-07389

JOHN JOSEPH IM, D.O.,  
RESPONDENT.

**NOTICE OF HEARING**

TO: John Joseph Im, D.O.  
11950 County Road 101, Suite 101  
The Village, FL 32162

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, February 28, 2020, commencing at 9:00 a.m. You are **NOT REQUIRED** to be present at this meeting. This hearing will be held at Embassy Suites Tampa-USF Near Busch Gardens, 3705 Spectrum Blvd., Tampa, Florida 33612 (813) 977-7066.

**The purpose of the hearing is to consider a motion for: Recommended Order**

**Note:** Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you arrive promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Matthew Witters at (850) 245-4444 or by e-mail at [Sarah.Corrigan@flhealth.gov](mailto:Sarah.Corrigan@flhealth.gov)

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at <http://floridasosteopathicmedicine.gov/meeting-information/>

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address this 23<sup>rd</sup> day of January 2020.

Christa Peace

*Christa Peace*

Regulatory Specialist III  
Board of Osteopathic Medicine

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



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Christa Peace  
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Board of Osteopathic Medicine

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Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



## Peace, Christa

---

**From:** Peace, Christa  
**Sent:** Thursday, January 23, 2020 3:09 PM  
**To:** Exceptional Urgent Care  
**Subject:** Notice of Hearing  
**Attachments:** John Im aor.pdf; John Im enf add.pdf; John Im.pdf

Greetings, Dr. Im.

Your Recommended Order will be presented at the February 28, 2020, Board of Osteopathic Medicine meeting. You are not required to attend the meeting. Please see the attached correspondence.

Sincerely,

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at Carol Taylor with any questions or concerns to comment on my customer service.*



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DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2018-07389

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RESPONDENT.

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TO: John Joseph Im, D.O.  
11950 County Road 101, Suite 101  
The Villages, FL 32162

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. You are **NOT REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

**The purpose of the hearing is to consider a motion for: Recommended Order**

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*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
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STATE OF FLORIDA  
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PETITIONER,

VS.

CASE NO: 2018-07389

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RESPONDENT.

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*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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PHONE: (850) 245-4161



**From:** [Peace, Christa](#)  
**To:** [Exceptional Urgent Care](#)  
**Subject:** Notice of Hearing  
**Date:** Tuesday, July 28, 2020 12:11:49 PM  
**Attachments:** [John Im ef.pdf](#)  
[John Im aor.pdf](#)

---

Greetings,

Your Recommended Order will be heard at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. You are not required to attend this meeting. Please see the attached correspondence.

Thanks,

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
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## MEMORANDUM

**TO:** Kama Monroe, JD, Executive Director, Board of Osteopathic Medicine  
**FROM:** Chase Den Beste, Assistant General Counsel  
**RE:** **Settlement Agreement**  
**SUBJECT:** DOH v. Craig Steven Shapiro, D.O.  
 DOH Case Number 2019-24923  
**DATE:** July 22, 2020

*CDB*

Enclosed you will find materials in the above-referenced case to be placed on the agenda for final agency action for the **August 21, 2020** meeting of the board. The following information is provided in this regard.

**Subject:** Craig Steven Shapiro, D.O.  
**Subject's Address of Record:** 500 N Hiatus Road, Suite 101  
 Pembroke Pines, FL 33026  
 (954) 438-7171 Telephone  
**Enforcement Address:** 500 N Hiatus Road, Suite 101  
 Pembroke Pines, FL 33026  
**Subject's License No:** 6777 **Rank:** OS  
**Licensure File No:** 5516  
**Initial Licensure Date:** 3/16/1994  
**License Status:** Clear/Active  
**Board Certification:** American Osteopathic Boards of Ophthalmology  
 And Otolaryngology  
**Required to Appear:** Yes  
**Current PRN Contract:** No  
**Allegation(s):** Section 459.015(1)(x)1., F.S. (2016-2018)  
**Prior Discipline:** Yes  
**Probable Cause Panel:** 4-28-20; Glenn Moran, D.O. and Joel B. Rose, D.O.  
**Subject's Attorney:** Marc P. Ganz, Esquire  
 Law Office of Nosich & Ganz  
 75 Valencia Avenue, Suite 1100  
 Coral Gables, FL 33134  
 305-442-4800 Telephone

**Complainant/Address:** Mitchel Kramer  
500 E Las Olas Blvd. Apt. 1002  
Ft Lauderdale, FL 33301

**Materials Submitted:** Memorandum to the Board  
Settlement Agreement  
Administrative Complaint  
DOH Expert Opinion and CV  
Final Investigative Report with Exhibits 1-15  
Prior Discipline  
Cost Summary Report

**DISCIPLINARY GUIDELINES:**

Section 459.015(1)(x), Florida Statutes (2016-2018): Rule 64B15-19.002(27), Florida Administrative Code (revised March 27, 2012)

SECOND OFFENSE: From probation, to revocation, or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.

**PRELIMINARY CASE REMARKS: SETTLEMENT AGREEMENT:**

On or about March 13, 2017, Patient S.K., a then seventy-five-year-old female, presented to Respondent, a Board-certified otolaryngologist, for complaints of clogged ears, ear problems and nasal congestion. During her visit on or about March 13, 2017, Patient S.K. complained of moderate, bilateral clogged ears and nasal passage blockage. Her symptoms commenced a month prior to her visit, were caused by an unknown event, and were worsening. Respondent conducted a physical exam of Patient S.K. which found the left external ear canal had cerumen impaction and the right tympanic membrane was retracted. The audiologic evaluation found the left ear was normal whereas the right ear was flat, and hearing loss was noted. Respondent diagnosed Patient S.K. with impacted cerumen of the left ear and unilateral chronic secretory otitis media of the right ear. Respondent treated Patient S.K. by cleaning the left ear canal with a wire loop and prescribed Prednisone. On or about March 23, 2017, Patient S.K. presented with complaints of constant, moderately clogged right ear to Respondent. During the visit on or about March 23, 2017, Respondent conducted a myringotomy and surgically placed an ear tube in Patient S.K.'s right ear, based

upon Respondent's diagnosis of recurrent otitis media of the right ear. From on or about March 13, 2017 through on or about March 22, 2019 (hereinafter the "treatment period"), Respondent examined, assessed, and treated Patient S.K. during at least twenty-four visits where she presented with complaints of mild to moderate right ear problems, intermittent pain, and other symptoms. During the treatment period, Respondent examined, assessed and treated Patient S.K. for right ear chronic secretory otitis media, dysfunction of both eustachian tubes, and/or unilateral and bilateral impacted cerumen. During the treatment period, Respondent performed four myringotomies with ear tubes placed in Patient S.K.'s right ear which resulted in limited or no improvement of symptoms on or about March 23, 2017; October 18, 2017; July 19, 2018; and February 4, 2019. During the treatment period, as symptoms persisted or worsened, Respondent did not attempt to, or failed to document the attempt to, determine the event that triggered Patient S.K.'s adult onset right ear problems by conducting specialized diagnosis, such as nasal endoscopy to assess the nasopharynx and eustachian tube, cultures of the otorrhea, and/or a radiological exam.<sup>1</sup> During the treatment period, Subject's medical records for Patient S.K. did not consistently document which primary anatomic area or side was being examined and/or lacked consistent historical timelines. On or about April 10, 2019, Patient S.K. presented to Dr. D.M. for a second opinion with complaints of moderate right ear problems and ear ache. A CT scan of Patient S.K.'s right ear temporal bone was ordered. On or about April 19, 2019, Patient S.K. underwent a CT scan which revealed a large tumor centered in the right sphenoid bone of her skull which extended towards her right middle cranial fossa bone near her ear. Fluid or soft tissue was also identified within Patient S.K.'s right middle ear cavity by the CT scan.

**TERMS OF SETTLEMENT AGREEMENT:**

- Letter of Reprimand;
- Administrative fine of \$7,500.00, to be paid within thirty (30) days from the date the Final Order is filed;
- Reimbursement of the Department's costs not to exceed \$6,306.98 to be paid within thirty (30) days from the date the Final Order is filed.

---

<sup>1</sup> Nasal endoscopy of the nasopharynx and eustachian tube is considered medically necessary in adults for recent origin, unilateral middle ear otitis media with effusion to rule out a mass, tumor, or other source of blockage in the ears.

- Laws and Rules Course within one (1) year from the date the Final Order is filed, Respondent shall complete an FMA sponsored laws and rules course, which can be completed online;
- Continuing Medical Education – "Clinical Assessment" – Within one (1) year from the date the Final Order is filed, Respondent shall complete a one-hour CME in the clinical assessment of ear disorders, which can be completed online;
- Continuing Medical Education - "Risk Management" – Within one (1) year from the date the Final Order is filed, Respondent shall complete a three-hour CME in risk management, which can be completed online. In the alternative, within one (1) year from the date the Final Order is filed, Respondent may attend one full day of disciplinary hearings at a regular meeting of the Board. In order to receive such credit, Respondent must sign in with the Executive Director of the Board before the meeting begins and sign out with the Executive Director at the end of the day.

**CONSIDERATIONS IN SUPPORT OF SETTLEMENT:**

- Subject has been licensed in Florida since 3-16-94;
- Subject has cooperated with the investigation and disciplinary process;
- The Laws and Rules Course is intended to educate Respondent on his legal obligations and should reduce the likelihood that he will repeat the conduct in the future;
- The two (2) course requirements are tailored to address the specific types of violations allegedly committed by Subject and will provide Subject with the knowledge and tools needed to avoid committing these types of violations in the future.

CDB/tgc

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOH Case No. 2019-24923**

**CRAIG STEVEN SHAPIRO, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**SETTLEMENT AGREEMENT**

Craig Steven Shapiro, D.O., referred to as the "Respondent," and the Department of Health, referred to as "Department," stipulate and agree to the following Agreement and to the entry of a Final Order of the Board of Osteopathic Medicine, referred to as "Board," incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to section 20.43, Florida Statutes, and chapter 456, Florida Statutes, and chapter 459, Florida Statutes.

**STIPULATED FACTS**

1. At all times material hereto, Respondent was a licensed osteopathic physician in the State of Florida having been issued license number OS 6777.

2. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent alleging violations of chapter 459, Florida Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit A.

3. For purposes of these proceedings, Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint.

### **STIPULATED CONCLUSIONS OF LAW**

1. Respondent admits that, in his capacity as a licensed osteopathic physician, he is subject to the provisions of chapters 456 and 459, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of chapter 456 and/or 459, Florida Statutes.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

### **STIPULATED DISPOSITION**

1. **Letter of Reprimand** – The Board shall issue a Letter of Reprimand against Respondent's license.

2. **Fine** – The Board shall impose an administrative fine of **Seven Thousand Five Hundred Dollars and Zero Cents (\$7,500.00)** against Respondent's license which Respondent shall pay to: Payments, Department of Health, Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, FL 32314-6320, within thirty (30) days from the date of filing of the Final Order accepting this Agreement ("Final Order"). **All fines shall be paid by cashier's check or money order.** Any change in the terms of payment of any fine imposed by the Board **must be approved in advance by the Board.**

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HIS/HER LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED IN THIS SETTLEMENT AGREEMENT. SPECIFICALLY, IF RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION WITHIN 45 DAYS OF THE DATE OF FILING OF THE FINAL ORDER THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL RESPONDENT RECEIVES SUCH WRITTEN CONFIRMATION FROM THE BOARD.**

3. **Reimbursement of Costs** – Pursuant to section 456.072, Florida Statutes, Respondent agrees to pay the Department for the Department’s costs incurred in the investigation and prosecution of this case (“Department costs”). Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, any other costs Respondent incurs to comply with the Final Order, and the Board’s administrative costs directly associated with Respondent’s probation, if any. Respondent agrees that the amount of Department costs to be paid in this case is **Four Thousand Three Hundred Six Dollars and Ninety-eight Cents (\$4,306.98), but shall not exceed Six Thousand Three Hundred Six Dollars and Ninety-eight Cents (\$6,306.98)**. Respondent will pay such Department costs to: Payments, Department of Health, Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, FL 32314-6320, within thirty (30) days from the date of filing of the Final

Order. All costs shall be paid by cashier's check or money order. Any change in the terms of payment of costs imposed by the Board must be approved in advance by the Board.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HIS/HER LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED IN THIS SETTLEMENT AGREEMENT. SPECIFICALLY, IF RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION WITHIN 45 DAYS OF THE DATE OF FILING OF THE FINAL ORDER THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL RESPONDENT RECEIVES SUCH WRITTEN CONFIRMATION FROM THE BOARD.**

4. **Laws and Rules Course** – Within one (1) year from the date the Final Order is filed, Respondent shall complete an FMA sponsored laws and rules course, which can be completed online.

5. **Continuing Medical Education** – **"Clinical Assessment"** – Within one (1) year from the date the Final Order is filed, Respondent shall complete a one-hour CME in the clinical assessment of ear disorders, which can be completed online.

6. **Continuing Medical Education** - **"Risk Management"** – Within one (1) year from the date the Final Order is filed, Respondent shall complete a three-hour CME in risk management, which can be completed online.

## **STANDARD PROVISIONS**

1. **Appearance** – Respondent is required to appear before the Board at the meeting of the Board where this Agreement is considered.

2. **No Force or Effect until Final Order** – It is expressly understood that this Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Agreement.

3. **Continuing Medical Education** – Unless otherwise provided in this Agreement Respondent shall first submit a written request to the Board for approval prior to performance of said CME course(s). Respondent shall submit documentation to the Board of having completed a CME course in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician’s recognition awards, documenting completion of this medical course within one (1) year of the filing of the Final Order in this matter. All such documentation shall be sent to the Board, regardless of whether some or any of such documentation was provided previously during the course of any audit or discussion with counsel for the Department. CME hours required by this Agreement shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the Board, such CME course(s) shall consist of a formal, live lecture format.

4. **Addresses** – Respondent must provide current residence and practice addresses to the Board. Respondent shall notify the Board in writing within ten (10) days of any changes of said addresses

5. **Future Conduct** – In the future, Respondent shall not violate chapter 456, 459 or 893, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice medicine to include, but not limited to, all statutory requirements related to practitioner profile and licensure renewal updates. Prior to signing this agreement, the Respondent shall read chapters 456, 459 and 893 and the Rules of the Board of Osteopathic Medicine, at Chapter 64B15, Florida Administrative Code.

6. **Violation of Terms** – It is expressly understood that a violation of the terms of this Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to chapters 456 and 459, Florida Statutes.

7. **Purpose of Agreement** – Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Agreement. Respondent agrees to support this Agreement at the time it is presented to the Board and shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

8. **No Preclusion of Additional Proceedings** – Respondent and the Department fully understand that this Agreement and subsequent Final Order will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit A.

9. **Waiver of Attorney's Fees and Costs** – Upon the Board's adoption of this Agreement, the parties hereby agree that with the exception of Department costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

10. **Waiver of Further Procedural Steps** – Upon the Board's adoption of this Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Agreement and the Final Order of the Board incorporating said Agreement.

**[SIGNATURE BLOCKS ON FOLLOWING PAGE]**

SIGNED this 21 day of July, 2020.

  
\_\_\_\_\_  
Craig Steven Shapiro, D.O.

STATE OF FLORIDA  
COUNTY OF Broward

BEFORE ME personally appeared Craig Shapiro, whose identity is known to me or who produced know to me (type of identification) and who, under oath, acknowledges that his/her signature appears above.

SWORN TO and subscribed before me this 21 day of July, 2020

  
\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:



APPROVED this 23<sup>rd</sup> day of July, 2020.

  
\_\_\_\_\_  
By: Chase E. Den Beste  
Assistant General Counsel  
Department of Health

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**DOH CASE NO. 2019-24923**

**CRAIG STEVEN SHAPIRO, D.O.,**

**RESPONDENT.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

Petitioner, Department of Health, by and through its undersigned counsel, files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, Craig Steven Shapiro, D.O., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of medicine in the state of Florida pursuant to section 20.43, Florida Statutes; chapter 456, Florida Statutes; and chapter 459, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the state of Florida, having been issued license number OS 6777.

Exhibit  
A

3. Respondent's address of record is 500 North Hiatus Road, Suite 101, Pembroke Pines, Florida 33026.

4. On or about March 13, 2017, Patient S.K., a then seventy-five-year-old female, presented to Respondent, a Board-certified otolaryngologist, for complaints of clogged ears, ear problems and nasal congestion.

5. During her visit on or about March 13, 2017, Patient S.K. complained of moderate, bilateral clogged ears and nasal passage blockage. Her symptoms commenced a month prior to her visit, were caused by an unknown event, and were worsening.

6. Respondent conducted a physical exam of Patient S.K. which found the left external ear canal had cerumen impaction and the right tympanic membrane was retracted. The audiologic evaluation found the left ear was normal whereas the right ear was flat, and hearing loss was noted.

7. Respondent diagnosed Patient S.K. with impacted cerumen of the left ear and unilateral chronic secretory otitis media of the right ear.

8. Respondent treated Patient S.K. by cleaning the left ear canal with a wire loop and prescribed Prednisone.

9. On or about March 23, 2017, Patient S.K. presented with complaints of constant, moderately clogged right ear to Respondent.

10. During the visit on or about March 23, 2017, Respondent conducted a myringotomy and surgically placed an ear tube in Patient S.K.'s right ear, based upon Respondent's diagnosis of recurrent otitis media of the right ear.

11. From on or about March 13, 2017 through on or about March 22, 2019 (hereinafter the "treatment period"), Respondent examined, assessed, and treated Patient S.K. during at least twenty-four visits where she presented with complaints of mild to moderate right ear problems, intermittent pain, and other symptoms.

12. During the treatment period, Respondent examined, assessed and treated Patient S.K. for right ear chronic secretory otitis media, dysfunction of both eustachian tubes, and/or unilateral and bilateral impacted cerumen.

13. During the treatment period, Respondent performed four myringotomies with ear tubes placed in Patient S.K.'s right ear which resulted in limited or no improvement of symptoms on or about March 23, 2017; October 18, 2017; July 19, 2018; and February 4, 2019.

14. During the treatment period, as symptoms persisted or worsened, Respondent did not attempt to, or failed to document the attempt to, determine the event that triggered Patient S.K.'s adult onset right ear problems by conducting specialized diagnosis, such as nasal endoscopy to assess the nasopharynx and eustachian tube, cultures of the otorrhea, and/or a radiological exam.<sup>1</sup>

15. During the treatment period, Subject's medical records for Patient S.K. did not consistently document which primary anatomic area or side was being examined and/or lacked consistent historical timelines.

16. On or about April 10, 2019, Patient S.K. presented to Dr. D.M. for a second opinion with complaints of moderate right ear problems and ear ache. A CT scan of Patient S.K.'s right ear temporal bone was ordered.

17. On or about April 19, 2019, Patient S.K. underwent a CT scan which revealed a large tumor centered in the right sphenoid bone of her skull which extended towards her right middle cranial fossa bone near her ear. Fluid or soft tissue was also identified within Patient S.K.'s right middle ear cavity by the CT scan.

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<sup>1</sup> Nasal endoscopy of the nasopharynx and eustachian tube is considered medically necessary in adults for recent origin, unilateral middle ear otitis media with effusion to rule out a mass, tumor, or other source of blockage in the ears.

18. During the treatment period, the prevailing professional standard of care required Respondent to:

- a. adequately assess Patient S.K.'s complaints and symptoms;
- b. perform nasal endoscopy of the nasopharynx and eustachian tube of Patient S.K.;
- c. appropriately diagnose Patient S.K.'s condition;
- d. identify and pursue the appropriate plan or procedure for Patient S.K.'s condition; and/or
- e. reevaluate Patient S.K.'s planned treatment, assessment, or diagnosis commensurate with persistent or changed conditions and symptoms.

**COUNT I**  
**Violation of § 459.015(1)(x)1., F.S.**

19. Petitioner re-alleges and incorporates by reference paragraphs one (1) through eighteen (18), as if fully set forth herein.

20. Section 459.015(1)(x)1., Florida Statutes (2016–2018), subjects a licensed osteopathic physician to discipline for committing medical malpractice as defined in section 456.50, Florida Statutes.

21. Sections 456.50(1)(e) and (g), Florida Statutes (2016–2018), define medical malpractice as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure per the standard of care specified in section 766.102, Florida Statutes.

22. Section 766.102(1), Florida Statutes (2016–2018), provides that the prevailing professional standard of care for an osteopathic physician shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by a reasonably prudent similar physician.

23. Respondent fell below the prevailing professional standard of care in one or more of the following ways:

- a. by failing to adequately assess Patient S.K.'s complaints and symptoms;
- b. by failing to perform a nasal endoscopy of the nasopharynx and eustachian tube of Patient S.K.;
- c. by failing to appropriately diagnose Patient S.K.'s condition;

- d. by failing to identify and/or pursue the appropriate plan or procedure for Patient S.K.'s condition; and/or
- e. by failing to change the plan, treatment, assessment, or diagnosis commensurate with Patient S.K.'s persistent or changed condition and symptoms.

24. Based on the foregoing, Respondent has violated section 459.015(1)(x)1., Florida Statutes (2016–2018), by committing medical malpractice.

WHEREFORE, the Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

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SIGNED this 28<sup>th</sup> day of April, 2020.

Scott A. Rivkees, M.D.  
State Surgeon General

*Chase E. Den Beste*

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Chase E. Den Beste, Esq.  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar Number 126075  
(P) 850-558-9865  
(F) 850-245-4684  
(E) Chase.DenBeste@flhealth.gov

PCP Date: April 28, 2020

PCP Members: Glenn Moran, D.O. and Joel B. Rose, D.O.

## **NOTICE OF RIGHTS**

Respondent has the right to request a hearing to be conducted in accordance with section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Mediation under section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

## **NOTICE REGARDING ASSESSMENT OF COSTS**

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**DOH CASE NO. 2019-24923**

**CRAIG STEVEN SHAPIRO, D.O.,**

**RESPONDENT.**

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2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the state of Florida, having been issued license number OS 6777.

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24. Based on the foregoing, Respondent has violated section 459.015(1)(x)1., Florida Statutes (2016–2018), by committing medical malpractice.

WHEREFORE, the Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

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SIGNED this 28<sup>th</sup> day of April, 2020.

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK: *Amanda Morales*  
DATE: 04/29/2020

Scott A. Rivkees, M.D.  
State Surgeon General

*Chase E. Den Beste*

---

Chase E. Den Beste, Esq.  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar Number 126075  
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(E) Chase.DenBeste@flhealth.gov

PCP Date: April 28, 2020

PCP Members: Glenn Moran, D.O. and Joel B. Rose, D.O.

## **NOTICE OF RIGHTS**

Respondent has the right to request a hearing to be conducted in accordance with section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

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## **NOTICE REGARDING ASSESSMENT OF COSTS**

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**David R. Rabaja, D.O.**

8000 Red Bug Lake Rd Suite 150  
Oviedo, FL 32765

October 4, 2019

FL Department of Health, PSU  
4052 Bald Cypress Way Bin C-65  
Tallahassee, Florida 32399-3265

Regarding: DOH v CSS Complaint No. 2019-24923

Dear FL Department of Health, PSU,

This case involves alleged practice below standard of care.

1. I do not know the Subject, the Complainant nor do I have direct knowledge of the circumstances surrounding the case.
2. I currently perform the examination/test/procedures and prescribe the medications that are at issue in this case.
  - a. I was performing and prescribing the same at the time the incident occurred.
  - b. I am currently Board Certified in Otolaryngology by the American Osteopathic Association, American Osteopathic Board of Otolaryngology.
3. In my opinion, the Subject *did not* meet the applicable standards of care outlined in the Florida Statutes in his examination, diagnosis, and treatment of the patient.
4. In my opinion the Subject *did not* adequately assess the patient's complaints and symptoms.
  - a. The complete assessment of the patient's condition was *incomplete* regarding testing and documented examinations.
  - b. A complete and proper history and physical examination was documented by the Subject.
5. In my opinion, the Subject's diagnosis of the patient's condition was initially appropriate and adequate, and while initially accurate, similar/overlapping symptoms persisted or worsened and were not adequately addressed, assessed, nor were options provided.
6. In my opinion, the patient's complaints/condition and changes to such mandated the use of specialized diagnosis being performed (nasal endoscopy to assess the nasopharynx and eustachian tube, cultures of the otorrhea, or less often, possible radiology testing), but was not considered, performed or ordered. *This represents practice below standard of care.*
7. In my opinion, an appropriate plan and treatment for the patient's initial condition was identified and pursued by the Subject, but with time the conditions (symptoms) persisted or changed, without a commensurate change of plan or treatment.

8. In my opinion, the Subject did not prescribe, dispense, inject, or administer legend drugs or any substance to the patient that was inappropriate.
9. In my opinion, the medical records maintained by the Subject *do not accurately and completely document and justify the course of treatment utilized in the care of the patient.*
  - a. The patient's history and examination are *incomplete* for the working diagnosis.
  - b. All the test results, records of drugs prescribed, dispensed or administered and consultation reports are included in the patient's medical records. Hospitalization was not involved.
  - c. *There are identifiable deficiencies and problems with the medical records* maintained by the Subject: inconsistent documentation of the primary anatomic area being examined, lack of consistent historical timelines, lack of laterality in some records.
  - d. Subject's entries in the medical records are legible.
10. Billing records were enclosed for my review.
  - a. Fees appear to be within acceptable ranges.
  - b. There is no indication of fraud in this practice of medicine.
11. In my opinion, several reasonable steps could have been taken to assess for the patient's persistent symptoms and findings.
  1. Endoscopic nasal examination to assess for nasopharyngeal mass or obstruction, and eustachian tube function. This would not likely change the course of this patient's care. This procedure is considered Standard of Care and was not performed.
  2. Radiologic testing (generally CT) of the temporal bone/mastoid to assess surrounding structures of the ear could potentially have been. If ordered initially (2017), it would not have changed the course of this patient's care. This test is not Standard of Care and is an optional test as per physician discretion.
12. A Subject response on behalf of the Subject was included in the materials for my review. It did not add any new or different information but rather a summary of the timeline, and request for dismissal.

This case is a difficult one, as there seems to be 2 different concerns.

The first is regarding the source of the complaint, that the Subject breached standard of care by not diagnosing a large intracranial tumor at any point during his care of the patient. In my opinion, there is no evidence that an intracranial evaluation or scanning was warranted by the patient's condition and as such there is **no evidence that the Subject violated standard of care with the patient, SK, with regards to misdiagnosis of a brain tumor.**

The second is regarding the 2-year care of an adult patient with otitis media with effusion. In my opinion, **there is a cause for concern regarding initial and accurate workup of this patient that represents practice below standard of care.** Adult onset otitis media with effusion, unilaterally, is considered uncommon. Standard of care is to perform a physical examination and audiometric examination, which was documented. It is also indicated to perform nasal endoscopy to evaluate the nasopharynx and eustachian tubes for neoplasm, infection, or obstruction. There is no evidence that

this was performed or considered. This simple standard procedure, typically taking less than a minute to perform is all that's required to meet standard of care.

\*\*\*\*\*

The patient (SK) presented with a RIGHT unilateral middle ear effusion in March, 2017. SK was treated appropriately, and after medical treatment failure, a tympanostomy tube was surgically placed, a procedure eventually repeated 4 separate times over 2 years. She was appropriately treated with medications during the course of her visits. In my opinion, during the initial course of her therapy with the Subject, additional items should or could have been performed. Firstly, nasal endoscopy to evaluate the nasopharynx and eustachian tube is considered medically necessary in adults for recent origin, unilateral middle ear effusion. This is primarily to rule out a mass/tumor or other source of blockage and should have been done the first visit, especially considering her secondary complaint of nasal stuffiness. Subsequently, there is no record that further workup for the unilateral effusion was considered at any time. **For this secondary concern, precisely a failure to completely evaluate the patient for a new onset unilateral middle ear effusion, the Subject violated standard of care.**

Secondly, radiologic testing to assess the mastoid or temporal bone could be considered in a patient with persistent or worsening symptoms, although this is neither a necessity nor medically necessary. Of note is that neither of these tests would have changed the course of treatment nor the eventual intracranial diagnosis, especially if performed in 2017 at the patient's first or second visit.

Despite the complainant's admonition, there is no evidence that the findings on the CT were the proximate cause for the patient's death. The death certificate did not show this as a cause of death, and no autopsy was performed to refute the medical examiner's diagnosis. The CT report refutes the primary source of the tumor as coming from the temporal bone. It originates from an area more centrally located in the brain and had extended out to the temporal bone and other extracranial areas at the time of its identification. There is no way to document rapidity of growth, other than to note that the mass was very large at its identification and was likely present for more than 6 months. It should also be noted that multiple other physicians had evaluated this patient over this timeframe with no indication that testing was ordered.

It should be clear that in my opinion the standard of care was lacking ONLY in the proper assessment of a unilateral middle ear effusion and recurring symptoms lasting more than 2 years. It is my opinion that there is no direct correlation between the Subject's actions of 2017-2019 and the eventual intracranial diagnosis or the patient's death.

<https://jamanetwork.com/journals/jamaotolaryngology/article-abstract/622229>

If you have any further questions, please call (407) 766-0882 to schedule a telephone conference.

Sincerely,



David R. Rabaja, DO

# **David Robert Rabaja, DO, FOCOO**

## **Orlando Ear, Nose and Throat Associates**

5830 Lake Underhill Rd, Orlando, FL 32807

407.658.0228

[drrobaja@orlandoent.com](mailto:drrobaja@orlandoent.com)

[www.orlandoent.com](http://www.orlandoent.com)

## **Board Certification**

American Osteopathic Board of Ophthalmology and Otorhinolaryngology

## **Education**

Otolaryngology/Head and Neck Surgery, 1996-1999

Michigan State University/GRAMEC, Grand Rapids, MI

General Surgery, 1995-1996

Michigan State University/GRAMEC, Grand Rapids, MI

Internship, 1994-1995

Florida Hospital East Orlando, Orlando, FL

Doctor of Osteopathy, with Honors, 1990-1994

Nova Southeastern University, Ft. Lauderdale, FL

College of Osteopathic Medicine

Bachelor of Science, with Honors, 1986-1990

Ohio Northern University, Ada, OH

Getty College of Arts and Sciences

## **Experience**

Partner, 1999 to present

Orlando ENT Associates, PA

Chief, Department of Surgery, 2000-2007

Florida Hospital East Orlando

Fellow, 2004

American Osteopathic Board of Ophthalmology and Otorhinolaryngology

Clinical Instructor/Attending, 1999 to present

Florida Hospital

Nova Southeastern University

# **David Robert Rabaja, DO, FOCOO**

## **Professional Affiliation**

American Osteopathic College of Ophthalmology and Otolaryngology  
American Academy of Otolaryngology/Head and Neck Surgery  
Florida Society of Otolaryngology  
American Medical Association  
American Osteopathic Association  
Florida Medical Association  
Florida Osteopathic Medical Association  
Orange County Medical Society

## **Authorship**

Polymorphous Low-Grade Adenocarcinoma of the Parotid Gland  
*Am J Otolaryng* 19(5): 322-324, 1998



STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

|                                                                                                                  |                               |                                                                              |
|------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------|
| Office: Area 10 - Ft. Lauderdale                                                                                 | Date of Complaint: 06/26/2019 | Case Number: 2019-24923                                                      |
| Subject: CRAIG STEVEN SHAPIRO, DO<br>500 N. Hiatus Road, Suite 101<br>Pembroke Pines, FL 33026<br>(954) 438-7171 |                               | Source: M.K.                                                                 |
| Profession: Osteopathic Physician                                                                                |                               | License Number and Status: 6777 Clear, Active                                |
| Related Case(s): None                                                                                            |                               | Period of Investigation and Type of Report: 06/28/2019 To 08/30/2019 - FINAL |

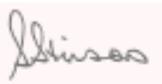
Alleged Violation: SS 459.015(1)(g)(o)(x)(pp), 456.072(1)(k)(dd), F.S. and Rule 64B15-15.004, F.A.C.

Synopsis: This investigation is predicated upon a complaint (Case Summary and attachments, Exhibit #1), from M.K., the son of 76 y/o female patient, S.K., who began seeing SHAPIRO in March 2017 with complaints of pain, ringing, hearing loss, and fullness in her ear. S.K. presented to SHAPIRO 24 times from 03/13/2017 and 03/22/2019. Alleges that SHAPIRO failed to order appropriate testing and failed to diagnose and treat a tumor that started in S.K.'s ear then spread to her brain. S.K. died on 04/27/2019.

- Yes  No Subject Notification Completed?
- Yes  No Subject Responded?
- Yes  No Patient Notification Completed?
- Yes  No Above referenced licensure checked in database/LEIDS?
- Yes  No Board certified? Name of Board: American Osteopathic Board of Ophthalmology and Otolaryngology Date: Specialty: Ophthalmology and Otolaryngology

- Law Enforcement
- Notified Date:
  - Involved Agency:

- Yes  No Subject represented by an attorney?  
Attorney information: MARC P. GANZ, Esquire, of the Law Offices NOSICH & GANZ, 75 Valencia Avenue, Suite 1100, coral Gables, FL 33134. Tel: (305) 442-4800. GANZ has requested a copy of the complete file upon completion (Exhibit #11)

|                                                                                                                                                                                           |                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Investigator/Date: 08/30/2019<br><br>Sylma C. Stinson, Medical Quality Assurance Investigator<br>Li-99 | Approved By/Date: 08/30/2019<br><br>Karen G. Anderson, Investigation Manager<br>Li144 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Distribution: HQ/ISU

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\* Exhibits contain information which identifies patient(s) by name and are sealed pursuant to section 456.057(9)(a) Florida Statute.

\*\* Interview does not contain a recorded statement.

## INVESTIGATIVE DETAILS

INTERVIEW OF M.K. (Source)

On 07/01/2019 M.K. returned this Investigator's call and essentially stated:

- His mother, S.K., did not have any major medical ailments. The only medication his mother was taking was aspirin as needed. She had "some arthritis, hearing loss, and ringing in her ears," and the symptoms she complained about for approximately 2 years were consistent with a tumor; "if one had googled it that would show." The diagnosis showed the tumor grew in S.K.'s inner ear and towards the brain. "If found out early, this could have been treated."
- S.K. did some traveling to various family activities prior to her demise. She had back pain, and never had any surgery except for cataract.
- He went with S.K. on her second to last visit to see SHAPIRO, and SHAPIRO told S.K. there was nothing else he could do for her, if she wanted she could get a hearing aid. S.K. told SHAPIRO no, she would go to see a different doctor.
- On 04/10/2019, M.K. went with S.K. to see Dr. DANIEL MORSE, who is also in Memorial Healthcare System, and who confirmed a CT Scan should have been done. He ordered the scan which was done on 04/19/2019; and the following Monday MORSE called and told S.K. he was sorry to tell her there was a tumor, and it was "massive." S.K. had a follow-up visit with MORSE and he explained his findings to her.
- MORSE had referred S.K. to see an oncologist and a neurosurgeon the following week; however, she died a few days after getting the news from MORSE, and the appointments with the specialists were canceled.
- S.K. "never had a chance to live," and SHAPIRO "took the opportunity away; her life was entrusted to him, she could have died from effects of the tumor."
- M.K. is the trustee of the estate (Exhibit #1), and no autopsy was done on S.K. SHAPIRO was negligent and he is concerned and hopes S.K.'s experience with SHAPIRO will "not happen to someone else."

Investigator's Notes: On 08/29/2019 this Investigator received a request from M.K. for a copy of the investigative file. He was informed this would not be possible. M.K. also requested the opportunity to speak with the PSU attorney assigned to review this case.

STATEMENT OF CRAIG STEVEN SHAPIRO, D.O. (Subject/Exhibit #12)

Licensure Address:

500 N. Hiatus Road, Suite 101  
Pembroke Pines, FL 33026  
(954) 438-7171

On 07/12/2019, this Investigator received a Letter of Representation from MARC P. GANZ, Esquire, on behalf of SHAPIRO (Exhibit #11). On 08/15/2019, this Investigator received a Letter of Response with an attached copy of SHAPIRO'S Curriculum Vitae (Exhibit #12). Pursuant to the Curriculum Vitae, SHAPIRO received his doctoral degree in Osteopathic Medicine in June 1989, from Southeastern University of Health Sciences, North Miami Beach, FL. He completed his internship in 1990, at Botsford General Hospital, Michigan. SHAPIRO completed his residencies in surgery and otolaryngology at Northeastern University, Philadelphia, Pennsylvania, and the Osteopathic Medical Center of Philadelphia in 1994. SHAPIRO is Board Certified and is a fellow of Florida American Osteopathic College of Otolaryngology – Head & Neck Surgery, and a

Diplomat of National Board of Examiners Osteopathic Physicians and Surgeons. SHAPIRO has held various offices, and the position as Chairman with Memorial Hospital Systems.

GANZ/SHAPIRO provided a summary including the assessments and plan of care for S.K.'S visits to SHAPIRO'S office from 03/13/2017 through to April 2019. GANZ/SHAPIRO stated S.K. had "a very rare and unusual tumor and her complaints were not consistent with concern for this rare and unusual occurrence. Her complaints were more consistent with her noted diagnoses..." GANZ/SHAPIRO denied providing inappropriate care and treatment to S.K., and requested that the case be dismissed.

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**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

June 28, 2019

**CONFIDENTIAL TO:**

Dr. Craig Steven Shapiro, DO  
500 N. Hiatus Road, Suite 101  
PEMBROKE PINES, FL 33026

Case Number: 2019-24923

Dear Dr. Shapiro:

We are currently investigating the enclosed document received by the Department of Health. This investigation was initiated after it was determined that you may have violated the Medical Practice Act.

Within **45 days** of receiving this letter, you may:

- \* submit a **written response** to the address below; or
- \* call our office to schedule an **interview**.

Please provide a copy of your **curriculum vitae** and identify your **specialty** even if you choose not to submit a response. Include the above-referenced case number in any correspondence that you send.

Florida law requires that this case and all investigative information remain confidential until 10 days after the Probable Cause Panel has determined that a violation occurred, or you give up the right to confidentiality. Therefore, the contents of the investigation cannot be disclosed to you or the general public. You may make a written request for a copy of the investigative file and it will be sent to you when the investigation is complete.

You are not required to answer any questions or give any statement, and you have the right to be represented by an attorney. It is not possible to estimate how long it will take to complete this investigation because the circumstances of each investigation differ.

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts. If you have any questions, please call us at (954) 267-4511.

Sincerely,

A handwritten signature in blue ink that reads "Sylma C. Stinson".

Sylma C. Stinson  
Medical Quality Assurance Investigator

/scs

Enclosure: Case Summary and Attachment

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

June 28, 2019

**CONFIDENTIAL**

MITCHEL KRAMER  
500 E LAS OLAS BLVD APT 1002  
FT LAUDERDALE, FL 33301

Reference Number: 201924923  
Subject: CRAIG STEVEN SHAPIRO

Dear Sir or Madam:

Please be advised that the Investigative Services Unit is conducting an investigation on CRAIG STEVEN SHAPIRO and I am the investigator assigned to your case.

Florida law requires that all information in a complaint remain confidential until 10 days after probable cause is found. Patient names and records are never released to the public.

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please call me at (954) 202-3250.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sylma Stinson".

Sylma Stinson

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July 9, 2019

**Via U.S. Mail and Fax: (954) 202-3254**

Sylma C. Stinson, Medical Quality Assurance Investigator  
Florida Department of Health  
Division of Medical Quality Assurance  
1400 W. Commercial Boulevard, Suite 130  
Fort Lauderdale, FL 33309

RE: DOH v. Craig Steven Shapiro, D.O.  
DOH Case Number: 2019-24923  
Our File Number: 5.19059

RECEIVED  
JUL 12 2019  
DEPT. OF HEALTH  
FT. LAUD ISU / ULA

Dear Ms. Stinson:

This will confirm that we represent Craig Steven Shapiro, D.O.. We will be providing a response on behalf of Dr. Shapiro to your June 28, 2019 correspondence. All further communications in this matter should be directed to our attention.

Based upon the date of Dr. Shapiro's receipt of your June 28, 2019 correspondence, we have calculated the 45 day period to expire on August 15, 2019. **If we are incorrect in this regard, please advise us immediately.**

Pursuant to Florida Statutes, please provide us with a complete copy of the Department's investigative file in this matter, including any expert witness opinions obtained by the Department in this matter. Dr. Shapiro will maintain the confidentiality of this information in accordance with Florida Statutes.

Thank you for your prompt attention in this regard.

Very truly yours,

*Marc P. Ganz*

MPG/dsf

Marc P. Ganz

cc: Craig Steven Shapiro, D.O.

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& GANZ**  
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Sylma C. Stinson, Medical Quality Assurance  
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August 13, 2019

**Via: Certified Mail/Return Receipt Requested  
and Fax: (954) 202-3254**

Sylma C. Stinson, Medical Quality Assurance Investigator  
Florida Department of Health  
Division of Medical Quality Assurance  
1400 W. Commercial Boulevard, Suite 130  
Fort Lauderdale, FL 33309

RE: DOH v. Craig Steven Shapiro, D.O.  
DOH Case Number: 2019-24923  
Our File Number: 5.19059

Dear Ms. Stinson:

In follow-up to our prior communication, the following will serve as a response to your notice of investigation in this matter.

**OVERVIEW**

According to your June 28, 2019 correspondence, this matter was initiated as a result of a complaint filed by patient/decedent's son. The son provided an outline of his theory as to why his mother was not properly treated and suggested that Dr. Shapiro's care was not appropriate. According to the attachments to your June correspondence, it is alleged that if the allegations are correct, Dr. Shapiro failed to practice within the standard of care, maintain adequate records, otherwise failed to perform statutory or legal obligations. While Dr. Shapiro sympathizes with the loss of the complainant's mother and was devastated to hear of the loss of his long-term patient, his care and treatment provided to patient, S.K., was appropriate and met the prevailing standard of care. This patient, unfortunately, had a very rare and unusual tumor and her complaints were not consistent with concern for this rare and unusual occurrence. Her complaints were more consistent with her noted diagnoses and are contrary to the son's understanding of the course of events, especially since his only direct involvement with any visit was the visit of March 7, 2019. As the care was appropriate, this matter should be dismissed accordingly.

**CRAIG S. SHAPIRO, D.O.**

Dr. Shapiro received his Osteopathic Medical Degree from Southeastern University in 1989. He thereafter completed an internship at Botsford General Hospital in Farmington Hills, Michigan, followed by residencies in surgery and otolaryngology at Northeastern Hospital, followed by Osteopathic Medical Center of Philadelphia. He is Board Certified by the American Osteopathic Board of Ophthalmology and Otolaryngology and he is an Assistant Professor at the Department of Ears, Nose and Throat at Nova Southeastern University. A copy of Dr. Shapiro's curriculum vitae is attached as Exhibit "A" for further reference.

**MEDICAL SUMMARY**

**South Florida ENT Associates**

**March 13, 2017, Visit #1**

S.K. presented for initial eval. She was 77-years-old. She lived in Pembroke Pines. She was a widow. She was referred by Dr. Robert Perry. Her son, M.K., was listed as her emergency contact. Her primary insurance was Medicare with Blue Cross as her secondary.

She was seen by Dr. Craig Shapiro for c/o ear problems, nasal congestion and clogged ears. The symptoms started one month earlier. She c/o gradual onset of constant episodes of moderate, bilateral, clogged ears. She felt like she was on a plane. She **denied earache** or ear discharge.

Vitals: BP 142/80. Weight 150lbs. Height 5'6".

Her medications included ASA 325mg, Dymista 137-50mcg nasal suspension and Zyrtec.

ROS revealed hearing loss but **no earache**.

She had a past medical history of arthritis, osteoporosis and spinal stenosis.

PE revealed she was in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Otoscope exam of the left ear revealed cerumen impaction. The right tympanic membrane was retracted. Eyes normal. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Normal facial nerves.

**Assessment:**

1. Impacted cerumen of the left ear.
2. Chronic secretory otitis media of right ear.

**Plan:**

1. Start Prednisone 10mg bid x 5 days, then qd x 5 days.
2. Removal of impacted cerumen done using a wire loop to clean the canal. She tolerated the procedure well with no complications.

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August 13, 2019  
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3. Tympanometry done. Right tympanometry: flat. Left tympanometry: normal.
4. Follow up in 10 days.

**March 23, 2017, Visit #2**

S.K. was seen by Dr. Craig Shapiro for f/u. She c/o ear problems and clogged ears. The symptoms started three months earlier. She c/o gradual onset of constant episodes of moderate, bilateral, clogged ears. Associated symptoms included hearing loss but **no discharge or earache**.

Vitals: BP 110/78.

Her medications included ASA 325mg, Dymista 137-50mcg nasal suspension and Zyrtec.

ROS revealed hearing loss but **no earache**.

She had a past medical history of arthritis, osteoporosis and spinal stenosis.

PE revealed she was healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoscopic exam revealed the external canals were clear. The tympanic membrane was intact with no middle ear effusion. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.

Plan:

1. Myringotomy with tube insertion, right ear. Phenol topical anesthesia was administered. Clear fluid was suctioned from her right ear. She tolerated the procedure well with no complications.
2. Tympanometry done. Right tympanometry: flat. Left tympanometry: normal.
3. Follow up in 1 week.

**March 30, 2017, Visit #3**

S.K. was seen by Dr. Craig Shapiro for surgical f/u. She was s/p myringotomy with tubes and right tube.

PE revealed the right PE tube was patent and dry.

Plan:

1. Re-check in 2 months.

**June 29, 2017, Visit #4**

S.K. was seen by Dr. Craig Shapiro. She c/o nasal congestion and ear problems. The nasal symptoms started three weeks earlier. She c/o gradual onset of frequent episodes of moderate, bilateral, nasal passage blockage. Associated symptoms included clear nasal discharge, but no cough. She c/o gradual onset of constant episodes of moderate right ear problems. The episodes started 2 weeks earlier and were worse. Associated symptoms included hearing loss but **no tinnitus, vertigo or discharge from the ear**. Her ears did not feel full.

Vitals: BP 130/80.

Her medications included ASA 325mg.

ROS revealed hearing loss and nasal discharge, **but no earache**.

She had a past medical history of arthritis, osteoporosis and spinal stenosis. She had a past surgical history of myringotomy with ventilating tube insertion.

PE revealed she was healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoloscopic exam of the right tympanic membrane revealed a PE tube in place. The tube was patent. There was rhinorrhea from both nares. The nasal mucosa was congested bilaterally. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.
2. Allergic rhinitis, unspecified allergic rhinitis trigger.

Plan:

1. Start Azelastine HCL 0.15% nasal solution, 2 squirts twice daily.
2. Follow up in 3 weeks.
3. Instructed to return sooner than scheduled appointment if symptoms did not improve or worsened.

**July 21, 2017, Visit #5**

S.K. was seen by Dr. Craig Shapiro. She c/o nasal congestion and ear problems. She c/o gradual onset of intermittent episodes of left hearing loss. The symptoms started 3 weeks earlier. She had a tube in her right ear. Associated symptoms included **no tinnitus or vertigo**.

Her medications included ASA 325mg and Azelastine nasal solution.

ROS revealed hearing loss and nasal discharge, **but no earache**.

She had a past medical history of arthritis, osteoporosis and spinal stenosis. She had a past surgical history of myringotomy with ventilating tube insertion.

PE revealed she was healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoloscopic exam of the left external canal revealed cerumen impaction. The right tympanic membrane revealed a PE tube in place. The tube was patent. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.
2. History of impacted cerumen of left ear.
3. Impacted cerumen of left ear.

Plan:

1. Renew Azelastine HCL 0.15% nasal solution, 2 squirts twice daily.
2. Removal of impacted cerumen from left external ear canal using a wire loop to clean the canal.
3. Follow up in 3 months.

**October 17, 2017, Visit #6**

S.K. was seen by Dr. Craig Shapiro. She c/o ear pain, ear problems and allergies. She c/o gradual onset of constant episodes of moderate bilateral ear problems. The episodes had started 2 weeks earlier and the symptoms were worsening. Associated symptoms included hearing loss and ear fullness. **No tinnitus, vertigo, ear discharge or sore throat.**

Her medications included ASA 325mg and Azelastine nasal solution.

ROS revealed hearing loss and nasal discharge, **but no earache.**

She had a past medical history of arthritis, osteoporosis, spinal stenosis and impacted cerumen of the left ear. She had a past surgical history of myringotomy with ventilating tube insertion.

PE revealed she was healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoloscopic exam of the left external canal revealed cerumen impaction. The right external canal had cerumen impaction and a PE tube. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.
2. Bilateral impacted cerumen.

Plan:

1. Removal of impacted cerumen from both ear canals using a wire loop to clean the canals.
2. Audiologic eval. Bilateral tympanometry: shallow peak. Left tympanometry: normal.
3. Follow up in 4 months. Instructed to return sooner than scheduled appointment if symptoms did not improve or worsened.

**October 18, 2017, Visit #7**

S.K. was seen by Dr. Craig Shapiro for c/o clogged ears and ear problems. She c/o moderate right ears clogged described as dull, non-radiating that had started 2 weeks earlier. Associated symptoms included hearing loss, but **no discharge, earache, tinnitus or vertigo.**

Her medications included ASA 325mg.

ROS revealed hearing loss and nasal discharge, **but no earache.**

She had a past medical history of arthritis, osteoporosis, spinal stenosis and impacted cerumen of the left ear. She had a past surgical history of myringotomy with ventilating tube insertion.

PE revealed she was healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoscopic exam revealed the right tympanic membrane was retracted. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.

Plan:

1. Myringotomy with tube insertion, right ear. Phenol topical anesthesia was administered. Clear fluid was suctioned from her right ear. A grommet ventilation tube was placed in the right ear through the myringotomy site. She tolerated the procedure well with no complications.
2. Follow up in 1 week.

**December 21, 2017, Visit #8**

S.K. was seen by Dr. Craig Shapiro for c/o rare episodes of mild bilateral ear problems. The episodes started 3 months earlier. The symptoms were **improving (no noise doing well).** Associated symptoms included **no tinnitus, vertigo, hearing loss, discharge, ear fullness or swollen glands.**

Vitals: BP 130/70. Weight 140lbs. Height 5'6".

Her medications included ASA 325mg.

ROS revealed hearing loss and nasal discharge, but **no earache**.

She had a past medical history of arthritis, osteoporosis, spinal stenosis and impacted cerumen of the left ear. She had a past surgical history of myringotomy with ventilating tube insertion.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otitoscopic exam revealed the external canals were clear. The tympanic membranes were intact with no middle ear effusion. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Bilateral impacted cerumen.

Plan:

1. Instructed to return sooner than scheduled appointment if symptoms did not improve or worsened.
2. Follow up in 6 months.

**February 6, 2018, Visit #9**

S.K. was seen by Dr. Craig Shapiro for c/o ear problems. She c/o gradual onset of moderate bilateral ear problems that had started 2 weeks earlier. Associated symptoms included hearing loss, full feeling, **ear plugging but no tinnitus, discharge, otalgia, sore throat or swollen glands**.

Her medications included ASA 325mg.

ROS revealed hearing loss and nasal discharge, but **no earache**.

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis and impacted cerumen of the left ear. She had a past surgical history of myringotomy with ventilating tube insertion.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otitoscopic exam revealed the right and left external canals had cerumen impaction. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Bilateral impacted cerumen.

Ms. Sylma C. Stinson  
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2. Dysfunction of both Eustachian tubes.

Plan:

1. Removal of impacted cerumen from both canals using a wife loop.
2. Instructed to return sooner than scheduled appointment if symptoms did not improve or worsened.
3. Follow up in 3 months.

**May 8, 2018, Visit #10**

S.K. was seen by Dr. Craig Shapiro for c/o ear problems. She c/o gradual onset of intermittent episodes of mild right ear problems. Her symptoms caused by no known event and **were improving**. She was doing well after right myringotomy with tube placement and resolution of aural clogging/pressure. She denied otalgia or otorrhea. **Associated symptoms included no hearing loss, otalgia, ear plugging or drainage.**

Her medications included ASA 325mg.

ROS revealed no problems.

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis and impacted cerumen of the left ear. She had a past surgical history of myringotomy with ventilating tube insertion.

BP 120/80. Weight 135lbs.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoscopic exam revealed the external canals were clear, tympanic membranes intact and no middle effusion. The right tympanic membrane had a tube in place that was patent. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Dysfunction of both Eustachian tubes.
2. Chronic secretory otitis media of right ear.

Plan:

1. Follow up in 2 months.

**May 21, 2018, Visit #11**

S.K. was seen by Dr. Craig Shapiro for c/o ear problems, pain and discharge. She c/o gradual onset of moderate right ear clear discharge that started one week earlier. Symptoms were worsening. Associated symptoms included no ear fullness, itching or cervical adenopathy.

Her medications included ASA 325mg.

ROS revealed hearing loss and nasal discharge, but no earache.

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis and impacted cerumen of the left ear. She had a past surgical history of myringotomy with ventilating tube insertion.

Vitals: BP 120/60.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoscopic exam revealed the right tympanic membrane had a PE tube in place that was patent and draining. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.

Plan:

1. Start Gentamicin Sulfate 0.3% *Ophthalmic solution*, instill 3 drops twice a day.
2. Instructed to return sooner than scheduled appointment if symptoms did not improve or worsened.
3. Follow up in 1 week.

**May 31, 2018, Visit #12**

S.K. was seen by Dr. Craig Shapiro for f/u of ear problems and discharge. She c/o gradual onset of constant episodes of mild right ear, clear discharge that started three weeks earlier. Symptoms were unchanged. The right ear was still draining. She was using eardrops. Associated symptoms included ear fullness, but **no pain, ear pulling, ear swelling or dizziness.**

Her medications included ASA 325mg and Gentamicin Sulfate

ROS revealed no problems.

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis and impacted cerumen of the left ear. She had a past surgical history of myringotomy with ventilating tube insertion.

Vitals: BP 120/84.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoscopic exam revealed the right external canal had discharge. The right tympanic membrane had a PE tube in place with whitish otorrhea. Had right CSF powder placed in it (dry-powder antibiotic treatment in

Ms. Sylma C. Stinson  
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managing chronic otitis media and otitis externa. Powders are able to adhere to moist surfaces and have a longer dwelling time than liquid preparations.) No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.

Plan:

1. Start Neomycin-Polymyxin-HC Otic suspension. Instill 3 drops twice a day.
2. Follow up in 1 week.

**June 7, 2018, Visit #13**

S.K. was seen by Dr. Craig Shapiro for f/u of ear problems and discharge. She c/o gradual onset of mild right ear clear discharge that started 2 months earlier. **Symptoms were improving.** She still had right ear clogging and clear discharge a few hours after using eardrops. Associated symptoms included ear fullness, **but no itching, pain, ear pulling or swelling.**

Her medications included ASA 325mg, Gentamicin Sulfate *Ophthalmic solution* and Neomycin-Polymyxin Otic suspension.

ROS revealed no problems.

She had a past medical history of **allergic rhinitis**, arthritis, osteoporosis, spinal stenosis and impacted cerumen of the left ear. She had a past surgical history of myringotomy with ventilating tube insertion.

Vitals: BP 140/82.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoscopic exam revealed the right tympanic membrane had a PE tube in place. The PE tube was draining. Had right CSF powder placed in it. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.
2. Dysfunction of both Eustachian tubes.

Plan:

1. Renew Neomycin-Polymyxin-HC Otic suspension. Instill 3 drops twice a day.
2. Follow up in 2 weeks.

**June 19, 2018, Visit #14**

S.K. was seen by Dr. Craig Shapiro for c/o ear problems, ear discharge and clogged ears. She c/o gradual onset of moderate right ear problems that started 2 months earlier. Symptoms were unchanged. Associated symptoms included ear discharge, but no tinnitus, vertigo, ear fullness or sore throat.

Her medications included ASA 325mg, Gentamicin Sulfate and Neomycin-Polymyxin Otic suspension.

ROS revealed hearing loss and nasal discharge but **no earache**.

She had a past medical history of allergic rhinitis, allergic rhinitis, arthritis, osteoporosis, spinal stenosis and impacted cerumen of the left ear. She had a past surgical history of myringotomy with ventilating tube insertion.

Vitals: BP 110/76.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoloscopic exam revealed the right tympanic membrane had a PE tube in place. The PE tube was patent. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

**Assessment:**

1. Chronic secretory otitis media of right ear.

**Plan:**

1. Start Cipro 0.2-1% Otic suspension. Instill 3 drops in ear twice daily.
2. Start Tobramycin-Dexamethasone 0.3-0.1% Ophthalmic Suspension, 3 drops twice a day.
3. Follow up in 1 week.

**June 28, 2018, Visit #15**

S.K. was seen by Dr. Craig Shapiro for c/o ear problems and clogged ears. She c/o gradual onset of rare episodes of mild right ear clogged, described as dull. The episodes started 2 months earlier. Associated symptoms included no ear discharge, earache, tinnitus or vertigo.

Her medications included ASA 325mg, Cipro Otic suspension and Tobramycin-Dexamethasone Ophthalmic Suspension.

ROS revealed hearing loss and **nasal discharge but no earache**.

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis and impacted cerumen of the left ear. She had a past surgical history of myringotomy with ventilating tube insertion.

Vitals: BP 140/80.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoloscopic exam revealed the right tympanic membrane had a PE tube in place (dry). The PE tube was patent. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.

Plan:

1. Instructed to return sooner than scheduled appointment if symptoms did not improve or worsened.
2. Follow up in 1 month.

**July 19, 2018, Visit #16**

S.K. was seen by Dr. Craig Shapiro for c/o clogged ears. Right ear no change. No discharge. Her ear felt clogged. Associated symptoms included **no ear discharge or earache.**

Her medications included ASA 325mg.

ROS revealed hearing loss and nasal discharge but **no earache.**

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis, impacted cerumen of the left ear and pre-hypertension.

She had a past surgical history of myringotomy with ventilating tube insertion.

Vitals: BP 130/80. HR 67.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoloscopic exam revealed the tube was out, removed. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.

Plan:

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1. Myringotomy with tube insertion, right ear. Phenol topical anesthesia was administered. A grommet ventilation tube was placed in the right ear through the myringotomy site. Clear fluid was suctioned from her left ear. She tolerated the procedure well with no complications.
2. Audiologic eval. Right tympanometry: flat. Left tympanometry: normal. Right tone audiometry: severe conductive hearing loss. Left tone audiometry: moderate.
3. Refer to PCP for BP outpatient exam and treatment.
4. Follow up in 2 weeks.

August 2, 2018, Visit #17

S.K. was seen by Dr. Craig Shapiro post-op. She was s/p myringotomy with tubes.

BP 110/76.

Her medications included ASA 325mg.

PE revealed the right PE tube was patent and dry.

Assessment:

1. Chronic secretory otitis media of right ear.

Plan:

1. Instructed to return sooner than scheduled appointment if symptoms did not improve or worsened.
2. Follow up in 1 month.

September 6, 2018, Visit #18

S.K. was seen by Dr. Craig Shapiro for c/o ear problems. She c/o moderate right ear problems starting 2 weeks earlier. **She was doing well.** Associated symptoms included **no ear discharge, no full feeling, and no sore throat.**

Her medications included ASA 325mg.

ROS revealed hearing loss and nasal discharge but **no earache.**

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis, impacted cerumen of the left ear and pre-hypertension. She had a past surgical history of myringotomy with ventilating tube insertion.

Vitals: BP 130/80.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otolaryngologic exam revealed

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the right tympanic membrane had a PE tube in place. The PE tube was patent. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.

Plan:

1. Instructed to return sooner than scheduled appointment if symptoms did not improve or worsened.
2. Follow up in 6 weeks.

### **January 11, 2019 Visit #19**

S.K. was seen by Dr. Craig Shapiro for c/o clogged ears and tongue abnormalities. She c/o **sudden onset** of moderate clogged right ear, described as dull and non-radiating. The episodes started 3 weeks earlier. **She was on a flight mid-December without any ear difficulties.** Associated symptoms included no ear discharge, no earache, and no hearing loss. She had a sudden onset on constant episodes of moderate midline tongue abnormalities. The episode started 3 months earlier. She had tongue burning x 2-3 months and a lump in the middle of her tongue. She had tried 2 different rinses prescribed by her PCP with moderate improvement. She had been on a Vitamin B supplement. Associated symptoms included change in surface pattern but no tongue pain, swelling or coated tongue.

Her medications included ASA 325mg and Magic Mouthwash.

ROS revealed no problems.

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis, impacted cerumen of the left ear and pre-hypertension. She had a past surgical history of myringotomy with ventilating tube insertion.

Vitals: BP 120/70, P 72. Weight 135.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Ooscopic exam revealed cerumen impaction in the right external canal. The right tympanic membrane had a PE tube in place. The PE tube was patent. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable thyroid mass. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.

Plan:

1. Cerumen removed from the right ear canal using wire loop. The tympanic membrane was visible after the cerumen was removed.
2. Instructed to return sooner than scheduled appointment if symptoms did not improve or worsened.
3. Follow up in 3 months.

**January 25, 2019 Visit #20**

S.K. was seen by Dr. Craig Shapiro for c/o clogged ears, ear pressure and tongue abnormalities. She c/o gradual onset of a moderate clogged right ear, described as dull and non-radiating with mild pain. Associated symptoms included **no ear discharge, no earache, no tinnitus, vertigo or ear pain**. She had a gradual onset of moderate right ear pressure, described as dull and non-radiating. The symptoms started 2 weeks earlier. Associated symptoms included no tinnitus or vertigo.

Her medications included ASA 325mg and Magic Mouthwash.

ROS revealed hearing loss and nasal discharge but no earache.

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis, impacted cerumen of the left ear and pre-hypertension. She had a past surgical history of myringotomy with ventilating tube insertion.

Vitals: BP 120/80, P 64. Weight 135.

PE revealed she appeared healthy and **in no distress**. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoscopic exam of the right tympanic membrane revealed a PE tube in place. The tube was removed and her hearing was better. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable thyroid mass. No palpable cervical lymphadenopathy. Facial nerves normal.

**Assessment:**

1. Dysfunction of Eustachian tubes.
2. Tongue irritation.

**Plan:**

1. Biotin and yogurt every day.
2. Instructed to return sooner than scheduled appointment if symptoms did not improve or worsened.
3. Follow up in 10 days.

**February 4, 2019 Visit #21**

S.K. was seen by Dr. Craig Shapiro for c/o clogged ears, ear problems and tongue abnormalities. She had a gradual onset of frequent episodes of moderate tip and midline tongue abnormalities.

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The episode started a month earlier. She reported that the tip of her tongue felt raw. Associated symptoms included no tongue numbness, no tongue pain, swelling and no color change to white. She c/o gradual onset of intermittent episodes of a moderate clogged right ear, described as dull and non-radiating. She was still having right ear clogging without significant change from her last visit. **Associated symptoms included no ear discharge, no earache, no hearing loss and no vertigo.**

Her medications included ASA 325mg and Magic Mouthwash.

ROS revealed no problems.

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis, impacted cerumen of the left ear and pre-hypertension. She had a past surgical history of myringotomy with ventilating tube insertion.

Vitals: BP 130/70.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoscopic exam of the right external canal revealed impacted cerumen. The right tympanic membrane had a PE tube in place. The tube was patent. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable thyroid mass. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Tongue irritation.
2. Dysfunction of Eustachian tubes.

Plan:

1. Myringotomy with tube insertion, right ear. Phenol topical anesthesia was administered. A grommet ventilation tube was placed in the right ear through the myringotomy site. Clear fluid was suctioned from her left ear. She tolerated the procedure well with no complications.
2. Audiologic eval. Bilateral tympanometry: flat. Left tympanometry: normal.
3. Instructed to return sooner than scheduled appointment if symptoms did not improve or worsened.
4. Yogurt and Biotin.
5. Follow up in 1 month.

#### **February 20, 2019 Visit #22**

S.K. was seen by Dr. Craig Shapiro for c/o clogged ears and ear problems. She c/o a moderate clogged right ear. No change with the tube. Associated symptoms included hearing loss and pain in the ear. No ear discharge, no earache, no tinnitus or vertigo.

Her medications included ASA 325mg and Magic Mouthwash.

ROS revealed no problems.

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis, impacted cerumen of the left ear and pre-hypertension. She had a past surgical history of myringotomy with ventilating tube insertion.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoloscopic exam of the right tympanic membrane had a PE tube in place. The tube was patent. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable thyroid mass. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.

Plan:

1. Renew Tobramycin-Dexamethasone 0.3-0.1% Ophthalmic Suspension. Instill 3 drops twice daily.
2. Follow up in 2 weeks.

**March 7, 2019 Visit #23**

S.K. was seen by Dr. Craig Shapiro for c/o clogged ears and ear problems. She c/o a mild clogged right ear, described as dull and non-radiating. The episode started 6 months earlier. **It was improving.** Associated symptoms included no ear discharge, no earache, no tinnitus or vertigo.

Her medications included ASA 325mg.

ROS revealed hearing loss and nasal discharge, but **no earache.**

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis, impacted cerumen of the left ear and pre-hypertension. She had a past surgical history of myringotomy with ventilating tube insertion.

Vitals: BP 140/80. P 70.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoloscopic exam of the right tympanic membrane had a PE tube in place-dry. The tube was patent. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable thyroid mass. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.

Plan:

1. Change Tobramycin-Dexamethasone 0.3-0.1% Ophthalmic Suspension, instill 3 drops twice daily to Tobramycin-Dexamethasone 0.3-0.1% Ophthalmic Suspension instill 1-2 drops into affected eyes 4 times daily.
2. Follow up in 1 month.

**March 22, 2019 Visit #24**

S.K. was seen by Dr. Craig Shapiro for c/o clogged ears, ear pain and ear problems. She c/o moderate clogged right ear, described as dull and non-radiating. The episode started 3 months earlier. Symptoms were unchanged (noise boom boom). Associated symptoms included ear pain, but no discharge, earache, tinnitus or vertigo.

Her medications included ASA 325mg and Tobramycin-Dexamethasone 0.3-0.1% Ophthalmic Suspension.

ROS revealed hearing loss and nasal discharge, but no earache.

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis, impacted cerumen of the left ear and pre-hypertension. She had a past surgical history of myringotomy with ventilating tube insertion.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoscopic exam of the right tympanic membrane had a PE tube in place. Removed tube. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable thyroid mass. No palpable cervical lymphadenopathy. Facial nerves normal.

Assessment:

1. Chronic secretory otitis media of right ear.

Plan:

1. Follow up in 10 days.

**April 10, 2019 Visit #25**

S.K. was seen by Daniel Morse, MD for c/o ear problems. She c/o a sudden onset of constant episodes of moderate right ear problems. The episode started 3 weeks earlier. She c/o right ear discomfort for 3 weeks. She had fullness of the ear and difficulty hearing. She had multiple vent tubes in right ear for year.

ROS revealed earache.

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis, impacted cerumen of the left ear and pre-hypertension. She had a past surgical history of myringotomy with ventilating tube insertion.

Her medications included ASA 325mg and Tobramycin-Dexamethasone 0.3-0.1% Ophthalmic Suspension.

Vitals: BP 141/85, P 73. Weight 135lbs.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otoscopic exam of the right middle ear showed a serous middle ear effusion. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable thyroid mass. No palpable cervical lymphadenopathy. Facial nerves normal.

Audiologic eval revealed hearing loss. Right tympanometry: flat. Left tympanometry: normal. Right middle ear effusion. Right tone audiometry: severe mixed hearing loss. Left tone audiometry: mild downward sloping, sensorineural hearing loss.

**Assessment:**

1. Chronic otitis media.
2. Dysfunction of right Eustachian tube.
3. Sensorineural hearing loss of right ear with restricted hearing of left ear.

**Plan:**

1. Audiogram.
2. CT temporal bone w/o contrast.
3. Tobacco use assessment-completed.
4. Tympanometry.
5. Instructed to return sooner than scheduled appointment if symptoms did not improve or worsened.

**April 19, 2019**

S.K. underwent a CT scan of the temporal bone without contrast at Memorial Pembroke as ordered by Daniel Morse, MD due to chronic otitis media.

**Impression:**

Large, destructive lesion centered within the right sphenoid wing measuring approximately 5.6 x 3.6 x 3.2cm. The mass extended superiorly with intracranial extension into the right middle cranial fossa and right temporal lobe with surrounding vasogenic edema in the right temporal lobe and effacement of the temporal horn of the right lateral ventricle. The mass extended inferiorly into the right masticator space. Erosion of the anterior wall of the right carotid canal was also noted.

Fluid or soft tissue was identified within the right middle ear cavity as well as a right mastoid effusion. Likely related to right Eustachian tube obstruction secondary to the destructive neoplasm.

Most likely differential considerations include metastatic disease or primary osseous aggressive neoplasm.

Dr. Morse was notified of the findings.

**April 22, 2019 Visit #26**

S.K. was seen by Daniel Morse, MD for c/o ear problems. She had a right destructive temporal bone tumor with intracranial extension. Associated symptoms included otalgia, ear plugging and ear pressure.

ROS revealed earache and hearing loss.

She had a past medical history of allergic rhinitis, arthritis, osteoporosis, spinal stenosis, impacted cerumen of the left ear and pre-hypertension. She had a past surgical history of myringotomy with ventilating tube insertion.

Her medications included ASA 325mg.

Vitals: BP 140/66, P 46. Weight 135lbs.

PE revealed she appeared healthy and in no distress. Head and face normal. No enlargement or tenderness of the salivary glands. Facial strength normal. Eyes normal. Otitis exam revealed the right tympanic membrane was retracted. Exam of the middle ear showed a serous middle ear effusion. No mucosal lesions, abnormal secretions or deformities of the oral cavity. No swelling or deformity of her neck. No palpable thyroid mass. No palpable cervical lymphadenopathy. Facial nerves normal.

**Assessment:**

1. Chronic secretory otitis media of the right ear.
2. Intracranial mass.

**Plan:**

1. Start Hydrocodone-Acetaminophen 5-325mg, 1 tab q4-6hrs prn pain.
2. MRI of brain with/without contrast. Script given.
3. Tobacco use assessment-completed.
4. Referral to Neuro-Surgery.
5. Referral to Oncology.
6. Referral to Radiation Oncologist.

**April 23, 2019**

Christina Hernandez spoke with S.K. She had bloodwork done on 4/17/19 and a BUN/Creatinine were included. It was explained to her that since she did not bring the lab results with her to her appointment with Dr. Morse, she would have to take the results with her to her MRI appointment or they would not do the MRI.

**April 24, 2019**

S.K. underwent an MRI of the brain with/without contrast at Memorial Pembroke due to right temporal bone tumor.

Bilateral avidly enhancing lesions along the course of the trigeminal nerves with the lesion on the right side demonstrating its epicenter in the foramen ovale with cephalad extension into the middle cranial fossa and related mass effect on the temporal bone and uncus impinging the midbrain and with erosive feature in the skull base including the carotid canal and trans-spatial extension to the masticator space. Post-obstructive changes of the petromastoid air cells.

The left trigeminal nerve lesion also exerted mass effect on the brainstem.

Results discussed with Dr. Morse.

**ANALYSIS**

As previously indicated, Dr. Shapiro provided the appropriate care and treatment to patient, S.K., and this matter should be dismissed accordingly. As previously indicated, the patient's visits were inconsistent with the possibility of this rare and unusual sphenoid tumor. The patient's complaints on most of the visits were consistent with clogged ears, with no reported complaints of pain, pain out of proportion, dizziness, headaches or other symptoms one would suspect with the possibility of a mass or tumor. While there were some visits where she claimed some discomfort, once there was a review of symptoms and examination, most of her complaints were more with difficulty in hearing as a result of the clogged ears. While we recognize the son made a comment in his complaint that he believed the patient presented every time with complaints of pain and ringing in the ear, this is not consistent with the medical records. The son was not present at all the visits and was only present at one visit in March of 2019. The records reflect that the patient presented on return visits with relief from the treatments provided, including the placement of myringotomy tubes. The patient would have relief once there was drainage of fluid and again this is inconsistent with what one would expect for the type of tumor eventually found. There simply was no clinical basis for Dr. Shapiro to order additional studies, like a CT scan, to evaluate a patient with routine complaints of clogged ears and cerumen removal without any of these more significant clinical findings. Again, the patient was not presenting with headaches, vision disturbances, pain out of proportion or unrelenting pain. While clearly we recognize that on CT scan in April of 2019 this rare and unusual tumor was diagnosed. However, the standard of care cannot be based solely upon a retrospective review. It is known that sometimes rare and unusual occurrences are not diagnosed prospectively and that does not equate with deviation from the standard of care. If there had

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been any of these other symptoms, as previously outlined, inconsistent with a patient with typical allergy related clogged ears who usually presented with nasal congestion or nasal rhinitis, then Dr. Shapiro would have initiated further evaluations. Dr. Shapiro fully regrets the loss of his long term patient but a retrospective conclusion that somehow that tumor should have been diagnosed sooner is inappropriate and inconsistent with what is expected of the standard of care. While, again, Dr. Shapiro sympathizes with the son for his loss, the care and treatment was appropriate and met the required prevailing of care. Again, as such, this matter should be dismissed accordingly.

### CONCLUSION

Based upon the foregoing, we respectfully request that the Department's investigation of Dr. Shapiro be dismissed. **In the event that this matter is not dismissed, we respectfully request the right to review the Department's complete investigative file, including reports of any expert witnesses consulted by the Department prior to the possibility of an adverse determination in this matter by the Probable Cause Panel.** We also request the opportunity to supplement this response after reviewing the Department's investigative file.

Very truly yours,

*Marc P. Ganz*

Marc P. Ganz

MPG/dsf

Enclosure

cc: Craig Steven Shapiro, D.O.

Craig S. Shapiro, D.O.F.A.C.O.O.

OFFICE ADDRESS: 500 North Hiatus Road  
Suite 101  
Pembroke Pines, Florida 33026

DATE OF BIRTH: December 4, 1962

PLACE OF BIRTH: Detroit, Michigan

EDUCATION:

July '90-July '94 Osteopathic Medical Center of Philadelphia  
Otolaryngology-Head & Neck Surgery Residency  
Philadelphia, Pennsylvania  
Director: Theodore P. Mauer, D.O.

July '90- July '91 Northeastern University  
Philadelphia, Pennsylvania  
General Surgery Resident  
Director: Marcel A. Thonet, M.D.

July '89-July '90 Botsford General Hospital  
Farmington Hills, Michigan  
Rotating Internship  
Director: Vance D. Powell, D.O.

August '85 -June '89 D.O.  
Southeastern University of Health Sciences  
North Miami Beach, Florida

EXHBIT "A"

000526

August '81-July '85 B.S.

University of Florida  
Gainesville, Florida

September '77-July '81

Pine Crest Prep  
Ft. Lauderdale, Florida

**SURGICAL HOSPITAL ROTATION:**

Buffalo General Hospital  
Buffalo, New York  
Head & Neck Surgical Oncology  
Director: Jean G. Haar, D.D.S., M.D.

Graduate Hospital  
Philadelphia, Pennsylvania  
Facial Plastic Surgery  
Director: Julius Newman, M.D.

Medical College of Pennsylvania  
Philadelphia, Pennsylvania  
Otolaryngology Head & Neck Surgery  
Director: Frank I. Marlowe, M.D.

Northeastern Hospital  
Philadelphia, Pennsylvania  
Otolaryngology Head & Neck Surgery  
Director: Lee D. Rowe, M.D.

Osteopathic Medical Center of Philadelphia  
Philadelphia, Pennsylvania  
City Line Campus & Parkview Campus  
Otolaryngology Head & Neck Surgery  
Directors: Theodore P. Mauer, D.O. Lynn Sumerson, D.O.

Shadyside Hospital  
Pittsburgh, Pennsylvania  
Facial Paralysis and Sinus Surgery  
Director: Mark May, M.D

St. Christopher's Hospital for Children  
Philadelphia, Pennsylvania  
Pediatric Otolaryngology  
Director: Glenn Isaccson, M.D.

**ADVANCED COURSES:**

Temple University School of Medicine  
Post Graduate Course in  
Bronchoesophagology and Laser Surgery  
Philadelphia, Pennsylvania  
Director: Rose Mohr, M.D.

Mt. Sinai School of Medicine, CUNY  
Course in Comprehensive Sinus Surgery  
New York, New York  
Directors: Hugh Biller, M.D.

William Lawson, M.D.

University of Iowa  
Iowa Head & Neck Cancer and Reconstruction  
Surgery Course  
Iowa City, Iowa  
Director: Henry T. Hoffman, M.D.

Medical College of Pennsylvania  
Radiation of the Head & Neck Course  
Philadelphia, Pennsylvania  
Director: Joel Schwartz, M.D.

University of Michigan  
Temporal Bone Dissection Course  
Ann Arbor, Michigan  
Director: Stephen Telian, M.D.

**PAPERS:**

“Pneumocystis Thyroiditis: A Case Presentation”  
C.S. Shapiro, D.O., J.G. Haar, D.D.S., MD, &  
T.P. Mauer, D.O.  
Submitted for publication.

“Rhabdomyosarcoma in an Adult”  
C.S. Shapiro, D.O., & T.P. Mauer, D.O.  
Submitted for publication.

**SPECIALTY CERTIFICATION:**

Board Certified  
American Osteopathic Board of Ophthalmology and  
Otorhinolaryngology  
AOCOO-HNS (American Osteopathic College of  
Otolaryngology/HNS)  
Fellowship  
FAOCO (Florida American Osteopathic College of  
Otolaryngology-Head & Neck Surgery)

**LICENSURES:**

Florida

Pennsylvania

Certified in Laser Surgery

Temple University

Diplomate of National Board of Examiners Osteopathic  
Physicians & Surgeons

**MEMBERSHIPS:**

Florida Osteopathic Medical Association

American Osteopathic Association

American Academy of Otolaryngology

Head & Neck Surgery

Broward County Medical Association

Dade County Osteopathic Medical Association

Greater Miami ENT Society

**HOSPITAL AFFILIATIONS:**

|                                   |                     |
|-----------------------------------|---------------------|
| Memorial Regional                 | Hollywood, Fl.      |
| Memorial West                     | Pembroke Pines, Fl. |
| Memorial Pembroke                 | Pembroke Pines, Fl. |
| Memorial South                    | Hollywood, Fl.      |
| Memorial Miramar                  | Miramar, Fl         |
| Memorial Same Day Surgery East    | Hollywood, Fl.      |
| Memorial Same Day Surgery West    | Pembroke Pines, Fl. |
| Broward Specialty Surgical Center | Pembroke Pines, FL  |

**TEACHING APPOINTMENTS:**

Assistant Clinical Professor      Nova Southeastern University  
College of Osteopathic Medicine  
Department of ENT

Assistant Clinical Professor      Philadelphia College of  
Osteopathic Medicine  
Department of ENT

**COMMITTEE APPOINTMENTS:**

|                                                                 |                                  |
|-----------------------------------------------------------------|----------------------------------|
| Board of Directors                                              | South Florida ENT Associates     |
| Chairman of Otolaryngology Department<br>(May 2015- Present)    | Memorial Regional                |
| Chairman of Otolaryngology Department<br>(May 2015- Present)    | Memorial Pembroke                |
| Chairman of Otolaryngology Department<br>(May 2003 –April 2007) | Memorial Regional                |
| Craniofacial Team<br>(2005-2012)                                | Joe DiMaggio Children's Hospital |

**WORK HISTORY:**

|                        |                                             |
|------------------------|---------------------------------------------|
| April 1, 2004 Present  | South Florida ENT Associates, P.A           |
| 08/15/1994 — 3/31/2004 | Southeastern Ear, Nose, Throat Sinus Center |

**EGANZ**  
ATTORNEYS AT LAW

75 VALENCIA AVENUE  
SUITE 1100  
CORAL GABLES, FLORIDA 33134



ZIP 33134 \$ 006.80<sup>0</sup>  
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AUG 15 2019

DEPT. OF HEALTH  
FT. LAUDISU/ULA

Sylma C. Stinson  
Medical Quality Assurance Investigator  
Florida Department of Health  
Division of Medical Quality Assurance  
1400 W. Commercial Boulevard, Suite 130  
Fort Lauderdale, FL 33309



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furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
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prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

CR

Final Order No. DOH-10-1368-<sup>3</sup>-MQA  
FILED DATE: 6-15-10  
Department of Health  
By: Angelo Soudes  
Deputy Agency Clerk

**STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE**

**DEPARTMENT OF HEALTH**

Petitioner,

vs.

Case No: 2009-07943  
License No.: OS 6777

**CRAIG STEVEN SHAPIRO, D.O.**

Respondent.

\_\_\_\_\_ /

**FINAL ORDER ACCEPTING SETTLEMENT AGREEMENT**

This matter appeared before the Board of Osteopathic Medicine (hereinafter "Board") pursuant to Sections 120.569 and 120.57(4), Florida Statutes, at a duly-noticed public meeting on May 15, 2010, in Tampa, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit "A") entered into between the parties in this cause and incorporated by reference into this Final Order. The Department of Health (hereinafter "Petitioner") was represented by Tobey Schultz, Assistant General Counsel, with the Department of Health. Craig Steven Shapiro, D.O., (hereinafter "Respondent") was present and was represented by Gregory A. Chaires, Esquire.

The Petitioner filed an Administrative Complaint against the Respondent on November 16, 2009, (attached hereto as Exhibit "B" and incorporated by reference into this Final Order).

Upon consideration of the Settlement Agreement, the documents submitted in support thereof, the arguments of the parties and otherwise being advised in the premises, the Board accepted the Settlement Agreement. The parties and Board note there is a scrivener's error in Paragraph 5 (community service) in the Stipulated Disposition

section. Specifically, this section should correctly reflect that the Respondent shall submit a written plan for performance and completion of the community service and the affidavits detailing the completion to the Chair of the Board. Costs are assessed in the amount of nine-thousand one-hundred seven dollars and twenty-seven cents (\$9,107.27) and payable within thirty (30) days from the filing date of this Final Order.

WHEREFORE, the Board hereby accepts the Settlement Agreement, settling all matters in this case consistent with the terms of the agreement between the parties, and Respondent is hereby ORDERED to abide by the terms of the Settlement Agreement. This Final Order shall be placed in and made part of the Respondent's official records.

This Final Order shall become effective upon filing with the Clerk for the Department of Health.

**DONE AND ORDERED** this 14 day of June, 2010.

**BOARD OF OSTEOPATHIC MEDICINE**



Christy Robinson, acting Executive Director  
*on behalf of* Joel B. Rose, D.O., CHAIR

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **Certified U.S. Mail** to **Craig Steven Shapiro, D.O.**, 500 N. Hiatus Road, Suite 101, Pembroke Pines, FL 33026; and **Gregory A. Chaires, Esq.**, 283 Cranes Roost Blvd., Suite 165, Altamonte Springs, FL 32701; and by interoffice mail to **Donna C. McNulty**, Assistant Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; and **Tobey Schultz**, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin # C-65, Tallahassee, Florida 32399-3265, this 15<sup>th</sup> day of June, 2010.

*Sandra Soto*

**Deputy Agency Clerk**

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**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**V.**

**CASE NO. 2009-07943**

**CRAIG STEVEN SHAPIRO, D.O.,**

**RESPONDENT.**

---

**SETTLEMENT AGREEMENT**

Craig Steven Shapiro, D.O., referred to as the "Respondent," and the Department of Health, referred to as "Department" stipulate and agree to the following Settlement Agreement and to the entry of a Final Order of the Board of Osteopathic Medicine, referred to as "Board," Incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes, and Chapter 456, Florida Statutes, and Chapter 459, Florida Statutes.

**STIPULATED FACTS**

1. At all times material hereto, Respondent was a licensed osteopathic physician in the State of Florida having been issued license number OS 6777.

2. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent with violations of Chapters 456 and 459, Florida Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit "A".

3. Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint for purposes of these proceedings only.

**STIPULATED CONCLUSIONS OF LAW**

1. Respondent admits that, in his capacity as a licensed osteopathic physician, he is subject to the provisions of Chapters 456 and 459, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of Chapters 456 and 459, Florida Statutes, as alleged in the Administrative Complaint.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

#### **STIPULATED DISPOSITION**

1. **Letter Of Concern** - Respondent shall receive a Letter of Concern from the Board of Osteopathic Medicine.

2. **Fine** - The Board of Osteopathic Medicine shall impose an administrative fine of five thousand dollars (\$5,000.00) against the license of Respondent, to be paid by Respondent to the Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer, within thirty (30) days from the date of filing of the Final Order accepting this Settlement Agreement. All fines shall be paid by certified funds or money order. The Board office does not have the authority to change the terms of payment of any fine imposed by the Board.

RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HIS LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN FORTH-FIVE (45) DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.

3. Reimbursement Of Costs - Pursuant to Section 456.072, Florida Statutes, Respondent agrees to pay the Department for any costs incurred in the investigation and prosecution of this case. Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, and the Board's administrative cost directly associated with Respondent's probation, if any. The

agreed upon amount of Department costs to be paid in this case is currently *eight thousand, one hundred, seven dollars and twenty-seven cents (\$8,107.27)*, but shall not exceed *nine thousand, one hundred, seven dollars and twenty-seven cents (\$9,107.27)*. Respondent will pay costs to the Department of Health, Compliance Management Unit, Bin C76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer within thirty (30) days from the date of filing of the Final Order in this cause. Any post-Board costs, such as the costs associated with probation, are not included in this Settlement Agreement.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HIS LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN FORTY-FIVE (45) DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE COSTS**

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**NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE,  
RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH  
WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT  
FROM THE BOARD.**

**4. Continuing Osteopathic Medical Education -**

Respondent shall attend at least eight (8) hours of approved Continuing Osteopathic Medical Education by no later than May 30, 2011. This continuing education requirement shall be satisfied by Respondent's attendance at either the American Osteopathic College of Ophthalmology and Otolaryngology-Head and Neck Surgery Foundation Meeting, May 4<sup>th</sup> through May 8<sup>th</sup>, 2010, in Arizona, or his attendance at courses at the 2010 Annual Meeting of the Florida Society of Otolaryngology-Head and Neck Surgery, November 12<sup>th</sup> through November 14<sup>th</sup>, 2010. These hours shall be in addition to all hours required for biennial license renewal. In addition, Respondent shall submit documentation in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as osteopathic physician's recognition awards, documenting completion of this continuing education requirement

to the Department of Health, Compliance Management Unit, Bin C76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer, within (12) twelve months of the date of filing of the Final Order incorporating this Settlement Agreement.

5. **Community Service** - Respondent shall perform twenty (20) hours of community service, within one (1) year of the date of filing of the Final Order. Community Service shall be defined as the delivery of medical services directly to patients, or the delivery of other volunteer services in the community, without fee or cost to the patient or the entity, for the good of the people of the State of Florida. Community service shall be performed outside the physician's regular practice setting. Respondent shall submit a written plan for performance and completion of the community service to the Probation Committee for approval prior to performance of said community service. Affidavits detailing the completion of community service requirements shall be filed with the Board as required by the Probation Committee.

6. **Lecture/Seminar** – Within one (1) year of the date of the filing of a Final Order in this cause, Respondent shall present a one (1) hour lecture/seminar on, "Lymphadenitis with Sepsis – Abscess or Necrotic Metastatic Carcinoma? Early Diagnosis, Care and Treatment." The lecture/seminar shall be presented to medical staff at an approved medical facility. Respondent shall submit a written plan to the Board for approval prior to performance of said lecture/seminar. Respondent shall also provide written documentation to the Board that said lecture/seminar has been completed within one (1) year of the date of filing of the Final Order in this case. Said documentation shall consist of a letter from the Risk Manager of the approved medical facility indicating that the lecture/seminar has been completed.

#### **STANDARD PROVISIONS**

1. **Appearance**: Respondent is required to appear before the Board at the meeting of the Board where this Settlement Agreement is considered.

2. **No force or effect until final order** - It is expressly understood that this Settlement Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Settlement Agreement.

3. **Continuing Osteopathic Medical Education** - Unless otherwise provided in this written Settlement Agreement Respondent shall first submit a written request to the Probation Committee for approval prior to performance of said continuing medical education course(s). Respondent shall submit documentation in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical course within one (1) year of the date of filing of the Final Order in this matter. All such documentation shall be sent to the Board of Medicine, regardless of whether some or any of such documentation was provided previously during the course of any audit or discussion with counsel for the Department. These

hours shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the Board, said continuing medical education course(s) shall consist of a formal, live lecture format.

4. **Addresses** - Respondent must keep current residence and practice addresses on file with the Board. Respondent shall notify the Board within ten (10) days of any changes of said addresses.

5. **Future Conduct** - In the future, Respondent shall not violate Chapter 456 or 459, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice osteopathic medicine. Prior to signing this Settlement Agreement, the Respondent shall read Chapters 456 and 459, and the Rules of the Board of Osteopathic Medicine, at Chapter 64B8-15 Florida Administrative Code.

6. **Violation of terms considered** - It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of a Final Order of the

Board, for which disciplinary action may be initiated pursuant to Chapters 456 and 459, Florida Statutes.

7. Purpose of Settlement Agreement - Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Settlement Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Settlement Agreement. Respondent agrees to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

8. **No preclusion of additional proceedings** -

Respondent and the Department fully understand that this Settlement Agreement, and subsequent Final Order incorporating same, will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit "A".

9. **Waiver of attorney's fees and costs** - Upon the

Board's adoption of this Settlement Agreement, the parties hereby agree that with the exception of costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

10. **Waiver of further procedural steps** - Upon the

Board's adoption of this Settlement Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or

contest the validity of the Settlement Agreement and the Final Order of the Board incorporating said Settlement Agreement.

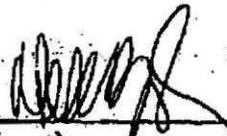
SIGNED this 10 day of March, 2010.



**CRAIG STEVEN SHAPIRO, D.O.**

Before me, personally appeared, **CRAIG STEVEN SHAPIRO, D.O.**, whose identity is known to me by personally known (type of identification) and who, under oath, acknowledges that her signature appears above.

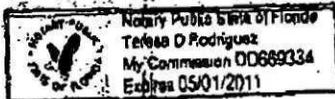
Sworn to and subscribed before me this 10 day of March, 2010.



(Signature)

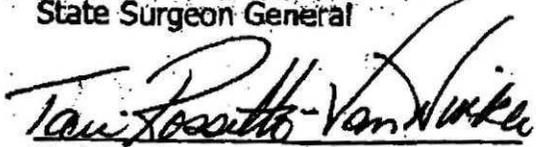
Print Name: Telesa D Rodriguez

**NOTARY PUBLIC  
OF THE STATE OF FLORIDA  
Commission No.:  
My Commission Expires:**



APPROVED this 18<sup>th</sup> day of March, 2010.

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General



Tari Rossitto-Van Winkle, R.N., J.D.  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar No. 0613908  
(850) 245-4640 Ext. 8139  
(850) 245-4684 FAX

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**V.**

**CASE NO. 2009-07943**

**Craig Steven Shapiro, D.O.,**

**RESPONDENT.**

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**ADMINISTRATIVE COMPLAINT**

COMES NOW Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, Craig Steven Shapiro, D.O., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of Osteopathic Medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 6777.

3. Respondent's address of record is 500 N. Hiatus Road, Suit 101, Pembroke Pines, Florida, 33026.

4. On or about March 13, 2007, Patient M.R., a sixty-four (64) year old male, presented in the Emergency Room of Memorial Hospital West, Pembroke Pines, Florida, with complaints of right sided neck pain and swelling for two (2) days.

5. On or about March 13, 2007, Patient M.R. underwent a physical examination by Marc Kaprow, D.O., an Emergency Room Physician at Memorial Hospital West.

6. On or about March 13, 2007, Patient M.R. advised the Marc Kaprow, D.O., that he was allergic to Epinephrine.

7. On or about March 13, 2007, Dr. Marc Kaprow, D.O., noted that Patient M.R. was allergic to Epinephrine on the Physician's Order sheet on Patient M.R.'s Memorial Hospital West patient chart.

8. On or about March 13, 2007, Patient M.R. was also seen by Steven Katz, M.D., an Emergency Room Physician at Memorial Hospital West.

9. On or about March 13, 2007, at approximately 1:25 p.m., Steven Katz, M.D., ordered Patient M.R. to undergo a CT scan of the neck with contrast.

10. On or about March 13, 2007, at 3:29 p.m. Patient M.R. underwent a CT scan of the neck with contrast at Memorial Hospital West.

11. On or about March 13, 2007, at approximately 4:19 p.m. Patient M.R.'s CT scan of the neck with contrast was read and interpreted by Marty McGraw, M.D.

12. On or about March 13, 2007, Marty McGraw, M.D.'s impression of Patient M.R.'s CT scan of the neck with contrast was the following:

IMPRESSION: LARGE NECROTIC-APPEARING LYMPHNODES OR NECROTIC MASS RIGHT SIDE OF THE NECK JUST ABOVE THE CAROTID BIFORCATION AS DESCRIBED WITH EXPANSION OF THE RIGHT STERNOCLEIDOMASTOID MUSCLE AND PLATYSMA. SKIN THICKENING RIGHT SIDE OF THE NECK WITH INFLAMMATORY STRANDING OF SUBCUTANEOUS FAT AND NUMEROUS ENLARGED LYMPH NODES RIGHT SIDE OF NECK AS DESCRIBED ABOVE. WHILE THIS COULD BE DUE TO INFECTIOUS OR INFLAMMATORY PROCESS, NACROTIC METASTATIC LYMPH NODES/TUMOR CANNOT BE EXCLUDED.

13. On or about March 13, 2007, at approximately 4:35 p.m., Marty McGraw, M.D. discussed his impression of Patient M.R.'s CT scan of the neck with contrast with Steven Katz, M.D.

14. On or about March 13, 2007, after Patient M.R. underwent the CT Scan with contrast, Steven Katz, M.D., ordered that the ENT doctor on call for Memorial Hospital West be called to see Patient M.R.

15. On or about March 13, 2007, Respondent was the ENT on call for Memorial Hospital West.

16. On or about March 13, 2007, at approximately 6:30 p.m., Patient M.R. was first seen by Respondent in the Emergency Room of Memorial Hospital West.

17. On or about March 13, 2007, Respondent's Diagnosis of Patient M.R.'s right neck swelling was right neck mass / cellulites lymphadenitis.

18. On or about March 13, 2007, Respondent did not review Patient M.R.'s CT Scan with contrast.

19. On or about March 13, 2007, Respondent did not write any medical Orders for Patient M.R.

20. On or about March 13, 2007, Patient M.R. was admitted to Memorial Hospital West by Marc Kaprow, D.O. with an admitting diagnosis of lymphadenitis with sepsis.

21. On or about March 14, 2007, at approximately 2:00 p.m., Respondent next saw Patient M.R.

22. On or about March 14, 2007, at approximately 2:00 p.m., Respondent performed an Incision and Drainage on Patient M.R.'s right sided neck mass at his bedside.

23. On or about March 14, 2007, at approximately 2:00 p.m., Respondent used 1% xylocaine with epinephrine on Patient M.R. during the Incision and Drainage of his right sided neck mass.

24. On or about March 14, 2007, at approximately 2:00 p.m., Respondent aspirated approximately three (3) cc of material from Patient M.R.'s right sided neck mass.

25. No culture and sensitivity was done on the three (3) cc of material aspirated on or about March 14, 2007, from Patient M.R.'s right sided neck mass.

26. On or about March 15, 2007, Patient M.R. was discharged from Memorial Hospital West by Marc Kaprow, D.O.

27. On or about March 27, 2007, Patient M.R. saw Respondent in his office for follow-up medical care and treatment.

28. On or about March 27, 2007, Patient M.R. was examined and treated by Respondent for continued complaints of swelling in the right side of his neck and follow-up care of the abscess that Respondent had treated at Memorial Hospital West March 13, 2007, through March 15, 2007.

29. On or about March 27, 2007, Respondent documented that his impression was that Patient M.R. had a right neck abscess.

30. On or about March 27, 2007, Respondent documented that he would see Patient M.R., "in two weeks to consider a CT scan if the neck [was] not completely normal at that time."

31. On or about April 11, 2007, Respondent again examined and treated Patient M.R.

32. On or about April 11, 2007, the right side of Patient M.R.'s neck was not completely normal.

33. On or about April 11, 2007, on examination of Patient M.R., Respondent noted that the juglodigastric area of the neck revealed somewhat of a mass effect. Respondent's impression was

that this was possibly left over from the abscess versus a benign brachial cleft-like cyst.

34. On or about April 11, 2007, Respondent did not send Patient M.R. for a CT scan of the neck.

35. On or about April 11, 2007, Respondent documented that he would see Patient M.R. again in three (3) weeks to consider CT scan.

36. On or about May 9, 2007, Respondent again examined and treated Patient M.R.

37. On or about May 9, 2007, on examination of Patient M.R., Respondent noted that the abscess had improved, but that Patient M.R. was left with a lump that Respondent thought was brachial cleft cyst.

38. On or about May 9, 2007, Respondent performed an Incision and Drainage on Patient M.R.'s lump and aspirated three (3) cc of purulent material.

39. Respondent did not send all, or any part, of the three (3) cc specimen of purulent material aspirated from Patient M.R.'s right

neck lump on May 9, 2007, for either cytological or pathological examination.

40. On or about May 16, 2007, June 14, 2007, and June 28, 2007, Respondent continued to examine and treat Patient M.R. for an abscess on the right side of his neck.

41. On neither May 16, 2007, nor June 14, 2007, nor June 28, 2007, did Respondent send out any specimens of any material obtained from the mass on the right side of Patient M.R.'s neck for either cytological or pathological examination.

42. On neither May 16, 2007, nor June 14, 2007, nor June 28, 2007, did Respondent order a CT scan of Patient M.R.'s neck.

43. On or about July 9, 2007, Respondent again examined and treated Patient M.R. for the mass on the right side of his neck.

44. On or about July 9, 2007, Respondent wrote a prescription for Patient M.R. to have a CT scan of the neck with contrast.

45. On or about July 9, 2007, Respondent's office scheduled Patient M.R. for a CT scan of the neck with contrast at Memorial Hospital West for Thursday, July 17, 2007.

46. On or about July 16, 2007, Respondent's office re-scheduled Patient M.R. for a CT scan of the neck with contrast at Memorial Hospital West for Thursday, August 2, 2007.

47. On or about August 2, 2007, Patient M.R. underwent a CT scan of the neck with contrast at Memorial Hospital West.

48. On or about August 3, 2007, the results of Patient M.R.'s August 2, 2007, CT scan with contrast were given to Respondent's office.

49. From March 13, 2007, through December 12, 2007, Respondent continued to examine and treat Patient M.R. for an abscess on the right side of his neck.

50. From March 13, 2007, through December 12, 2007, the mass on the right side of Patient M.R.'s neck never healed or resolved:

51. From March 13, 2007, through December 12, 2007, Respondent never ordered, or performed, an excisional biopsy of the mass on the right side of Patient M.R.'s neck.

52. On or about December 12, 2007, Respondent performed an excision of Patient M.R.'s right neck mass.

53. The pathology report on the right neck mass excised from Patient M.R. on December 12, 2007, confirmed metastatic poorly differentiated squamous cell carcinoma.

54. Section 459.015(1)(x), Florida Statutes (2006 - 2008), provides that the Board of Osteopathic Medicine may take disciplinary action for committing medical malpractice as defined in Section 456.50.

55. Section 456.50, Florida Statutes (2006 - 2008), defines medical malpractice as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

56. The level of care, skill, and treatment recognized in general law related to health care licensure means the standard of care specified in Section 766.102.

57. Section 766.102(1), Florida Statutes (2006 - 2008), defines the standard of care to mean, ". . . [t]he prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant

surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers. . .”

55. Respondent failed to practice Osteopathic Medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar osteopathic physician, in one or more of the following ways:

- a. Failing to properly diagnose Patient M.R.;
- b. Failing to properly treat Patient M.R.;
- c. Failing to send out a specimen of the purulent material aspirated from Patient M.R.'s neck on May 9, 2007, or at any time thereafter, for cytological and or pathological examination;
- d. Failing to order, and perform, timely and appropriate diagnostic tests on Patient M.R., including, but not necessarily limited to, failing to order a CT scan on Patient M.R.'s neck prior July 9, 2007;
- e. Failing to timely perform an excisional biopsy of the mass on the right side of Patient M.R.'s neck prior to December 12, 2007;

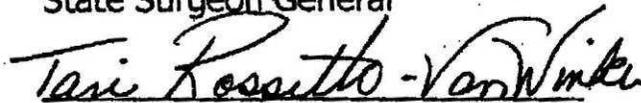
f. And prescribing medications containing epinephrine for Patient M.R. when he knew, or should have know, that Patient M.R. was allergic to epinephrine.

56. Based upon the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2006 - 2008), by failing to practice osteopathic medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

WHEREFORE, Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 30<sup>th</sup> day of November, 2009.

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General



Tari Rossitto-Van Winkle  
Assistant General Counsel

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK: *Angele Boston*  
DATE: 11/16/09

DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar No. 0613908  
(850) 245-4640, ext. 8139  
(850) 245-4684 FAX

PCP: *11-12-2009*  
*Andriole and Palladino*

### NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

### NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

Search

Complaint/Case Number: 201924923

[MAIN](#)[HELP](#)

## Complaint Cost Summary

Complaint Number: 201924923

Subject's Name: SHAPIRO, CRAIG  
STEVEN

|                             |                                     |                   |
|-----------------------------|-------------------------------------|-------------------|
|                             | <b>***** Cost to Date<br/>*****</b> |                   |
|                             | <b>Hours</b>                        | <b>Costs</b>      |
| <b>Complaint:</b>           | <b>1.70</b>                         | <b>\$99.16</b>    |
| <b>Investigation:</b>       | <b>16.40</b>                        | <b>\$1,057.14</b> |
| <b>Legal:</b>               | <b>38.10</b>                        | <b>\$4,153.66</b> |
| <b>Compliance:</b>          | <b>0.00</b>                         | <b>\$0.00</b>     |
|                             | <b>*****</b>                        | <b>*****</b>      |
| <b>Sub Total:</b>           | <b>56.20</b>                        | <b>\$5,309.96</b> |
| <b>Expenses to Date:</b>    |                                     | <b>\$0.00</b>     |
| <b>Prior Amount:</b>        |                                     | <b>\$0.00</b>     |
| <b>Total Costs to Date:</b> |                                     | <b>\$5,309.96</b> |

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2019-24923

CRAIG STEVEN SHAPIRO, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Marc P. Ganz, Esq.  
Law Office of Nosich & Ganz  
75 Valencia Avenue, Suite 1100  
Coral Gable, FL 33134

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. Your client is **REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

**The purpose of the hearing is to consider a motion for: Settlement Agreement**

**Note:** Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you call in promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Sarah Corrigan at (850) 245-4444 or by e-mail at [Sarah.Corrigan@flhealth.gov](mailto:Sarah.Corrigan@flhealth.gov).

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at <http://floridasosteopathicmedicine.gov/meeting-information/>

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address(es) this 28<sup>th</sup> day of July 2020.

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



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STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2019-24923

CRAIG STEVEN SHAPIRO, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Craig Steven Shapiro, D.O.  
500 N Hiatus Road, Suite 101  
Pembroke Pines, FL 33026

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*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

---

**Florida Department of Health**

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4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
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State Surgeon General

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---

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2019-24923

CRAIG STEVEN SHAPIRO, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Mitchel Kramer  
500 E. Las Olas Blvd., Apt. 1002  
Ft. Lauderdale, FL 33301

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. The respondent is **REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

**The purpose of the hearing is to consider a motion for: Settlement Agreement**

**Note:** Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you call in promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Sarah Corrigan at (850) 245-4444 or by e-mail at [Sarah.Corrigan@flhealth.gov](mailto:Sarah.Corrigan@flhealth.gov).

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at <http://floridasosteopathicmedicine.gov/meeting-information/>

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*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

## **M E M O R A N D U M**

**TO:** Kama Monroe, JD, Executive Director; Board of Osteopathic Medicine  
**FROM:** Sarah Corrigan, Assistant General Counsel  
**RE:** **Settlement Agreement** se  
**SUBJECT:** DOH v. Thomas Edward Hawkey, D.O.  
 DOH Case Number: 2017-18967  
**DATE:** February 21, 2020

Enclosed you will find materials in the above-referenced case to be placed on the agenda for final agency action for the **August 21, 2020** meeting of the board. The following information is provided in this regard.

|                                     |                                                                                                 |
|-------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Subject:</b>                     | Thomas Edward Hawkey, D.O.                                                                      |
| <b>Subject's Address of Record:</b> | 2835 English Turn<br>Sumter, SC 29150<br>(803) 773-2250 Telephone                               |
| <b>Subject's License No:</b>        | 6267 <b>Rank:</b> OS                                                                            |
| <b>Licensure File No:</b>           | 5107                                                                                            |
| <b>Initial Licensure Date:</b>      | 3/17/1992                                                                                       |
| <b>License Status:</b>              | Clear                                                                                           |
| <b>Board Certification:</b>         | American Board of Internal Medicine                                                             |
| <b>Required to Appear:</b>          | Yes                                                                                             |
| <b>Current PRN Contract:</b>        | No                                                                                              |
| <b>Allegation(s):</b>               | Count I<br>Section 459.015(1)(b), F.S. (2017)<br>Count II<br>Section 456.072(1)(w), F.S. (2017) |
| <b>Prior Discipline:</b>            | Yes                                                                                             |
| <b>Probable Cause Panel:</b>        | January 25, 2018<br>Moran and Janson                                                            |
| <b>Subject's Attorney</b>           | Dale R. Sisco, Esquire<br>1110 N. Florida Avenue<br>Tampa, Florida 33602                        |

**Florida Department of Health**

Office of the General Counsel – Prosecution Services Unit  
 4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265  
 EXPRESS MAIL: 2585 Merchants Row BV, Suite 105  
 PHONE: 850/245-4640 • FAX: 850/245-4684

**FloridaHealth.gov**



**Accredited Health Department**  
Public Health Accreditation Board

**Complainant/Address:** Thomas Edward Hawkey, D.O.  
2730 Mohican Drive  
Sumter, SC 29150

**Materials Submitted:** Memorandum to the Board  
Settlement Agreement  
Election of Rights  
Administrative Complaint  
Respondent's/Attorneys Correspondence  
Final Investigative Report dated 12/4/2017  
with Exhibits 1 – 2  
Final Order  
Cost Summary Report

**Disciplinary Guidelines:**

Section 456.015(1)(b), F.S. (2017)

FIRST OFFENSE: Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to revocation or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine ranging from \$5,000.00 to \$10,000.00.

Section 456.072(1)(w), F.S. (2017)

FIRST OFFENSE: \$2,500.00 fine.

**PRELIMINARY CASE REMARKS:**

This case involves a two-count administrative complaint alleging Respondent violated section 459.015(1)(b), Florida Statutes (2017), by having a license or the authority to practice osteopathic medicine acted against by the licensing authority of any jurisdiction and section 456.072(1)(w), by failing to comply with the requirements for profiling and credentialing..

On or about September 25, 2017, the South Carolina State Board of Medical Examiners issued a Final Order publicly reprimanding Respondent for violating the Medical Practice Act and requiring Respondent to pay a \$3,000 fine. Respondent

also failed to timely update his practitioner profile to reflect the South Carolina Final Order.

**Terms of Settlement Agreement:**

- 
- Reprimand;
- Fine of \$2,000 to be paid within 30 days from the date of the filing of the Final Order;
- Costs not to exceed \$3,117.62 to be paid within 30 days from the date of the filing of the Final Order.

**Mitigating/Aggravating Conditions**

- The terms are similar the terms imposed by the South Carolina Final Order.
- Respondent has not had discipline since his prior Florida discipline in 2013.

SEC/sdr

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOH Case No. 2017-18967**

**THOMAS EDWARD HAWKEY, D.O.,**

**Respondent.**

---

**SETTLEMENT AGREEMENT**

Thomas Edward Hawkey, D.O., referred to as the "Respondent," and the Department of Health, referred to as "Department," stipulate and agree to the following Agreement and to the entry of a Final Order of the Board of Osteopathic Medicine, referred to as "Board," incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes, and Chapter 456, Florida Statutes, and Chapter 459, Florida Statutes.

**STIPULATED FACTS**

1. At all times material hereto, Respondent was a licensed osteopathic physician in the State of Florida having been issued license number OS 6267.
2. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent alleging violations of Chapter 459, Florida

Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit A.

3. For purposes of these proceedings, Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint.

#### **STIPULATED CONCLUSIONS OF LAW**

1. Respondent admits that, in his capacity as a licensed osteopathic physician, he is subject to the provisions of Chapters 456 and 459, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of Chapter 456 and/or 459, Florida Statutes.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

#### **STIPULATED DISPOSITION**

1. **Reprimand** – The Board shall issue a Reprimand against Respondent's license.

2. **Fine** – The Board shall impose an administrative fine of *Two Thousand Dollars and Zero Cents (\$2,000.00)* against Respondent's license which Respondent shall pay to: Payments, Department of Health, Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, FL 32314-6320, within thirty (30) days from the date of filing of the Final Order accepting this Agreement ("Final Order"). **All fines shall be paid by cashier's check or money order.** Any change in the terms of payment of any fine imposed by the Board **must be approved in advance by the Board.**

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HIS LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED IN THIS SETTLEMENT AGREEMENT. SPECIFICALLY, IF RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION WITHIN 45 DAYS OF THE DATE OF FILING OF THE FINAL ORDER THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL RESPONDENT RECEIVES SUCH WRITTEN CONFIRMATION FROM THE BOARD.**

3. **Reimbursement of Costs** – Pursuant to Section 456.072, Florida Statutes, Respondent agrees to pay the Department for the Department's costs incurred in the investigation and prosecution of this case ("Department costs"). Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, any other costs Respondent incurs to comply with the Final Order, and the Board's administrative costs directly associated with Respondent's probation, if any. Respondent agrees that the amount of Department costs to be paid in this case is *One Thousand One Hundred Seventeen Dollars and Sixty-Two Cents (\$1,117.62), but shall not exceed Three Thousand One Hundred Seventeen Dollars and Sixty-Two Cents (\$3,117.62)*. Respondent will pay such Department costs to: Payments, Department of Health, Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, FL 32314-6320, within thirty (30) days from the date of filing of the Final Order. **All costs shall be paid by cashier's check or money order.** Any

change in the terms of payment of costs imposed by the Board **must be approved in advance by the Board.**

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HIS LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED IN THIS SETTLEMENT AGREEMENT. SPECIFICALLY, IF RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION WITHIN 45 DAYS OF THE DATE OF FILING OF THE FINAL ORDER THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL RESPONDENT RECEIVES SUCH WRITTEN CONFIRMATION FROM THE BOARD.**

#### **STANDARD PROVISIONS**

1. **Appearance** – Respondent is required to appear before the Board at the meeting of the Board where this Agreement is considered.
2. **No Force or Effect until Final Order** – It is expressly understood that this Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Agreement.
3. **Continuing Medical Education** – Unless otherwise provided in this Agreement Respondent shall first submit a written request to the Board for approval prior to performance of said CME course(s). Respondent shall submit documentation to the Board of having completed a CME course in the form of certified copies of the receipts,

vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical course within one (1) year of the filing of the Final Order in this matter. All such documentation shall be sent to the Board, regardless of whether some or any of such documentation was provided previously during the course of any audit or discussion with counsel for the Department. CME hours required by this Agreement shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the Board, such CME course(s) shall consist of a formal, live lecture format.

4. **Addresses** – Respondent must provide current residence and practice addresses to the Board. Respondent shall notify the Board in writing within ten (10) days of any changes of said addresses

5. **Future Conduct** – In the future, Respondent shall not violate Chapter 456, 459 or 893, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice medicine to include, but not limited to, all statutory requirements related to practitioner profile and licensure renewal updates. Prior to signing this agreement, the Respondent shall read Chapters 456, 459 and 893 and the Rules of the Board of Osteopathic Medicine, at Chapter 64B15, Florida Administrative Code.

6. **Violation of Terms** – It is expressly understood that a violation of the terms of this Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to Chapters 456 and 459, Florida Statutes.

7. **Purpose of Agreement** – Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Agreement. Respondent agrees to support this Agreement at the time it is presented to the Board and shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

8. **No Preclusion of Additional Proceedings** – Respondent and the Department fully understand that this Agreement and subsequent Final Order will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit A.

9. **Waiver of Attorney's Fees and Costs** – Upon the Board's adoption of this Agreement, the parties hereby agree that with the exception of Department costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

10. **Waiver of Further Procedural Steps** – Upon the Board's adoption of this Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Agreement and the Final Order of the Board incorporating said Agreement.

**[SIGNATURE BLOCKS ON FOLLOWING PAGE]**

SIGNED this 6<sup>th</sup> day of February, 2019. <sup>20</sup> Kaj

  
Thomas Edward Hawkey, D.O.

STATE OF FLORIDA  
COUNTY OF Hillsborough

BEFORE ME personally appeared Thomas E Hawkey, whose identity is known to me or who produced \_\_\_\_\_ (type of identification) and who, under oath, acknowledges that his/her signature appears above.

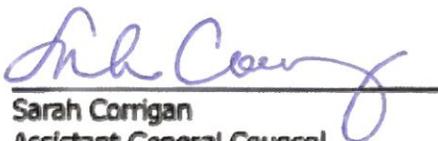
SWORN TO and subscribed before me this 6<sup>th</sup> day of February, 2019. <sup>20</sup>



  
NOTARY PUBLIC

My Commission Expires: 12/8/2022

APPROVED this 29<sup>th</sup> day of APRIL, 2019. <sup>20</sup>

By:   
Sarah Corrigan  
Assistant General Counsel  
Department of Health

1110 N. FLORIDA AVENUE  
TAMPA, FLORIDA 33602

www.sisco-law.com



TELEPHONE (813) 224-0555

FAX (813) 221-9736

dsisco@sisco-law.com

February 17, 2020

**VIA ELECTRONIC MAIL**

[Sarah.corrigan@flhealth.gov](mailto:Sarah.corrigan@flhealth.gov)

Sarah Corrigan  
Assistant General Counsel  
Florida Department of Health  
4052 Bald Cypress Way, Bin C-85  
Tallahassee, FL 32399-3265

Re: Department of Health v. Thomas Hawkey, D.O.  
Case No.: 2017-18967

Dear Sarah:

I am enclosing with this correspondence a signed Settlement Agreement for case No.: 2017-18967. If at all possible, I would request this matter be scheduled for a Board meeting in either Jacksonville, Florida or Tampa, Florida.

Should you have any questions with regard to the enclosed document, please do not hesitate to contact me.

Best regards,

SISCO-LAW

A handwritten signature in black ink, appearing to read "Dale R. Sisco", is written over the typed name.

Dale R. Sisco

DRS\bim

Enclosure: As noted

ELECTION OF RIGHTS

Please sign and complete all of the information below:

I received the Administrative Complaint on the following date: 2-17-2018

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS.

OPTION 1. I do not dispute the allegations of material fact in the Administrative Complaint. I request a hearing be conducted pursuant to Section 120.57(2), Florida Statutes, where I will be permitted to appear, if I so choose, and submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to the requirement of Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

Administrative complaint - Paragraphs # 9
COUNT TWO # 15 # 17 # 18 # 19

In the event that you fail to make an election in this matter within twenty-one (21) days from receipt of the Administrative Complaint, your failure to do so may be considered a waiver of your right to elect a hearing in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear your case.

PLEASE NOTE: Regardless of which option you choose, you may be able to reach a settlement agreement with the Department in your case. Please contact the prosecuting attorney if you wish to do so.

Respondent's Signature
Address: 2835 English Tom
Sumter SC 29150
Lic. No.: OS 6267
Phone No.: 803 458-1141 Fax No.: 803 778 2394
Email: thawkey@sc.rr.com

Attorney/Qualified Representative\*
Address:
Phone No.:
Fax No.:
Email:

STATE OF FLORIDA
COUNTY OF

\*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared Thomas E. Hawkey, whose identity is known to me or produced DL (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 19th day of February 2018

Sarah B. Jackson - SC
Notary Public-State of Florida

9/13/2026
My Commission Expires

Sarah B. Jackson
Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Sheryl E. Ellis, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 558-9696; FAX (850) 245-4662; TDD 1-800-955-8771

DOH v. Thomas Edward Hawkey, D.O.

Case No. 2017-18967

Rev. 10/7/2014

**From:** Washington, Shaila [Shaila.Washington@flhealth.gov](mailto:Shaila.Washington@flhealth.gov)  
**Subject:** RE: Florida Board.pdf  
**Date:** Oct 23, 2017 at 3:18:50 PM  
**To:** Thomas Hawkey [thawkey@sc.rr.com](mailto:thawkey@sc.rr.com)

Good afternoon Dr. Hawkey,

Thank you for contacting the Florida Board of Medicine. We are in receipt of the attached report. This information is being forwarded to the appropriate section for review. If you have any questions, please feel free to contact us.

Sincerely,

**Shaila D. Washington**  
**Regulatory Supervisor/Consultant**  
Department of Health (DOH) | Division of Medical Quality Assurance (MQA)  
Board of Medicine  
**Office:** [\(850\) 245-4134](tel:(850)245-4134) **Fax:** [\(850\)412-1290](tel:(850)412-1290)  
4052 Bald Cypress Way, Bin C03  
Tallahassee, FL 32399-3256  
New Website: [www.flboardofmedicine.gov](http://www.flboardofmedicine.gov)  
Twitter: [www.twitter.com/FLBoardofMed](http://www.twitter.com/FLBoardofMed)  
There have been changes to the license renewal process. Please visit [www.ceat renewal.com](http://www.ceat renewal.com) to learn more.

How is my customer service? Please contact my supervisor at [Crystal.Sanford@flhealth.gov](mailto:Crystal.Sanford@flhealth.gov).

**Mission:** To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.



**NOTE:** Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.

**Think Green!** Please consider our environment before printing this e-mail.

**From:** Thomas Hawkey [<mailto:thawkey@sc.rr.com>]  
**Sent:** Monday, October 23, 2017 3:11 PM  
**To:** Washington, Shaila <[Shaila.Washington@flhealth.gov](mailto:Shaila.Washington@flhealth.gov)>  
**Subject:** Florida Board.pdf

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2017-18967**

**THOMAS EDWARD HAWKEY, D.O.,**

**RESPONDENT.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, Thomas Edward Hawkey, D.O., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.
2. At all times material to this Administrative Complaint, Respondent was a licensed osteopathic physician within the state of Florida, having been issued license number OS 6267.

3. Respondent's address of record is 2730 Mohican Drive, Sumter, South Carolina 29150.

4. The South Carolina State Board of Medical Examiners is the licensing authority of the practice of osteopathic medicine in the state of South Carolina.

5. Respondent's South Carolina license is number 309.

6. On or about September 25, 2017, the South Carolina State Board of Medical Examiners issued a Final Order.

7. The Final Order publicly reprimanded Respondent for violating the Medical Practice Act, and required Respondent to pay a \$3,000.00 fine.

8. Respondent's South Carolina license or the authority to practice osteopathic medicine is revoked, suspended, or otherwise acted against.

9. Respondent failed to timely update his practitioner profile to reflect the Final Order issued by South Carolina State Board of Medical Examiners on or about September 25, 2017.

### **COUNT ONE**

10. Petitioner realleges and incorporates paragraphs one (1) through nine (9), as if fully set forth herein.

11. Section 459.015(1)(b), Florida Statutes (2017), provides that having a license or the authority to practice osteopathic medicine revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, constitutes grounds for disciplinary action. The licensing authority's acceptance of a physician's relinquishment of license, stipulation, consent order, or other settlement offered in response to or in anticipation of the filing of administrative charges against the physician shall be construed as action against the physician's license.

12. Respondent had a license to practice osteopathic medicine revoked, suspended, or otherwise acted against by the licensing authority of any jurisdiction when the South Carolina State Board of Medical Examiners issued a Final Order on or about September 25, 2017, which publicly reprimanded Respondent, and required Respondent to pay a \$3,000.00 fine.

13. Based on the foregoing, Respondent violated Section 459.015(1)(b), Florida Statutes (2017), by having a license or the authority to practice osteopathic medicine revoked, suspended, or otherwise acted

against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions.

**COUNT TWO**

14. Petitioner realleges and incorporates paragraphs one (1) through nine (9), as if fully set forth herein.

15. Section 456.072(1)(w), Florida Statutes (2017), provides that failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application constitutes grounds for disciplinary action.

16. Respondent is licensed pursuant to Chapter 459, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2017).

17. Section 456.042, Florida Statutes (2017), requires that a practitioner must submit updates of required profile information within 15 days after the final activity that renders such information a fact.

18. Respondent failed to timely update his practitioner profile to reflect the Final Order issued by South Carolina State Board of Medical Examiners on or about September 25, 2017.

19. Based on the foregoing, Respondent violated Section 456.072(1)(w) Florida Statutes (2017), by failing to comply with the requirements for profiling and credentialing by failing to timely provide updated practitioner profiling information.

WHEREFORE, the Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

[Signature page follows]

**SIGNED this 25<sup>th</sup> day of January 2018.**

Celeste Philip, M.D., M.P.H.  
State Surgeon General and Secretary of Health

*Sheryl E. Ellis*

---

Sheryl E. Ellis  
Assistant General Counsel  
Fla. Bar No. 0103021  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 558-9696  
Facsimile: (850) 245-4662  
Email: Sheryl.Ellis@flhealth.gov

/SEE

PCP: January 25, 2018

PCP Members: Moran and Janson

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK Angel Sanders  
DATE FEB 07 2018

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

**A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.**

**Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed  
from this document for security reasons**

**Scroll down to see the available pages or  
advance to the next document if all  
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS  
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE  
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.



STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------|
| Office: CONSUMER SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date of Complaint: 10/23/2017                                                         | Case Number: 2017-18967 |
| Subject:<br><b>THOMAS EDWARD HAWKEY</b><br>2730 Mohican Drive<br>Sumter, SC 29150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Source:<br><b>THOMAS EDWARD HAWKEY</b><br>2730 Mohican Drive<br>Sumter, SC 29150      |                         |
| Profession: OS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | License Number and Status: #6267 CLEAR, ACTIVE                                        |                         |
| Related Case(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Period of Investigation and Type of Report:<br>10/23/2017 thru 12/4/2017 FINAL        |                         |
| Alleged Violation: § 456.072(1)(f)(k)(dd) F.S.; 459.015(1)(b)(g)(pp) F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                         |
| Synopsis: HAWKEY self-reports receiving discipline against his South Carolina Osteopathic license. Basis of action was for unethical behavior and subject was ordered to pay a \$3000 fine and \$400 assessment for the costs of the investigation. (Ex. #1)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                         |
| HAWKEY has not yet responded to this investigation. (Ex. #3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                         |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Patient Notification Completed?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/COMPAS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board certified? Name of Board: Date:<br>Specialty:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Law Enforcement Notification?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject represented by an attorney?<br>Attorney information: |                                                                                       |                         |
| Investigator/Date:<br><br>Katrina S. Kerr, Government Analyst I (HA-167)—12/4/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Approved By/Date:<br><br>12/6/2017<br>Tihara Richardson, Senior Management Analyst II |                         |
| Distribution: CSU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       | Page 1                  |

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INVESTIGATIVE DETAILS

**INTERVIEWS/STATEMENTS**

HAWKEY has not yet submitted a response. Response will be forwarded to PSU upon receipt.

**THOMAS HAWKEY – Subject**

Mailing Address on Correspondence:

**THOMAS EDWARD HAWKEY**

2730 Mohican Drive  
Sumter, SC 29150

## CASE SUMMARY

### CONFIDENTIAL

#### Case No: 201718967

Please use this number in all correspondence with the Department concerning this matter.

#### RESPONDENT INFORMATION

License: 6267 Profession: 1901 Osteopathic Physician  
Name: THOMAS EDWARD HAWKEY  
Address: 2730 MOHICAN DRIVE  
SUMTER, SC 29150  
Home Phone: (803) 773-5442

#### SOURCE OF INFORMATION

Name: Thomas Edward Hawkey  
Address: 2730 Mohican Drive  
Sumter , SC 29150  
Home Phone: (803) 773-5442

#### REPORTED INFORMATION

Receive Date: 10/23/2017 Source Code: 68 Form Code: 2  
Responsible Party: ha167 Status Code: 35  
Classification Code: Incident Date: 09/25/2017

Patient Name:

Possible Code(s): 11 , 15 , 18

Summary:

POSSIBLE VIOLATIONS: SS 456.072(1)(f)(k)(dd) F.S.; 459.015(1)(b)(g)(pp) F.S.  
Violation of Law/Rule, Failure to perform legal obligation, Out of State discipline

Subject self-reports receiving discipline against his South Carolina Osteopathic license. Basis of action was for unethical behavior and subject was ordered to pay a \$3000 fine and \$400 assessment for the costs of the investigation.

Analyzed by Katrina S. Kerr

 10/25/2017

Florida Board of Medicine  
Department of Health  
4052 Bald Cypress Way Bin C-03  
Tallahassee, Florida 32399-3253

Re: Thomas Hawkey License No. OS 6267

I am writing to inform you that the SC Board of Medical Examiners recently disciplined me for unethical behavior. Specifically, I was charged with solicitation. That charge was reduced to a breach of peace charge for which I paid a \$55.00 fine. Although I reported the charge to my counselor through a recovering professionals program who reports to the Board of Medical Examiners, I neglected to directly report to the Board.

Attached is the order which provides for a public reprimand, a \$3000.00 fine and a \$400.00 assessment for the costs of the investigation. I continue to practice internal medicine at Sumter Internal Medicine Associates in Sumter, South Carolina where I enjoy the confidence and respect of my patients.

Please contact me should you have further questions regarding this matter.

Thomas Hawkey

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BEFORE THE STATE BOARD OF MEDICAL EXAMINERS FOR SOUTH CAROLINA**

**IN THE MATTER OF:**

**THOMAS HAWKEY, D.O.**

License No. MDO.309

OIE # 2016-243

Respondent.

**FINAL ORDER  
(PUBLIC)**

This matter came before the State Board of Medical Examiners for South Carolina ("Board") for a hearing on August 7, 2017, to consider the Memorandum of Agreement and Stipulations ("MOA") signed by the above named respondent ("Respondent") on July 14, 2017.

In the MOA, Respondent acknowledged the State was prepared to file a Formal Complaint, and Respondent waived the authorization and filing of a Formal Complaint as well as formal hearing procedures and elected to dispose of the matter pursuant to S.C. Code Ann. § 1-23-320(f) (1976, as amended) in lieu of, *inter alia*, a Panel Report of the Medical Disciplinary Commission. Additionally, in the MOA Respondent waived the right to thirty days' notice of the hearing.

A quorum of the Board was present. The hearing was held pursuant to S.C. Code Ann. §§ 40-1-90, 40-47-116 and the provisions of the Administrative Procedures Act, S.C. Code Ann. § 1-23-10 *et seq.* (1976 as amended), to determine what sanctions, if any, were appropriate. After due consideration, the Board decided to impose the sanctions stated in this Order.

Megan Flannery, Esquire, Assistant Disciplinary Counsel, represented the State. Respondent appeared and was represented by Sherri A. Lydon, Esquire.

The Board considered the facts stipulated in MOA, the admissions of violations in the MOA, the testimony of Respondent, and an Affidavit of an Investigator with the Office of Investigations and Enforcement, South Carolina Department of Labor Licensing and Regulation, of a good faith estimate of investigative costs incurred in the investigation of this matter.

**EXHIBITS<sup>1</sup>**

State's Exhibit #1: MOA  
State's Exhibit #2: Affidavit of Costs  
Respondent's Exhibit #1: Letters in Support of Respondent

<sup>1</sup> Exhibits referenced herein were identified and admitted into evidence for the Board's consideration during the final order hearing, but are not attached hereto.

## FINDINGS OF FACT

1. Respondent stipulated in the MOA to the facts stated below, which the Board adopts:
  - a. Respondent graduated from the University of Osteopathic Medicine and Health Sciences in Des Moines, Iowa, in 1988. Respondent was issued a South Carolina medical license on July 1, 1992, and practices Internal Medicine at Sumter Internal Medicine Associates in Sumter, South Carolina.
  - b. On or about February 28, 2012, the Board issued a Final Public Order with respect to a disciplinary matter against Respondent in Case # 2010-190. In Case #2010-190, Respondent was arrested for dispensing Hydrocodone, Oxycodone and Tylenol with no record of the prescription, no patient medical histories, and no documented justification for the prescriptions for approximately two years to a patient with whom Respondent was engaged in a consensual, sexual relationship. Respondent diverted drugs from the patient. Respondent voluntarily surrendered his DEA license. The Board issued a public reprimand, suspended Respondent's license with stay upon payment of costs, ordered Respondent to pay a civil penalty of ten thousand dollars (\$10,000.00) and costs associated with the case in the amount of one thousand three hundred and twenty-seven dollars (\$1,327.00), among other conditions.
  - c. On or about April 14, 2016, Respondent was arrested during a Sumter County Sheriff's Office undercover operation and charged with soliciting sex through a website called BackPage. This charge was ultimately reduced to breach of peace, and Respondent was ordered to pay a fine of \$55.00. Respondent paid the fine and the matter has been resolved.
  - d. Respondent mistakenly neglected to inform the Board of his actions.
2. At the hearing, Respondent apologized for the incident and testified that he has always complied with directives from the Board. He also submitted letters from members of the community expressing support for him.

## CONCLUSIONS OF LAW

1. Respondent admitted that the aforementioned acts of Respondent present grounds for disciplinary action pursuant as alleged in the following particulars:
  - a. S.C. Code Ann. § 40-47-110(B)(9) in that Respondent engaged in dishonorable, unethical, or unprofessional conduct that is likely either to deceive, defraud, or harm the public; and

- b. S.C. Code Ann. § 40-47-110(B)(22) in that Respondent failed to report to the Board any adverse disciplinary action by another United States or foreign licensing jurisdiction, a peer review body, a health care institution, by any professional or medical society or association, a board-approved credentialing organization, a governmental agency, a law enforcement agency, including arrest, or a court, including indictment, for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action [ . . . ].

2. The Board has jurisdiction in this matter and, upon finding that a licensee has violated any of the provisions of S.C. Code Ann. § 40-47-110 and 40-1-110 (2011), has the authority to cancel, fine, suspend, revoke, issue a public reprimand or private reprimand, or restrict, including probation or other reasonable action, such as requiring additional education or training or limitation on practice, the authorization to practice of a person who has engaged in misconduct. Additionally, the Board may require the licensee to pay a fine of up to twenty-five thousand dollars. S.C. Code Ann. § 40-47-120 (2011).

3. Additionally, the Board may require the licensee to pay the costs of the disciplinary action. S.C. Code Ann. §§ 40-1-170 and 40-47-170 (2011).

4. The Board concludes that Respondent's actions in this matter constitute violations of the Medical Practice Act as set forth above. The Board concludes that it is appropriate to publicly reprimand Respondent for his conduct. The Board further concludes that Respondent should incur a fine of Three Thousand and 00/100 (\$3,000.00) Dollars and should be taxed the costs of Four Hundred and 00/100 Dollars (\$400.00) incurred in the investigation of this matter within six (6) months of the date of this Order.

5. The sanctions imposed are consistent with the purpose of these proceedings and have been made after weighing the public interest and the need for the continuing services of qualified medical doctors against the countervailing concern that society be protected from professional ineptitude and misconduct.

6. The sanctions imposed are designed not to punish the physician, but to protect the life, health, and welfare of the people at large.

**NOW, THEREFORE, IT IS ORDERED, ADJUDGED, AND DECREED that:**

1. The MOA is accepted.
2. Respondent has violated the Medical Practice Act.
3. Respondent is hereby publicly reprimanded.
4. Respondent must pay the costs of Four Hundred 00/100 Dollars (\$400.00) incurred in the investigation of this matter within six (6) months of the date of this Order.

5. Respondent must pay a fine in the amount of Three Thousand and 00/100 Dollars (\$3,000.00) within six (6) months of the date of this Order.

6. Respondent must comply with any other conditions known to him and the Board.

7. Respondent's failure to comply with any of the above-mentioned conditions may result in the immediate suspension of Respondent's license.

**AND IT IS SO ORDERED.**

**STATE BOARD OF MEDICAL EXAMINERS  
FOR SOUTH CAROLINA**

  
STEPHEN R. GARDNER, M.D.  
President of the Board

September 25, 2017

**From:** Washington, Shaila  
**Sent:** Monday, October 23, 2017 3:19 PM  
**To:** zzzz Feedback, MQA\_CSUInternal-Complaints <[MQA.CSUInternal-Complaints@flhealth.gov](mailto:MQA.CSUInternal-Complaints@flhealth.gov)>  
**Subject:** FW: Florida Board.pdf

**From:** Thomas Hawkey [<mailto:thawkey@sc.rr.com>]  
**Sent:** Monday, October 23, 2017 3:11 PM  
**To:** Washington, Shaila <[Shaila.Washington@flhealth.gov](mailto:Shaila.Washington@flhealth.gov)>  
**Subject:** Florida Board.pdf

Sent from my iPad

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the **Healthiest State** in the Nation

---

October 25, 2017

**CONFIDENTIAL**

Dr. Thomas Edward Hawkey  
2730 Mohican Drive  
Sumter, SC 29150

Complaint #: 201718967

Dear Dr. Hawkey:

The Consumer Services Unit received the enclosed complaint. We have determined you may have violated the practice act regulating your profession. Therefore, we have opened an investigation. Please submit a written response within 45 days of receipt of this letter. Please include the complaint number 201718967 on any correspondence you provide to our office.

You may make a written request for a copy of the investigative file. This complaint and all investigative information will remain confidential until 10 days after the probable cause panel has determined a violation has occurred or you give up the right to confidentiality.

Sincerely,

Katrina S. Kerr  
Government Analyst I

*If you have any concerns or suggestions about our complaint process, please fill out our Customer Concerns or Suggestions form at <http://www.floridahealth.gov/licensing-and-regulation/enforcement/survey.html>.*

Enclosure  
DOH-Form300

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Enforcement  
4052 Bald Cypress Way, Bin C-75 • Tallahassee, FL 32399-3275  
PHONE: (850) 245-4339 • FAX : (850) 488-0796



**Accredited Health Department**  
Public Health Accreditation Board

Exhibit #2  
011

CR

By: Carol Sanders  
Deputy Agency Clerk

**STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE**

**DEPARTMENT OF HEALTH**

Petitioner,

vs.

Case No: 2012-04186

License No.: OS 6267

**THOMAS EDWARD HAWKEY, D.O.**

Respondent.

\_\_\_\_\_ /

**FINAL ORDER**

This matter appeared before the Board of Osteopathic Medicine (hereinafter "Board") pursuant to Sections 120.569 and 120.57(4), Florida Statutes, at a duly-noticed public meeting on November 2, 2012, in Jacksonville, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit "A") entered into between the parties in this cause and incorporated by reference into this Final Order. The Department of Health (hereinafter "Petitioner") was represented by Michael G. Lawrence, Jr., Assistant General Counsel, with the Department of Health. Thomas Edward Hawkey, D.O., (hereinafter "Respondent") was not present nor represented by counsel.

The Petitioner filed an Administrative Complaint against the Respondent on July 12, 2012, attached hereto as Exhibit "B" and incorporated by reference into this Final Order.

Upon consideration of the Settlement Agreement, the documents submitted in support thereof, the arguments of the parties and otherwise being advised in the premises, the Settlement Agreement was rejected. The Board voted to offer a Counter Settlement Agreement which the Respondent was given fourteen days to accept. By correspondence

dated December 10, 2012, Respondent accepted the Board's Counter Settlement Agreement.

The Counter Settlement Agreement incorporates the Original Settlement Agreement with the following amendments:

Paragraph 4 of the Stipulated Disposition. The costs set forth in Paragraph 4 of the Stipulated Disposition shall be set at \$676.56.

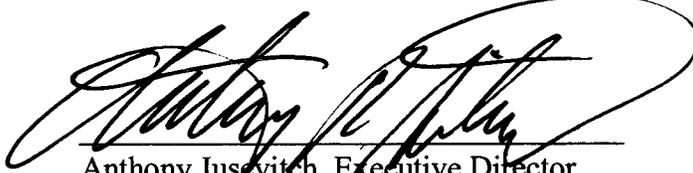
Paragraph 5 of the Stipulated Disposition. Respondent's license to practice osteopathic medicine in the State of Florida is hereby SUSPENDED until such time as he demonstrates to the Board the ability to practice osteopathic medicine with reasonable skill and safety. Such demonstration of skill and safety shall include an evaluation by the Professionals Resource Network, Inc. (PRN), compliance with PRN's recommendations, and the Respondent is required to appear before the Board. The Board reserves jurisdiction in this matter to impose additional terms and conditions, including a period of probation, with said terms and conditions of said probation to be determined by the Board at the time of reinstatement of Respondent's license to practice osteopathic medicine.

IT IS HEREBY ORDERED AND ADJUDGED that the Settlement Agreement as submitted be and is hereby approved and adopted *in toto* and incorporated herein by reference with the amendments set forth above. Accordingly, the parties shall adhere to and abide by all the terms and conditions of the Settlement Agreement as amended.

This Final Order shall become effective upon filing with the Clerk for the Department of Health.

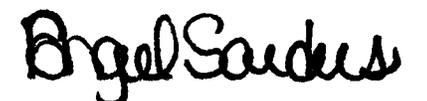
DONE AND ORDERED this 17 day of December, 2012.

BOARD OF OSTEOPATHIC MEDICINE

  
Anthony Jusevitch, Executive Director  
on behalf of Ronald Burns, D.O., CHAIR

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **U.S. Mail** to **Thomas Edward Hawkey, D.O.**, 2730 Mohican Drive, Sumter, SC 29150; and by interoffice mail to **Donna C. McNulty**, Senior Assistant Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; and **Michael G. Lawrence, Jr.**, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin # C-65, Tallahassee, Florida 32399-3265, this 18<sup>th</sup> day of December 2012.

  
**Deputy Agency Clerk**

7012 1010 0002 2381 2808

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOH Case No. 2012-04186**

**THOMAS EDWARD HAWKEY, D.O.,**

**Respondent,**

\_\_\_\_\_ /

**SETTLEMENT AGREEMENT**

Thomas Edward Hawkey, D.O., referred to as the "Respondent", and the Department of Health, referred to as "Department" stipulate and agree to the following Settlement Agreement and to the entry of a Final Order of the Board of Osteopathic Medicine, referred to as "Board", incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes, and Chapter 456, Florida Statutes, and Chapter 459, Florida Statutes.

**STIPULATED FACTS**

1. At all times material hereto, Respondent was a licensed osteopathic physician in the State of Florida having been issued license number OS 6267.

2. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent with violations of

Chapter 459, Florida Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit "A".

3. Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint for purposes of these proceedings only.

#### **STIPULATED CONCLUSIONS OF LAW**

1. Respondent admits that, in his capacity as a licensed physician, he/she is subject to the provisions of Chapters 456 and 459, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of Chapters 456 and/or 459, Florida Statutes, as alleged in the Administrative Complaint.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

#### **STIPULATED DISPOSITION**

1. **Reprimand** - The Board shall reprimand the license of Respondent.

2. **Appearance** - Respondent is not required to appear before the Board at the meeting of the Board where this Settlement Agreement is considered.

3. **Fine** - The Board of Osteopathic Medicine shall impose an administrative fine of two thousand five hundred dollars (\$2,500.00) against the license of Respondent, to be paid by Respondent to the Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer, within

thirty (30) days from the date of filing of the Final Order incorporating this Settlement Agreement. All fines shall be paid by certified funds or money order. The Board office does not have the authority to change the terms of payment of any fine imposed by the Board.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HIS LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN FORTY-FIVE (45) DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.**

4. **Reimbursement Of Costs** - Pursuant to Section 456.072, Florida Statutes, Respondent agrees to pay the Department for any and all costs incurred in the investigation and prosecution of this case. Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, and the Board's administrative cost directly associated with Respondent's probation, if any. The current estimate of the Department's costs in this case is three hundred, eighteen dollars and fifteen cents (\$318.15), but this amount will increase prior to the Board meeting where this Settlement Agreement is presented.

Respondent will pay costs to the Department of Health, Compliance Management Unit, Bin C76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer, within thirty (30) days from the date of filing of the Final Order in this cause. Any post-Board costs, such as the costs associated with probation, are not included in this Settlement Agreement.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HIS LEGAL OBLIGATION AND RESPONSIBILITY, AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN FORTY-FIVE (45) DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.**

5. **Suspension** – The license of **Thomas Edward Hawkey, D.O.**, is suspended and shall remain suspended until such time that the Respondent enters into the Professionals Resource Network (PRN), and complies with any and all terms and conditions imposed by PRN. The Respondent shall comply with all conditions of the PRN Contract or he will be in violation of the Board Order.

### **STANDARD PROVISIONS**

1. **No Force or Effect Until Final Order** - It is expressly understood that this Settlement Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Settlement Agreement.

2. **Continuing Medical Education** - Unless otherwise provided in this Settlement Agreement, Respondent shall first submit a written request to the Board Chairman for approval prior to performance of said continuing medical education course(s). Respondent shall submit documentation in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical course within one (1) year of the date of filing of the Final Order incorporating this Settlement Agreement. All such documentation shall be sent to the Department of Health, Compliance Management Unit, Bin C76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Office, regardless of whether some or any of such documentation was provided previously during the course of any audit or discussion with counsel for the Department. These hours shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the Board, said continuing medical education course(s) shall consist of a formal, live lecture format.

3. **Addresses** - Respondent must keep current residence and practice addresses on file with the Board. Respondent shall notify the Board within ten (10) days of any changes of said addresses.

4. **Future Conduct** - In the future, Respondent shall not violate Chapter 456, 459 or 893, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice osteopathic medicine. Prior to signing this Settlement Agreement, the Respondent shall read Chapters 456, 459 and 893 and the Rules of the Board of Osteopathic Medicine, at Chapter 64B15, Florida Administrative Code.

5. **Violation of Settlement Agreement Terms** - It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to Chapters 456 and 459, Florida Statutes.

6. **Purpose of Settlement Agreement** - Respondent, for the purpose of avoiding further administrative action with respect to this case, executes this Settlement Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Settlement Agreement. **Respondent agrees to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law.** Furthermore, should this Settlement Agreement not be accepted by the Board, it is

agreed that presentation to and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

7. **No Preclusion of Additional Proceedings** - Respondent and the Department fully understand that this Settlement Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit "A".

8. **Waiver of Attorney's Fees and Costs** - Upon the Board's adoption of this Settlement Agreement, the parties hereby agree that with the exception of costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

9. **Waiver of Further Procedural Steps** - Upon the Board's adoption of this Settlement Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Settlement Agreement and the Final Order of the Board incorporating said Settlement Agreement.

SIGNED this 11 day of Sept, 2012.

  
Thomas Edward Hawkey, D.O.

STATE OF South Carolina

COUNTY OF Sumter

Before me personally appeared Thomas E. Hawkey whose identity is known to be by Personally (type of identification), and who under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed by Respondent before me this 11<sup>th</sup> day of September, 2012.

David B. Jackson  
Notary Public

My Commission Expires: 5/27/14



APPROVED this 11<sup>th</sup> day of September, 2012.

John H. Armstrong, MD  
State Surgeon General and Secretary of Health

Michael G. Lawrence, Jr.  
MICHAEL G. LAWRENCE, JR.  
Assistant General Counsel

Fla. Bar No. 0011265  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4640  
Facsimile: (850) 245-4683  
Email: michael\_lawrence@doh.state.fl.us

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2012-04186**

**THOMAS EDWARD HAWKEY, D.O.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, Thomas Edward Hawkey, D.O., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a licensed osteopathic physician within the state of Florida, having been issued license number OS 6267.



**12121**

3. Respondent's address of record is 2730 Mohican Drive, Sumter, South Carolina 29150.

4. The South Carolina State Board of Medical Examiners is the licensing authority of the practice of osteopathic medicine in the state of South Carolina.

5. Respondent's South Carolina license is number 309.

6. On or about February 28, 2012, the South Carolina State Board of Medical Examiners issued a Final Order.

7. The Final Order publically reprimanded Respondent, required Respondent to pay a \$10,000.00 fine, and Respondent's license was suspended indefinitely.

8. Respondent failed to timely update his practitioner profile to reflect the Final Order issued by South Carolina State Board of Medical Examiners on or about February 28, 2012.

### **COUNT ONE**

9. Petitioner realleges and incorporates paragraphs one (1) through eight (8), as if fully set forth herein.

10. Section 459.015(1)(b), Florida Statutes (2011), provides that having a license or the authority to practice osteopathic medicine revoked,

suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, constitutes grounds for disciplinary action. The licensing authority's acceptance of a physician's relinquishment of license, stipulation, consent order, or other settlement offered in response to or in anticipation of the filing of administrative charges against the physician shall be construed as action against the physician's license.

11. Respondent had a license to practice osteopathic medicine revoked, suspended, or otherwise acted against by the licensing authority of any jurisdiction when the South Carolina State Board of Medical Examiners issued a Final Order on or about February 28, 2012, which publically reprimanded Respondent, required Respondent to pay a \$10,000.00 fine, and Respondent's license was suspended indefinitely.

12. Based on the foregoing, Respondent violated Section 459.015(1)(b), Florida Statutes (2011), by having a license or the authority to practice osteopathic medicine revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions.

## COUNT TWO

13. Petitioner realleges and incorporates paragraphs one (1) through eight (8), as if fully set forth herein.

14. Section 456.072(1)(w), Florida Statutes (2011), provides that failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application constitutes grounds for disciplinary action.

15. Respondent is licensed pursuant to Chapter 459, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2011).

16. Section 456.039(1)(a)8, Florida Statutes (2011), provides that each physician who applies for license renewal under chapter 458, chapter 459, chapter 460, or chapter 461, except a person registered pursuant to Sections 458.345 and 459.021, Florida Statutes, must, in conjunction with the renewal of such license and under procedures adopted by the Department of Health, and in addition to any other information that may be

required from the applicant, furnish a description of any final disciplinary action taken within the previous 10 years against the applicant by the agency regulating the profession that the applicant is or has been licensed to practice, whether in this state or in any other jurisdiction, by a specialty board that is recognized by the American Board of Medical Specialties, the American Osteopathic Association, or a similar national organization, or by a licensed hospital, health maintenance organization, prepaid health clinic, ambulatory surgical center, or nursing home. Disciplinary action includes resignation from or nonrenewal of medical staff membership or the restriction of privileges at a licensed hospital, health maintenance organization, prepaid health clinic, ambulatory surgical center, or nursing home taken in lieu of or in settlement of a pending disciplinary case related to competence or character. If the applicant indicates that the disciplinary action is under appeal and submits a copy of the document initiating an appeal of the disciplinary action, the department must state that the disciplinary action is under appeal if the disciplinary action is reported in the applicant's profile.

17. Section 456.042, Florida Statutes (2011), requires that a practitioner must submit updates of required profile information within 15 days after the final activity that renders such information a fact.

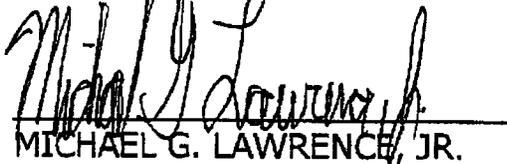
18. Respondent failed to timely update his practitioner profile to reflect the Final Order issued by South Carolina State Board of Medical Examiners on or about February 28, 2012.

19. Based on the foregoing, Respondent violated Section 456.072(1)(w) Florida Statutes (2011), by failing to comply with the requirements for profiling and credentialing by failing to timely provide updated practitioner profiling information.

WHEREFORE, the Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 11<sup>th</sup> day of July, 2012.

John H. Armstrong, MD  
State Surgeon General and Secretary of Health



MICHAEL G. LAWRENCE, JR.  
Assistant General Counsel  
Fla. Bar No. 0011265  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4640  
Facsimile: (850) 245-4683  
Email: michael\_lawrence@doh.state.fl.us

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK Angel Sanders  
DATE JUL 12 2012

/MGL

PCP: 7/11/12  
PCP Members: Hayden  
Moran

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

## Complaint Cost Summary

Complaint Number: 201718967

Subject's Name: HAWKEY, THOMAS EDWARD

|                             | ***** Cost to Date ***** |            |
|-----------------------------|--------------------------|------------|
|                             | Hours                    | Costs      |
| <b>Complaint:</b>           | 1.70                     | \$103.75   |
| <b>Investigation:</b>       | 0.00                     | \$0.00     |
| <b>Legal:</b>               | 14.10                    | \$1,537.15 |
| <b>Compliance:</b>          | 0.00                     | \$0.00     |
|                             | *****                    | *****      |
| <b>Sub Total:</b>           | 15.80                    | \$1,640.90 |
| <b>Expenses to Date:</b>    |                          | \$0.00     |
| <b>Prior Amount:</b>        |                          | \$0.00     |
| <b>Total Costs to Date:</b> |                          | \$1,640.90 |

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 207-18967

THOMAS EDWARD HAWKEY, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Dale R. Sisco, Esq.  
1110 N. Florida Avenue  
Tampa, FL 33602

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. Your client is **REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

**The purpose of the hearing is to consider a motion for: Settlement Agreement**

**Note:** Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you call in promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Sarah Corrigan at (850) 245-4444 or by e-mail at [Sarah.Corrigan@flhealth.gov](mailto:Sarah.Corrigan@flhealth.gov).

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at <http://floridasosteopathicmedicine.gov/meeting-information/>

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address(es) this 28<sup>th</sup> day of July 2020.

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



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---

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 207-18967

THOMAS EDWARD HAWKEY, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Thomas Edward Hawkey, D.O.  
2835 English Turn  
Sumter, SC 29150

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. You are **REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

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*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**From:** [Peace, Christa](#)  
**To:** ["jfaught@sisco-law.com"](mailto:jfaught@sisco-law.com)  
**Subject:** Notice of Hearing  
**Date:** Tuesday, July 28, 2020 9:55:43 AM  
**Attachments:** [Thomas Hawkey atty.pdf](#)  
[Thomas Hawkey.pdf](#)

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Greetings,

Your client's Settlement Agreement will be heard at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. Your client is required to attend this meeting. Please see the attached correspondence.

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



**Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the **Healthiest State** in the Nation

**Values:** Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance

improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

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**PLEASE NOTE:** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.



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Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

## MEMORANDUM

**TO:** Kama Monroe, Executive Director, Board of Osteopathic Medicine  
**FROM:** Geoffrey M. Christian, Esq., Assistant General Counsel  
**RE:** **Settlement Agreement**  
**SUBJECT:** DOH v. Ronald Gerard Grubb, D.O.  
 DOH Case Number 2018-00013  
**DATE:** June 22, 2020

GC

Enclosed you will find materials in the above case to be placed on the agenda for final agency action for the **August 21, 2020**, meeting of the Board of Osteopathic Medicine. The following information is provided in this regard.

|                                       |                                                                                                                    |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Subject:</b>                       | Ronald Gerard Grubb, D.O.                                                                                          |
| <b>Subject's Address of Record:</b>   | 5225 Manatee Avenue West<br>Bradenton, Florida 34209                                                               |
| <b>Subject's Enforcement Address:</b> | 5225 Manatee Avenue West<br>Bradenton, Florida 34209                                                               |
| <b>Subject's License No:</b>          | 11400 <b>Rank:</b> OS                                                                                              |
| <b>Licensure File No:</b>             | 10829                                                                                                              |
| <b>Initial Licensure Date:</b>        | July 21, 2011                                                                                                      |
| <b>License Status:</b>                | Clear/Active                                                                                                       |
| <b>Required to Appear:</b>            | Yes                                                                                                                |
| <b>Current PRN Contract:</b>          | No                                                                                                                 |
| <b>Allegation(s):</b>                 | Section 459.015(1)(x), Florida Statutes (2016)                                                                     |
| <b>Prior Discipline:</b>              | No                                                                                                                 |
| <b>Probable Cause Panel:</b>          | April 28, 2020; Dr. Moran; Dr. Rose                                                                                |
| <b>Subject's Attorney:</b>            | Jeffrey M. Goodis, Esq.<br>La Cava, Jacobson & Goodis, P.A.<br>P.O. Box 90<br>Saint Petersburg, Florida 33731-0090 |
| <b>Complainant:</b>                   | Ms. B.B. (Patient J.B.'s Sister)                                                                                   |

**Florida Department of Health**

Office of the General Counsel – Prosecution Services Unit  
 4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265  
 Express Mail: 2585 Merchants Row BV, Suite 105, Tallahassee, FL 32399  
 PHONE: (850) 245-4640 • FAX: (850) 245-4684

**FloridaHealth.gov**



**Accredited Health Department**  
Public Health Accreditation Board

**Materials Submitted:** Memorandum to the Board  
Acknowledgement Letter  
Settlement Agreement  
Election of Rights  
Administrative Complaint  
Expert Opinion  
Expert Curriculum Vitae  
Supplemental Response Letter  
Notice of Additional Possible Violations Letter  
Supplemental Investigative Report dated 05/04/20  
with Exhibits S1-1 through S1-2  
Final Investigative Report dated 03/16/18  
with Exhibits 1 through 9  
Complaint Cost Summary Report  
License Verification/Practitioner Profile

**DISCIPLINARY GUIDELINES:**

**Section 459.015(1)(x), Florida Statutes (2016): Rule 64B15-19.002(28), Florida Administrative Code (revised November 27, 2016):**  
FIRST OFFENSE: MINIMUM: letter of concern, up to one (1) year probation and \$1,000 fine. MAXIMUM: denial or revocation and \$10,000 fine.

**PRELIMINARY CASE REMARKS: SETTLEMENT AGREEMENT:**

The Administrative Complaint alleges Subject violated section 459.015(1)(x), Florida Statutes, by committing medical malpractice.

At all times relevant hereto, the patient's medical history included diagnoses of hypertension and obesity, the patient's family medical history included a history of stroke (father), and the patient's medications included prescriptions for amlodipine and hydrochlorothiazide/losartan.

On April 20, 2017, the patient presented with complaints of right arm and hand numbness for the prior two days. The patient also complained that he had not been feeling well. Subject diagnosed arm numbness possibly related to a synovial cyst located on the patient's right wrist. Subject prescribed meloxicam and requested follow up in two weeks.

On May 2, 2017, the patient presented with complaints of continuing right arm and hand numbness as well as new onset confusion and fatigue. Subject noted

progressive right-hand weakness for three weeks, an episode of aphasia earlier that day, and a flaccid right wrist. Subject diagnosed aphasia and right wrist drop. Subject prescribed an MRI brain scan to rule out stroke, referred to an orthopedist to evaluate radial nerve palsy, and requested follow up in two weeks.

On May 4, 2017, the patient presented to the emergency room. The patient was admitted to the hospital with diagnoses of subacute stroke, elevated hemoglobin, elevated hematocrit, and hypertensive urgency. On May 7, 2017, the patient suffered a second stroke while still in the hospital.

At all times material hereto, the professional standard of care allegedly required Subject to order the patient undergo an immediate brain MRI; immediately refer the patient to appropriate specialists; and/or immediately refer the patient to the emergency room.

### **TERMS OF SETTLEMENT AGREEMENT:**

- Letter of Concern issued against Subject's license.
- Administrative fine of \$5,000.00, to be paid within ninety (90) days from the date the Final Order is filed.
- Reimbursement of the Department's costs not to exceed \$7,027.41, to be paid within ninety (90) days from the date the Final Order is filed.
- Document completion of a Board-approved risk management course within one (1) year from the date the Final Order is filed.

### **CONSIDERATIONS IN SUPPORT OF SETTLEMENT:**

- Subject has no prior discipline in Florida.
- Subject has been licensed in Florida for over nine years.
- Subject cooperated fully with the investigation and disciplinary process.
- The course requirement will help Subject gain an increased appreciation for his responsibility to abide by all of the statutes and rules governing his profession.

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

July 10, 2020

**PERSONAL AND CONFIDENTIAL – VIA ELECTRONIC MAIL ONLY**

Jeffrey M. Goodis, Esq.  
La Cava, Jacobson & Goodis, P.A.  
P.O. Box 90  
Saint Petersburg, Florida 33731-0090  
[jgoodis@lacavajacobson.com](mailto:jgoodis@lacavajacobson.com)

Re: DOH v. Ronald Gerard Grubb, D.O.  
DOH Case Number 2018-00013

Dear Mr. Goodis:

Please find enclosed a fully executed copy of the Settlement Agreement in the above matter. Our office is now preparing to present the case at the next meeting of the Board of Osteopathic Medicine scheduled for **August 21, 2020, in Champions Gate, Florida**. The Board office will provide you with another notice about two weeks prior to the meeting.

Thank for your attention and cooperation. Should you have any questions, please feel free to contact this office.

Sincerely,

*Geoffrey M. Christian*

Geoffrey M. Christian, Esq.  
Assistant General Counsel

GMC/rr

Enclosure: as stated in the text

**Florida Department of Health**

Office of the General Counsel – Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265  
Express Mail: 2585 Merchants Row BV, Suite 105, Tallahassee, FL 32399  
PHONE: (850) 245-4640 • FAX: (850) 245-4684

**FloridaHealth.gov**



## Christian, Geoffrey

---

**From:** Christian, Geoffrey  
**Sent:** Friday, July 10, 2020 5:00 PM  
**To:** Jeffrey M. Goodis; Allison E. Dye  
**Cc:** Richardson, Rickey  
**Subject:** DOH v. Ronald Gerard Grubb, D.O., DOH Case No. 2018-00013  
**Attachments:** 2020.07.10 letter-acknowledgement and notice grubb, ronald do 2018-00013.pdf; fully executed settlement agreement grubb, ronald do 2018-00013.pdf

Hi Jeff and Allison,

Please find attached an acknowledgment/notice letter in connection with the above matter. A fully executed copy of the settlement agreement is also attached. These documents are being sent by email only. Have a nice weekend.

Best,  
Geoff

Geoffrey M. Christian, Esq.  
Assistant General Counsel  
Office of the General Counsel  
Prosecution Services Unit  
Florida Department of Health  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: 850-245-4661  
Facsimile: 850-245-4684  
E-mail: [Geoffrey.Christian@flhealth.gov](mailto:Geoffrey.Christian@flhealth.gov)

Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure. However, if this e-mail concerns anticipated or current litigation or adversarial administrative proceeding to which the Department is a party, this e-mail is an attorney-client communication, and is, therefore, a limited access public document exempt from the provisions of Chapter 119, Florida Statutes. See Section 119.071(d)1., Florida Statutes.

Mission: To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts. Vision: Healthiest state in the nation

Values: (ICARE) Innovation: We search for creative solutions and manage resources wisely. Collaboration: We use teamwork to achieve common goals and solve problems. Accountability: We perform with integrity and respect. Responsiveness: We achieve our mission by serving our customers and engaging our partners. Excellence: We promote quality outcomes through learning and continuous performance improvement.

Purpose: To protect the public through health care licensure, enforcement and information. Focus: To be the nation's leader in quality health care regulation.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOH Case No. 2018-00013**

**RONALD GERARD GRUBB, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**SETTLEMENT AGREEMENT**

Ronald Gerard Grubb, D.O. (Respondent), and the Department of Health (the Department), hereby stipulate and agree to the entry of a Final Order of the Board of Osteopathic Medicine (the Board), incorporating the following terms in settlement of the above styled and numbered matter.

**STIPULATED FACTS**

1. The Department regulates the practice of osteopathic medicine in Florida pursuant to section 20.43, Florida Statutes, and chapters 456 and 459, Florida Statutes.

2. At all times material hereto, Respondent was a licensed osteopathic physician in Florida, having been issued license number OS 11400.

3. The Department filed and properly served Respondent an Administrative Complaint which charged a violation of chapter 459, Florida Statutes. A true and correct copy of the Administrative Complaint is attached as *Exhibit A*.

4. For purposes of these proceedings, Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint.

#### **STIPULATED CONCLUSIONS OF LAW**

1. Respondent admits that, in his capacity as a Florida-licensed osteopathic physician, he is subject to the provisions of chapters 456 and 459, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits the facts alleged in the Administrative Complaint, if proven, would constitute a violation of chapter 459, Florida Statutes.

3. Respondent agrees the Stipulated Disposition in this case is fair, appropriate, and acceptable to Respondent.

#### **STIPULATED DISPOSITION**

1. **Letter of Concern** - The Board shall issue a Letter of Concern against Respondent's license.

2. **Fine** - The Board shall impose an administrative fine of ***Five Thousand Dollars and Zero Cents (\$5,000.00)*** against Respondent's license which Respondent shall pay to: Payments, Department of Health, Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, Florida 32314-6320, within ninety (90) days of the date of the filing of the Final Order accepting this Agreement (the Final Order). **All fines shall be paid by cashier's check or money order.** Any change in the terms of payment of any fine imposed by the Board **must be approved in advance by the Board.**

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HIS LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED IN THIS AGREEMENT. SPECIFICALLY, IF RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION WITHIN ONE HUNDRED AND FIVE (105) DAYS FROM THE DATE THE FINAL ORDER IS FILED THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL RESPONDENT RECEIVES SUCH WRITTEN CONFIRMATION FROM THE BOARD.**

3. **Reimbursement of Costs** - Pursuant to section 456.072, Florida Statutes, Respondent agrees to pay the Department for the Department's costs incurred in the investigation and prosecution of this case. Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, any other costs Respondent incurs to comply with the Final Order, and the Board's administrative costs directly associated with Respondent's probation, if any. Respondent agrees that the amount of costs to be paid in this case is currently ***Five Thousand Twenty-Seven Dollars and Forty-One Cents (\$5,027.41) but shall not exceed Seven Thousand Twenty-Seven Dollars and Forty-One Cents (\$7,027.41).*** Respondent will pay such costs to: Payments, Department of Health, Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, Florida 32314-6320, within ninety (90) days from the date the Final Order is filed. **All costs shall be paid by cashier's check or money order.** Any change in the terms of payment of costs imposed by the Board **must be approved in advance by the Board.**

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT  
OF THE COSTS IS HIS LEGAL OBLIGATION AND RESPONSIBILITY  
AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS**

**ARE NOT PAID AS AGREED IN THIS AGREEMENT. SPECIFICALLY, IF RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION WITHIN ONE HUNDRED AND FIVE (105) DAYS OF THE DATE THE FINAL ORDER IS FILED THAT THE FULL AMOUNT OF THE COSTS HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL RESPONDENT RECEIVES SUCH WRITTEN CONFIRMATION FROM THE BOARD.**

4. **Risk Management Course** - Respondent shall complete five (5) hours of Continuing Medical Education in "Risk Management" after first obtaining written advance approval from the Board of such proposed course. Respondent shall complete this requirement and document such completion within one (1) year from the date the Final Order is filed.

#### **STANDARD PROVISIONS**

1. **Appearance** - Respondent is required to appear before the Board at the meeting of the Board where this Agreement is considered.

2. **No Force or Effect until Final Order** - It is expressly understood that this Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the

foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Agreement.

3. **Continuing Medical Education** - Unless otherwise provided in this Agreement, Respondent shall first submit a written request to the Board for approval prior to performance of Continuing Medical Education (CME) course(s). Respondent shall submit documentation to the Board of having completed a CME course in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical course within one (1) year from the date the Final Order is filed. All such documentation shall be sent to the Board, regardless of whether some or any of such documentation was provided during any prior audit or discussion with Department counsel. CME hours required by this Agreement shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the Board, such CME course(s) may be presented either in an internet-based or an in-person lecture format.

4. **Addresses** - Respondent must provide current residence and practice addresses to the Board. Respondent shall notify the Board in writing within ten (10) days of any changes of said addresses.

5. **Future Conduct** - In the future, Respondent shall not violate chapter 456, 459, or 893, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice medicine. Prior to signing this Agreement, Respondent shall read chapters 456, 459, and 893, Florida Statutes, and the rules of the Board, at chapter 64B15, Florida Administrative Code.

6. **Violation of Terms** - It is expressly understood that a violation of the terms of this Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to chapters 456 and 459, Florida Statutes.

7. **Purpose of Agreement** - Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of this Agreement. Respondent agrees to support this Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Agreement not be accepted by the Board, it is agreed that presentation to and consideration

of this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

8. **No Preclusion of Additional Proceedings** - Respondent and the Department fully understand that this Agreement and subsequent Final Order will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as *Exhibit A*.

9. **Waiver of Attorney's Fees and Costs** - Upon the Board's adoption of this Agreement, the parties hereby agree that, with the exception of Department costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

10. **Waiver of Further Procedural Steps** - Upon the Board's adoption of this Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of this Agreement and the Final Order of the Board incorporating this Agreement.

SIGNED this 8<sup>th</sup> day of July, 2020.

Ronald Gerard Grubb  
Ronald Gerard Grubb, D.O.

STATE OF FLORIDA

COUNTY OF Manatee

BEFORE ME personally appeared Ronald Gerard Grubb, D.O., whose  
Identity is known to me or who produced  
\_\_\_\_\_ (type of identification) and who,  
under oath, acknowledges that his signature appears above.

SWORN TO and subscribed before me this 8<sup>th</sup> day of  
July, 2020.



Christin Hoopes  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG263684  
Expires 10/1/2022

Christin Hoopes  
NOTARY PUBLIC

My Commission Expires:

APPROVED this 10<sup>TH</sup> day of July, 2020.

Scott A. Rivkees, M.D.  
State Surgeon General

Geoffrey M. Christian

Geoffrey M. Christian, Esq.  
Assistant General Counsel

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOH Case No. 2018-00013**

**RONALD GERARD GRUBB, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

Petitioner, the Department of Health (the Department), hereby files this Administrative Complaint before the Board of Osteopathic Medicine (the Board) against Respondent, Ronald Gerard Grubb, D.O. (Respondent), in the above styled and numbered matter. In support, the Department alleges:

1. The Department regulates the practice of osteopathic medicine in Florida pursuant to section 20.43, Florida Statutes, and chapters 456 and 459, Florida Statutes.

2. At all times material hereto, Respondent was a licensed osteopathic physician in Florida, having been issued license number OS 11400.

**EXHIBIT**

**A**

3. The Department's address of record for Respondent is 5225 Manatee Avenue West, Bradenton, Florida 34209.

4. At all times relevant hereto, Respondent served as primary care physician to Patient J.B. (the patient).

5. At all times relevant hereto, the patient's medical history included, inter alia, diagnoses of hypertension and obesity.

6. At all times relevant hereto, the patient's family medical history included, inter alia, a history of stroke (father).

7. At all times relevant hereto, the patient's medications included, inter alia, prescriptions for amlodipine<sup>1</sup> and hydrochlorothiazide/losartan.<sup>2</sup>

8. On or about April 20, 2017, the patient presented to Respondent with complaints of right arm and hand numbness for the previous two days.

9. The patient also complained that he had not been feeling well.

10. Respondent diagnosed arm numbness possibly related to a synovial cyst located on the patient's right wrist.

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<sup>1</sup> Amlodipine is a calcium channel blocker and can be used to treat high blood pressure and chest pain (angina).

<sup>2</sup> Hydrochlorothiazide/losartan is an antihypertensive and can be used to treat high blood pressure.

11. Respondent prescribed meloxicam and requested follow up in two weeks.

12. On or about May 2, 2017, the patient presented to Respondent with complaints of continuing right arm and hand numbness as well as new onset confusion and fatigue.

13. Respondent noted progressive right hand weakness for three weeks, an episode of aphasia earlier that day, and a flaccid right wrist.

14. Respondent diagnosed aphasia and right wrist drop.

15. Respondent prescribed an MRI brain scan to rule out stroke, referred to an orthopedist to evaluate radial nerve palsy, and requested follow up in two weeks.

16. On or about May 4, 2017, the patient presented to the emergency room.

17. The patient was diagnosed with subacute stroke, elevated hemoglobin, elevated hematocrit, as well as hypertensive urgency and admitted to the hospital.

18. On or about May 7, 2017, the patient suffered a second stroke while still in the hospital.

19. Section 459.015(1)(x), Florida Statutes (2016), subjects a licensee to discipline for committing medical malpractice.<sup>3</sup>

20. At all times material hereto, the prevailing professional standard of care required Respondent to:

- a. Order an immediate brain MRI;
- b. Immediately refer to appropriate specialists; and/or
- c. Immediately refer to the emergency room.

21. On or about April 20, 2017 and/or May 2, 2017, Respondent failed to:

- a. Order an immediate brain MRI;
- b. Immediately refer to appropriate specialists; and/or
- c. Immediately refer to the emergency room.

22. Based on the foregoing, Respondent violated section 459.015(1)(x), Florida Statutes.

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<sup>3</sup> Section 456.50(1)(g), Florida Statutes (2016), defines the term "medical malpractice" to mean "the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure." Section 766.102(1), Florida Statutes (2016), provides the "prevailing professional standard of care for a given healthcare provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers."

WHEREFORE, the Department respectfully requests the Board enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education, and/or any other relief the Board deems appropriate.

SIGNED this twenty-eighth day of April, 2020.

Scott A. Rivkees, M.D.  
State Surgeon General

*Geoffrey M. Christian*

**FILED**

DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: *Annal Morris*  
DATE: APR 28 2020

---

Geoffrey M. Christian, Esq.  
Assistant General Counsel  
Florida Bar No. 0010325  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone (850) 245-4661  
Facsimile (850) 245-4684  
E-mail [geoffrey.christian@flhealth.gov](mailto:geoffrey.christian@flhealth.gov)  
Attorney for Petitioner

PCP Date: April 28, 2020

PCP Members: G. Moran, D.O.; J. Rose, D.O.

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

**A request or petition for an administrative hearing must be in writing and must be received by the Department within twenty-one (21) days from the day Respondent received this Administrative Complaint, pursuant to rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within twenty-one (21) days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in this Administrative Complaint must conform to rule 28-106.2015(5), Florida Administrative Code.**

**Mediation under section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that the Department has incurred costs related to the investigation and prosecution of this matter. Pursuant to section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on Respondent in addition to any other discipline imposed.**

ELECTION OF RIGHTS

Ronald Gerald Grubb, D.O., Respondent

License No. OS 11400

DOH Case No. 2018-00013

Please sign and complete all of the information below:

I received notice of the Administrative Complaint on the following date: 5-4-20

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS

If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit identified at the bottom of this form.

OPTION 1. I do not dispute the allegations of material fact in the Administrative Complaint. I do wish to be afforded a hearing, pursuant to section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to uniform rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

see attached

Respondent Signature: [Signature]
Address: 5225 Manatee Ave W

Phone No.: 941-708-8081
Fax No.: 941-708-8085
Email:

STATE OF FLORIDA
COUNTY OF Manatee

Attorney/Qualified Representative\* Signature: [Signature]
Address:

Phone No.:
Fax No.:
Email: adye@lacava-jacobson.com/jgoad's lacava-jacobson.com

\*Qualified Representatives must file written requests to appear pursuant to uniform rule 28-106.106, Florida Administrative Code.

Before me, personally appeared Ronald G Grubb, whose identity is known to me or FL 10 G610727640980 (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 11th day of May, 2020.

[Signature]
Notary Public-State of Florida
Debbie M. McDermott
Type or Print Name

08/25/2022
My Commission Expires



PLEASE RETURN THE PROPERLY COMPLETED ELECTION OF RIGHTS FORM TO: Geoffrey M. Christian, General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone: (850) 245-4661; FAX (850) 245-4684; TDD 1-800-955-8771. Electronic mail: geoffrey.christian@flhealth.gov

## Christian, Geoffrey

---

**From:** Allison E. Dye <adye@lacavajacobson.com>  
**Sent:** Tuesday, May 26, 2020 9:53 AM  
**To:** Christian, Geoffrey; Jeffrey M. Goodis  
**Cc:** Richardson, Rickey  
**Subject:** RE: DOH v. Grubb//204844//DOH Case No.: 2018-00013  
**Attachments:** RSP - OUR - Administrative Complaint (Final).pdf

Mr. Christian:

My apologies about the case number. The attached contains the correct case number as well as a statement regarding facts in dispute. [REDACTED]

[REDACTED] Please let me know if you have any questions. Thank you.

Best,  
Allison E. Dye

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

v.

DOH CASE NO. 2018-00013

RONALD GRUBB, D.O.,

Respondent.

**NOTICE OF APPEARANCE;**  
**REQUEST FOR COMPLETE INVESTIGATIVE FILE AND EXHIBITS;**  
**AND PETITION FOR HEARING INVOLVING DISPUTED ISSUES OF FACT**

The undersigned attorneys, Jeffrey M. Goodis and Allison E. Dye, hereby file this Notice of Appearance for and on behalf of the Respondent, RONALD GRUBB, D.O., in conjunction with the above-captioned case. Copies of all pleadings, notices, and correspondence regarding the above-styled cause are hereby requested to be furnished to the undersigned counsel at the address stated.

**REQUEST FOR COMPLETE INVESTIGATIVE FILE AND EXHIBITS**

The undersigned counsel for the Respondent requests to be promptly provided with a complete copy of the Department of Health's investigative file in conjunction with the above-captioned case along with a copy of any supplemental investigation conducted by the Department of Health in this matter. This request includes but is not limited to the following categories of documents:

- a. Copies of all records created, maintained, sent, or received by the Department of Health in any way related to the above-captioned investigation, including but not limited to reports of DOH investigators, summaries of witness statements, medical records, covers of file, and other documents;

- b. Reports of experts consulted in this matter, correspondence to and from experts, copy of the Curriculum Vitae of any expert consulted in this matter, and copy of any bill or invoice rendered by any expert; and
- c. Copies of any recommendations to the Probable Cause Panel made by any representative of the Department of Health, and copies of all recommendations from the Probable Cause Panel directed to DOH or the Board of Medicine.
- d. A copy of each and every document sent to the Probable Cause Panel for its review in determining whether or not probable cause existed for the issuance of the Administrative Complaint in this case. (Please identify such documents as having been sent to the members of the Probable Cause Panel if they duplicate documents produced in response to any other Request set forth herein.)
- e. The transcript of The Probable Cause Panel hearing and the agenda for the Panel's meeting.

This is a continuing request, and the Department of Health is requested to provide a copy of all supplemental documents and reports promptly after they come within possession of the Department. The failure to provide these documents and reports in a timely fashion to Respondent's counsel will prejudice Respondent in preparation of this case. The Respondent agrees to the customary and reasonable charges for the copying of these materials.

#### **PETITION FOR HEARING INVOLVING DISPUTED ISSUES OF FACT**

The undersigned counsel for Respondent requests review of the materials requested in this pleading before being able to consider and discuss the terms of the proposed Settlement Agreement. In the event settlement terms cannot be agreed to, Respondent requests a Hearing Involving Disputed Issues of Fact pursuant to §120.569 and §120.57, Florida Statutes. In support thereof and in compliance with Rule 28-106.201, F.A.C., Respondent states as follows:

1. Respondent is Ronald Grubb, D.O. For purposes of this proceeding, Respondent's address and phone number will be that of the undersigned counsel.

2. Respondent is the subject of an Administrative Complaint filed on April 28, 2020, by Petitioner in this cause which seeks to take disciplinary action against her Florida license to practice as a physician.

3. On or about May 4, 2020, Respondent received a copy of the Administrative Complaint in this cause together with an Election of Rights Form. The Administrative Complaint contains a Notice of Rights. This Petition is filed in a manner that is compliant with the time frame provided in the statutes referenced in that Notice.

4. Respondent's substantial interests will be adversely affected by disciplinary action against his license to practice medicine in Florida.

5. Respondent may be a "small business party" as that term is defined by §57.111, F.S.

6. Respondent asserts the existence of disputed issues of material fact and requests an evidentiary hearing for determination and ruling on the disputed issues of material fact. The disputed facts include, but are not limited to, whether Respondent violated any provision of the Medical Practice Act or the rules adopted by the Board of Medicine.

7. Respondent submits as ultimate facts that the allegations in this case are inaccurate. Respondent's care and treatment of patient, J.B., met the applicable standard of care. Specifically, when J.B. presented to Respondent, he complained of a 3-day history of right arm and hand numbness, comparing it to a similar episode 7 years prior when he was diagnosed with cervical stenosis. In addition, during this visit, J.B. reported that he was recently weight lifting and developed wrist discomfort. A review of systems by Respondent revealed a synovial cyst over the right wrist and numbness to the right hand and forearm. Respondent appropriately prescribed an

anti-inflammatory with instruction to follow up in two weeks. Based on J.B.'s presentation and prior history, including an explanation for his recent wrist/arm discomfort, there was no indication that an MRI or referral to a specialist and/or the ER was necessary. Moreover, when J.B. returned to Respondent, J.B. informed Respondent that his symptoms were unchanged and upon further questioning from Respondent, it was determined that J.B., had progressive weakness in the right hand with a loss of strength from prior visit. J.B. also reported an episode of confusion and fatigue earlier that day. Due to these new findings and after an appropriate review of systems and physical examination, which included a negative neurologic exam, Respondent appropriately ordered an MRI of the brain. Based on Respondent's examination during this visit, there was no indication that an immediate ER referral or referral to a specialist was indicated.

8. This Petition is filed less than 21 days from receipt of the Administrative Complaint.

WHEREFORE, Respondent requests that she first be granted the opportunity for negotiating a Settlement Stipulation with Petitioner, and hereby waives the 45 day requirement and requests that this matter not be forwarded to the Division of Administrative Hearings pending such negotiation. Respondent waives any applicable time limits regarding referral of this Petition.

#### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that the foregoing was electronically filed by e-mail to all parties of record as follows: Geoffrey M. Christian, Esquire, Office of the General Counsel, Department of Health, ([Geoffrey.Christian@flhealth.gov](mailto:Geoffrey.Christian@flhealth.gov)), on this 26<sup>th</sup> day of May, 2020.

LA CAVA & JACOBSON, P.A.



---

JEFFREY M. GOODIS, ESQUIRE

Florida Bar No. 0946524

ALLISON E. DYE, ESQUIRE

Florida Bar No. 92363

150 2<sup>nd</sup> Ave. North, 15<sup>th</sup> Floor

St. Petersburg, FL 33701

PH: (727) 477-1013

FX: (727) 550-0811

*Attorneys for Respondent*

Designated E-mail:

[stp-pleadings@lacavajacobson.com](mailto:stp-pleadings@lacavajacobson.com)

## Christian, Geoffrey

---

**From:** Christian, Geoffrey  
**Sent:** Friday, May 22, 2020 12:40 PM  
**To:** Allison E. Dye; Jeffrey M. Goodis  
**Cc:** Richardson, Rickey  
**Subject:** RE: DOH v. Grubb//204844//DOH Case No.: 2018-07416

**Importance:** High

Hi Ms. Dye,

I am receipt of the below email. Unfortunately, the email and the request have the wrong case number on them.

Also, as you know, by rule, the request must include a statement identifying the material facts that are in dispute. I do not see where the request does this and am thus not confident that the request as submitted is acceptable.

[REDACTED]

[REDACTED]

Best,  
Geoff

---

**From:** Madison Dominick <MDominick@LaCavaJacobson.com> **On Behalf Of** Allison E. Dye  
**Sent:** Friday, May 22, 2020 11:58 AM  
**To:** Christian, Geoffrey <Geoffrey.Christian@flhealth.gov>  
**Cc:** Richardson, Rickey <Rickey.Richardson@flhealth.gov>  
**Subject:** DOH v. Grubb//204844//DOH Case No.: 2018-07416

Good Afternoon,

Please see the attached regarding the Administrative Complaint.

Thank you,



LA CAVA & JACOBSON, P.A.

[www.LaCavaJacobson.com](http://www.LaCavaJacobson.com)

Allison E. Dye, Esquire

Office: 727-477-1013

Fax: 727-550-0811

150 2<sup>nd</sup> Avenue North, 15<sup>th</sup> Floor  
St. Petersburg, FL 33701

For more information about La Cava and Jacobson, visit the firm's web page

[www.lacavajacobson.com](http://www.lacavajacobson.com)

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## Christian, Geoffrey

---

**From:** Madison Dominick <MDominick@LaCavaJacobson.com> on behalf of Allison E. Dye <adye@lacavajacobson.com>  
**Sent:** Friday, May 22, 2020 11:58 AM  
**To:** Christian, Geoffrey  
**Cc:** Richardson, Rickey  
**Subject:** DOH v. Grubb//204844//DOH Case No.: 2018-07416  
**Attachments:** Election of Rights (Signed).pdf; RSP - OUR - Administrative Complaint.pdf

Good Afternoon,

Please see the attached regarding the Administrative Complaint.

Thank you,



LA CAVA & JACOBSON, P.A.

[www.LaCavaJacobson.com](http://www.LaCavaJacobson.com)

Allison E. Dye, Esquire

Office: 727-477-1013

Fax: 727-550-0811

150 2<sup>nd</sup> Avenue North, 15<sup>th</sup> Floor

St. Petersburg, FL 33701

For more information about La Cava and Jacobson, visit the firm's web page

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STATE OF FLORIDA  
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

v.

DOH CASE NO. 2018-07416

RONALD GRUBB, D.O.,

Respondent.

**NOTICE OF APPEARANCE;**  
**REQUEST FOR COMPLETE INVESTIGATIVE FILE AND EXHIBITS;**  
**AND PETITION FOR HEARING INVOLVING DISPUTED ISSUES OF FACT**

The undersigned attorneys, Jeffrey M. Goodis and Allison E. Dye, hereby file this Notice of Appearance for and on behalf of the Respondent, RONALD GRUBB, D.O., in conjunction with the above-captioned case. Copies of all pleadings, notices, and correspondence regarding the above-styled cause are hereby requested to be furnished to the undersigned counsel at the address stated.

**REQUEST FOR COMPLETE INVESTIGATIVE FILE AND EXHIBITS**

The undersigned counsel for the Respondent requests to be promptly provided with a complete copy of the Department of Health's investigative file in conjunction with the above-captioned case along with a copy of any supplemental investigation conducted by the Department of Health in this matter. This request includes but is not limited to the following categories of documents:

- a. Copies of all records created, maintained, sent, or received by the Department of Health in any way related to the above-captioned investigation, including but not limited to reports of DOH investigators, summaries of witness statements, medical records, covers of file, and other documents;

- b. Reports of experts consulted in this matter, correspondence to and from experts, copy of the Curriculum Vitae of any expert consulted in this matter, and copy of any bill or invoice rendered by any expert; and
- c. Copies of any recommendations to the Probable Cause Panel made by any representative of the Department of Health, and copies of all recommendations from the Probable Cause Panel directed to DOH or the Board of Medicine.
- d. A copy of each and every document sent to the Probable Cause Panel for its review in determining whether or not probable cause existed for the issuance of the Administrative Complaint in this case. (Please identify such documents as having been sent to the members of the Probable Cause Panel if they duplicate documents produced in response to any other Request set forth herein.)
- e. The transcript of The Probable Cause Panel hearing and the agenda for the Panel's meeting.

This is a continuing request, and the Department of Health is requested to provide a copy of all supplemental documents and reports promptly after they come within possession of the Department. The failure to provide these documents and reports in a timely fashion to Respondent's counsel will prejudice Respondent in preparation of this case. The Respondent agrees to the customary and reasonable charges for the copying of these materials.

#### **PETITION FOR HEARING INVOLVING DISPUTED ISSUES OF FACT**

The undersigned counsel for Respondent requests review of the materials requested in this pleading before being able to consider and discuss the terms of the proposed Settlement Agreement. In the event settlement terms cannot be agreed to, Respondent requests a Hearing Involving Disputed Issues of Fact pursuant to §120.569 and §120.57, Florida Statutes. In support thereof and in compliance with Rule 28-106.201, F.A.C., Respondent states as follows:

1. Respondent is Ronald Grubb, D.O. For purposes of this proceeding, Respondent's address and phone number will be that of the undersigned counsel.

2. Respondent is the subject of an Administrative Complaint filed on April 28, 2020, by Petitioner in this cause which seeks to take disciplinary action against her Florida license to practice as a physician.

3. On or about May 4, 2020, Respondent received a copy of the Administrative Complaint in this cause together with an Election of Rights Form. The Administrative Complaint contains a Notice of Rights. This Petition is filed in a manner that is compliant with the time frame provided in the statutes referenced in that Notice.

4. Respondent's substantial interests will be adversely affected by disciplinary action against his license to practice medicine in Florida.

5. Respondent may be a "small business party" as that term is defined by §57.111, F.S.

6. Respondent asserts the existence of disputed issues of material fact and requests an evidentiary hearing for determination and ruling on the disputed issues of material fact. The disputed facts include, but are not limited to, whether Respondent violated any provision of the Medical Practice Act or the rules adopted by the Board of Medicine.

7. Respondent submits as ultimate facts that the allegations in this case are inaccurate. Paragraphs 20 and 21 of the Administrative Complaint does not set forth the appropriate standard of care nor does it accurately portray the care and treatment rendered.

8. This Petition is filed less than 21 days from receipt of the Administrative Complaint.

WHEREFORE, Respondent requests that she first be granted the opportunity for negotiating a Settlement Stipulation with Petitioner, and hereby waives the 45 day requirement and requests that this matter not be forwarded to the Division of Administrative Hearings pending such negotiation. Respondent waives any applicable time limits regarding referral of this Petition.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that the foregoing was electronically filed by e-mail to all parties of record as follows: Geoffrey M. Christian, Esquire, Office of the General Counsel, Department of Health, ([Geoffrey.Christian@flhealth.gov](mailto:Geoffrey.Christian@flhealth.gov)), on this 22<sup>nd</sup> day of May, 2020.

LA CAVA & JACOBSON, P.A.



---

JEFFREY M. GOODIS, ESQUIRE

Florida Bar No. 0946524

ALLISON E. DYE, ESQUIRE

Florida Bar No. 92363

150 2<sup>nd</sup> Ave. North, 15<sup>th</sup> Floor

St. Petersburg, FL 33701

PH: (727) 477-1013

FX: (727) 550-0811

*Attorneys for Respondent*

Designated E-mail:

[stp-pleadings@lacavajacobson.com](mailto:stp-pleadings@lacavajacobson.com)

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOH Case No. 2018-00013**

**RONALD GERARD GRUBB, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

Petitioner, the Department of Health (the Department), hereby files this Administrative Complaint before the Board of Osteopathic Medicine (the Board) against Respondent, Ronald Gerard Grubb, D.O. (Respondent), in the above styled and numbered matter. In support, the Department alleges:

1. The Department regulates the practice of osteopathic medicine in Florida pursuant to section 20.43, Florida Statutes, and chapters 456 and 459, Florida Statutes.

2. At all times material hereto, Respondent was a licensed osteopathic physician in Florida, having been issued license number OS 11400.

3. The Department's address of record for Respondent is 5225 Manatee Avenue West, Bradenton, Florida 34209.

4. At all times relevant hereto, Respondent served as primary care physician to Patient J.B. (the patient).

5. At all times relevant hereto, the patient's medical history included, inter alia, diagnoses of hypertension and obesity.

6. At all times relevant hereto, the patient's family medical history included, inter alia, a history of stroke (father).

7. At all times relevant hereto, the patient's medications included, inter alia, prescriptions for amlodipine<sup>1</sup> and hydrochlorothiazide/losartan.<sup>2</sup>

8. On or about April 20, 2017, the patient presented to Respondent with complaints of right arm and hand numbness for the previous two days.

9. The patient also complained that he had not been feeling well.

10. Respondent diagnosed arm numbness possibly related to a synovial cyst located on the patient's right wrist.

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<sup>1</sup> Amlodipine is a calcium channel blocker and can be used to treat high blood pressure and chest pain (angina).

<sup>2</sup> Hydrochlorothiazide/losartan is an antihypertensive and can be used to treat high blood pressure.

11. Respondent prescribed meloxicam and requested follow up in two weeks.

12. On or about May 2, 2017, the patient presented to Respondent with complaints of continuing right arm and hand numbness as well as new onset confusion and fatigue.

13. Respondent noted progressive right hand weakness for three weeks, an episode of aphasia earlier that day, and a flaccid right wrist.

14. Respondent diagnosed aphasia and right wrist drop.

15. Respondent prescribed an MRI brain scan to rule out stroke, referred to an orthopedist to evaluate radial nerve palsy, and requested follow up in two weeks.

16. On or about May 4, 2017, the patient presented to the emergency room.

17. The patient was diagnosed with subacute stroke, elevated hemoglobin, elevated hematocrit, as well as hypertensive urgency and admitted to the hospital.

18. On or about May 7, 2017, the patient suffered a second stroke while still in the hospital.

19. Section 459.015(1)(x), Florida Statutes (2016), subjects a licensee to discipline for committing medical malpractice.<sup>3</sup>

20. At all times material hereto, the prevailing professional standard of care required Respondent to:

- a. Order an immediate brain MRI;
- b. Immediately refer to appropriate specialists; and/or
- c. Immediately refer to the emergency room.

21. On or about April 20, 2017 and/or May 2, 2017, Respondent failed to:

- a. Order an immediate brain MRI;
- b. Immediately refer to appropriate specialists; and/or
- c. Immediately refer to the emergency room.

22. Based on the foregoing, Respondent violated section 459.015(1)(x), Florida Statutes.

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<sup>3</sup> Section 456.50(1)(g), Florida Statutes (2016), defines the term "medical malpractice" to mean "the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure." Section 766.102(1), Florida Statutes (2016), provides the "prevailing professional standard of care for a given healthcare provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers."

WHEREFORE, the Department respectfully requests the Board enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education, and/or any other relief the Board deems appropriate.

SIGNED this twenty-eighth day of April, 2020.

Scott A. Rivkees, M.D.  
State Surgeon General

*Geoffrey M. Christian*

**FILED**

DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: *Annal Morris*  
DATE: APR 28 2020

---

Geoffrey M. Christian, Esq.  
Assistant General Counsel  
Florida Bar No. 0010325  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone (850) 245-4661  
Facsimile (850) 245-4684  
E-mail [geoffrey.christian@flhealth.gov](mailto:geoffrey.christian@flhealth.gov)  
Attorney for Petitioner

PCP Date: April 28, 2020

PCP Members: G. Moran, D.O.; J. Rose, D.O.

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

**A request or petition for an administrative hearing must be in writing and must be received by the Department within twenty-one (21) days from the day Respondent received this Administrative Complaint, pursuant to rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within twenty-one (21) days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in this Administrative Complaint must conform to rule 28-106.2015(5), Florida Administrative Code.**

**Mediation under section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that the Department has incurred costs related to the investigation and prosecution of this matter. Pursuant to section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on Respondent in addition to any other discipline imposed.**

Lidia Oliveira, DO, PA  
917 Rinehart Road suite 2001, Lake Mary, FL 32746

October 15, 2019

FL Department of Health, PSU  
4052 Bald Cypress Way Bin C-65  
Tallahassee, Florida 32399-3265

Case 2018 - 00013

Dear Department of Health, PSU

I carefully reviewed the case and the supplementary information provided by Mr. Jeffrey M. Goodis and my opinion rendered previously did not change.

If you have any further questions, please call (407)766-0882 to schedule a telephone conference.

Sincerely,

A handwritten signature in black ink, appearing to read "Lidia", written in a cursive style.

Lidia Oliveira, DO

CASE 2018-00013

March 28, 2018

Lidia Oliveira, DO, PA

917 Rinehart Road suite 2001, Lake Mary, FL 32746

FL Department of Health, PSU  
4052 Bald Cypress Way Bin C-65  
Tallahassee, Florida 32399-3265

Regarding: DOH v case 2018-00013

Dear Department of Health, PSU,

### Summary

Complaint derived from the patient's daughter, BB, alleging that the subject failed to diagnose a stroke 2 weeks prior to his hospitalization for an acute cerebrovascular accident which resulted in the patient having sequela of right facial drooping, and right arm weakness and expressive aphasia. which has impacted his independent activities of daily living.

1. I do not know the subject, the complainant, and I do not have direct knowledge of the circumstances surrounding this case.
2. I have treated patients with similar presentation in the primary care office and I have had patients with similar presentations in the long-term care facility and in the hospital.
3. The subject failed to meet the standard of care. The reasons are: failure to perform a physical examination other than having vital signs, failing to recognize an urgent event on both first and the second patient visit, failing to have the patient referred to an appropriate specialist or to the Emergency room. Failing to order an MRI or CT of the brain immediately and to pursue the etiology of the patient's confusion and fatigue and facial drooping. When the patient initially presented to the subject on first visit, the patient did complain of of right arm numbness which the patient even stated that was similar to a presentation some 7 years earlier when he was diagnosed with a pinched nerve. However, in the 2 weeks follow up, on the second visit, the patient admitted to having felt worse, with increasing right arm numbness along with confusion and fatigue. On the second visit the subject refers to an orthopedic and orders an MRI of the brain and writes as his diagnoses Aphasia, and documents for the patient to the follow up in 2 weeks. The subject should have done a complete history and physical exam and document the findings, address the elevated blood pressure, refer to the appropriate specialists, or to the emergency room and pursue appropriate evaluation for the aphasia, the confusion, the weakness, and the numbness of the right arm.
4. The subject did not adequately access the patient's complaint, did not do a through history and physical and did not order any laboratory tests, or appropriate consultation with a specialist.
5. The subject's diagnoses was not appropriate, adequate, accurate nor timely.
6. The subject did not diagnose the patient appropriately and therefore he did not refer to the appropriate specialist, nor did he perform any tests in the speed in which it necessitated.
7. The subject's plan of care was inadequate, erroneous and he did not pursue it further. In addition, his recommendation for a follow up was 2 weeks which is too lengthy for the

patient presenting with aphasia, right arm weakness, and fatigue. At least one would want to know why the patient has aphasia, right arm weakness and fatigue and suspect a stroke and refer to neurology and to the Emergency room.

8. The subject did not prescribe any legend drugs, he did not prescribe the appropriate medication for a patient with a pending stroke, nor did he address the patient's elevated blood pressure.
9. The medical records are not accurate nor do they document completely or justify the course of treatment the patient necessitated. The history and physical are not complete, there is no documentation of a physical exam, nor is there a review of systems, nor any detailed history with regards to the patient's fatigue, confusion, aphasia, or worsening right arm symptoms. The subject's entry into the medical records are legible. There are no documentation of a history or physical pertaining to the complaint of aphasia, and right arm weakness. There is no musculoskeletal exam and no neurological exam.
10. Billing is not an issue and no billing information was submitted.
11. The subject necessitated to obtain a complete history and physical, order laboratory, and either refer to a neurologist or refer the patient to the emergency room if a neurologist could not see him immediately. The emergency room or direct hospitalization would have been the appropriate plan of care. At least order a MRI of the brain stat and have the patient's blood pressure controlled, have him on statins, and possibly add anticoagulants. Based on the office notes the patient had risk factors for strokes: hypertension, and obesity, but the elevated blood pressure was not addressed. The presentation of right arm weakness combined with aphasia is suspicious for a stroke and the subject ignored the ominous signs. The subject also neglected to inform the patient to seek further care should symptoms worsen or not improve if the patient had refused to go to the Emergency room.
12. There is no response from the subject

In summary, the subject fell below the standards of care by not performing a complete history and physical, not addressing the patient's complaint, not ordering any laboratory tests, nor MRI of the brain immediately or sending the patient to a higher level of care immediately. The hospital records show that the patient had an acute embolic stroke due to his erythrocytosis and polycythemia his MRI of the brain in the hospital confirmed an acute cerebrovascular accident and the patient was started on aspirin, plavix, statin and his blood pressure medications adjusted to control blood pressure. He was also seen by a cardiologist and a neurology and had further tests as TEE and loop recorder.

If you have any further questions, please call (407) 766-0882 to schedule a telephone conference.

Sincerely,



Lidia Flores Oliveira, DO

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed  
from this document for security reasons**

**Scroll down to see the available pages or  
advance to the next document if all  
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS  
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE  
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

## Christian, Geoffrey

---

**From:** Jeffrey M Goodis <jgoodis@gtmlegal.com>  
**Sent:** Monday, August 5, 2019 11:22 AM  
**To:** Christian, Geoffrey  
**Cc:** Allison E. Dye  
**Subject:** FW: DOH v. Grubb/Claim No.: CLW0004939/Our File: 478.10099  
**Attachments:** Christian - DOH (01315539xCDED5).pdf

**Importance:** High

Mr. Christian – I understand that you reached out to Dr. Grubb. Please see attached. I will look forward to speaking and working with you.

Jeff

## GOODIS THOMPSON & MILLER

Jeffrey M. Goodis, Esquire  
Board Certified in Medical Malpractice by the  
American Board of Professional Liability Attorneys



INTERNATIONAL SOCIETY  
OF BARRISTERS  
EXCELLENCE AND INTEGRITY IN ADVOCACY



# GOODIS THOMPSON & MILLER

ESTABLISHED 1912

ST. PETERSBURG  
150 2nd Ave N · 15th Floor  
St. Petersburg, Florida 33701  
(727) 823-0540

LAKEWOOD RANCH  
11509 Palmbrush Trail · Suite 208  
Lakewood Ranch, Florida 34202  
(941) 741-8300

August 1, 2019

Reply to St. Petersburg

**VIA U.S. MAIL**

Geoffrey M. Christian, Esquire  
Assistant General Counsel  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-1701

Re: 2018-00013

Dear Mr. Christian:

The undersigned has been retained to represent Dr. Ronald Gerard Grubb. In that capacity, I am in receipt of yours of June 27, 2019 wherein you were kind enough to forward Dr. Grubb a copy of the Department's investigative file.

Unfortunately, it is apparent that Dr. Grubb was unaware of the investigation prior to late May 2019 after receiving your email and your letter of May 28, 2019. In short, it is my impression that Dr. Grubb was not aware of the January 31, 2018 correspondence and its related enclosures. Would you please provide us with that correspondence and/or evidence of delivery of same upon Dr. Grubb?

In your May 28, 2019 correspondence, you indicate that the Department is adding possible violations of two statutes and two administrator rules. That said, it is apparent, from the materials provided to date, that the effort to reach Dr. Grubb for response may have been limited to a March 14, 2018 phone message from the investigator. Perhaps most importantly it is interesting to note that the Department's reviewer indicates, in Paragraph 12 of her review, that there was no response from the subject. That, of course, lends credence to the doctor's position that he did not receive the initial complaint.

In your most recent letter, there is suggestion that the Department is adding a violation of Fla. Stat § 456.50 for repeated instances of malpractice. As we do not believe that there are prior instances of malpractice, we would appreciate your outlining, at your earliest convenience, what other instances of malpractice the Department is considering.

As we are joining the matter late, I wanted to let you know that we intend to have the materials the Department's consultant reviewed and provide you with the results of that review as soon as possible. That said, it appears as if the Department's review, by a physician specializing in addiction, hospice and palliative medicine, acknowledges that when the patient first presented he complained of right-arm numbness and related that his symptomology was similar to a presentation some 7 years earlier when he was diagnosed with a pinched nerve. As such, one should not be surprised that Dr. Grubb's initial differential diagnosis relied, in part, on the patient's symptomology and complaints. It would certainly appear as if the Department's reviewer reached her conclusions with the benefit of hindsight given the reviewer's acknowledgment of the patient's complaints and relation of prior similar symptomology.

After initial review, we can clarify some of the concerns regarding Dr. Grubb's care. As you know, the patient initially presented with a 3 day history of right arm and hand numbness. The patient stated that he had a similar episode 7 years prior and was diagnosed with cervical stenosis which resulted in his symptomology. However, at the initial appointment, the patient also reported that he had been weight lifting and had developed wrist discomfort as well. A review of systems and physical exam were performed which revealed a synovial cyst over the right wrist and numbness to the right hand and forearm. A trial of an anti-inflammatory was prescribed with a follow-up appointment in 2 weeks. In short, based on the patient's self-reported history and the doctor's examination, an appropriate *prospective* differential diagnosis was made.

When the patient presented again *he indicated* that his symptoms were *unchanged; however*, upon further questioning it was determined that he had progressive weakness of the right hand with a loss of strength from his prior visit. In short, Dr. Grubb appropriately questioned the patient, as he clearly did on the first visit. The patient also stated he had *an episode* of confusion and fatigue earlier that day. Both a review of systems and a physical exam were performed that day. The physical exam revealed a flaccid wrist consistent with a radial nerve palsy. Based on his patient's complaints and the information that he discovered despite the patient's initial indication that he was unchanged, Dr. Grubb appropriately ordered the MRI of the brain to evaluate for a possible cerebral vascular accident. Dr. Grubb has been a physician in practice for 22 years, as well as a Program Director for 10 years, and he enjoys a very good reputation in his community. As the records reflect, Dr. Grubb did not ignore any ominous signs of a stroke.

Our review of the initial materials also shows that the patient was appropriately admitted to the hospital in the subacute phase. There is nothing to suggest that Dr. Grubb's alleged malpractice would have meant that the *first* stroke would not have occurred or that the *second* stroke on May 6, 2017 would not have occurred. That is especially true given the admission, by the complainant, that the patient suffered chronic microvascular ischemic changes which, of course, are the likely true etiology of the patient's stroke.

We will certainly look forward to supplementing this response and hope that the additional materials will be provided to the Department's reviewer in due course. I welcome the opportunity to discuss the matter with you.

Very truly yours,

  
JEFFREY M. GOODIS, ESQUIRE  
[jgoodis@gtmlegal.com](mailto:jgoodis@gtmlegal.com)

JMG/ld

bcc: Dr. Ronald Grubb

GOODIS THOMPSON & MILLER

ESTABLISHED 2013

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(727) 823-0540

LAKEWOOD RANCH  
11509 Palmbrush Trail • Suite 208  
Lakewood Ranch, Florida 34202  
(941) 741-8300

August 1, 2019

Reply to St. Petersburg

**VIA U.S. MAIL**

Geoffrey M. Christian, Esquire  
Assistant General Counsel  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-1701

2019 AUG -7 PM 1:39  
MAIL ROOM  
LEGAL

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We will certainly look forward to supplementing this response and hope that the additional materials will be provided to the Department's reviewer in due course. I welcome the opportunity to discuss the matter with you.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Alle", with a large, stylized flourish extending to the right.

JEFFREY M. GOODIS, ESQUIRE  
[jgoodis@gtmlegal.com](mailto:jgoodis@gtmlegal.com)

JMG/lld

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Mr. Wiley M. Christian, Esquire  
Assistant General Counsel  
Department of Health  
Production Services Unit  
4052 Reid Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3701

3239937017 0001



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Vision:** To be the Healthiest State in the Nation

May 28, 2019

**PERSONAL AND CONFIDENTIAL – VIA CERTIFIED AND ELECTRONIC MAIL**

Ronald Gerard Grubb, D.O.  
5225 Manatee Avenue West  
Bradenton, Florida 34209  
[rgrubbd@gmail.com](mailto:rgrubbd@gmail.com)

Re: DOH Complaint Number 2018-00013  
Subject Ronald Gerard Grubb, D.O.

Dear Dr. Grubb:

After further review, the Department is adding the following as possible violations against you/your client in the above-referenced matter:

- Section 456.50, Florida Statutes;
- Section 766.102, Florida Statutes;
- Rule 64B15-15.004, Florida Administrative Code; and
- Rule 64B15-19.002, Florida Administrative Code.

The foregoing are *in addition* to the possible violations previously noticed by letter to you dated January 31, 2018, and its related enclosure(s).

If you have any questions or concerns, please contact this office.

Sincerely,

*Geoffrey M. Christian*

Geoffrey M. Christian, Esq.  
Assistant General Counsel

GMC/rr

**Florida Department of Health**

Office of the General Counsel – Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265  
Express Mail: 2585 Merchants Row BV, Suite 105, Tallahassee, FL 32399  
PHONE: (850) 245-4640 • FAX: (850) 245-4684

**FloridaHealth.gov**



**Accredited Health Department**  
Public Health Accreditation Board



STATE OF FLORIDA



**DEPARTMENT OF HEALTH**  
**INVESTIGATIVE REPORT**

|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                       |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Office: St. Petersburg                                                                                                                                                                                                                                                                                                                                    | Date of Complaint: 01/09/2018                                                                                                                                         | Case Number: 201800013 |
| Subject: RONALD GERALD GRUBB, DO<br>5225 Manatee Avenue West<br>Bradenton, Florida 34209<br>(941) 708-8081(office)                                                                                                                                                                                                                                        | Source: DEPARTMENT OF HEALTH/ISU                                                                                                                                      |                        |
| Profession: Osteopathic Physician                                                                                                                                                                                                                                                                                                                         | License Number and Status: 11400 Clear/Active                                                                                                                         |                        |
| Related Case(s): None                                                                                                                                                                                                                                                                                                                                     | Period of Investigation and Type of Report: 04/28/20 – 04/30/20 SUPPLEMENTAL 1                                                                                        |                        |
| Alleged Violation: F.S. 456.072(1)(k)(dd) and 459.015(1)(g)(o)(x)(pp)                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |                        |
| <p>Synopsis: This supplemental Investigation is predicated upon receipt of a PSU Request to hand serve an Administrative Complaint (AC) to RONALD GERALD GRUBB, D.O.</p> <p>On 4/30/2020, this Investigator hand served the AC to GRUBB at 5225 Manatee Avenue West, Bradenton, Florida, 34209. GRUBB was identified by his Florida driver's license.</p> |                                                                                                                                                                       |                        |
| <p>EXHIBITS:</p> <p>S1-1: PSU request (Pg. 2-3)<br/>S1-2: Affidavit of Service (Pg. 4)</p>                                                                                                                                                                                                                                                                |                                                                                                                                                                       |                        |
| Investigator/Date: 04/29/2020<br><br>Aaron D. Wade, IS2, PI89                                                                                                                                                                                                          | Approved By/Date: 05/04/2020<br><br>Janet Russell, Investigation Supervisor, PI87 |                        |
| Distribution: HQ/ISU                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                       | Page 1                 |

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

### PSU REQUEST FORM

|                                                                    |                                                   |
|--------------------------------------------------------------------|---------------------------------------------------|
| FROM: <b>Rickey Richardson for<br/>Geoffrey M. Christian, Esq.</b> | TO: <b>ISU St. Petersburg</b>                     |
| DATE: <b>04/28/2020</b>                                            | TO: <b>Investigation Manager Koleta Rimas</b>     |
| PHONE #: <b>(850) 245-4661</b>                                     | CC: <b>Investigation Supervisor Janet Russell</b> |

|                                           |                                    |
|-------------------------------------------|------------------------------------|
| DOH Case Number: <b>2018-00013</b>        | Board: <b>Osteopathic Medicine</b> |
| Subject: <b>Ronald Gerald Grubb, D.O.</b> | HL Code: <b>127a</b>               |
| Requested Completion Date: <b>ASAP</b>    | Status: <b>70</b>                  |

**(PSU) TYPE OF REQUEST:** (describe details below)

- Process Service\* (**Activity Code 160**)
- Additional Information Requested (**Activity Code 145**)
- Deficiency in Investigative Work (**Activity Code 150**)

**Details:**

**1. of 3.** Please hand serve Ronald Gerald Grubb, D.O. the attached AC Pack, which consists of a cover letter, a filed Administrative Complaint, and an Election of Rights form.

**2. of 3.** Please prepare an appropriate report regarding your efforts. Please attach copies of this Request Form and the attachments as an exhibit to the report.

**3. of 3.** If you have any questions, please contact the requesting attorney or his assistant.

\*The following additional information is needed for each service request:

Last Known Address: **5225 Manatee Avenue West, Bradenton, Florida 34209**

Last Known Name & Phone Number: **Ronald Gerald Grubb, D.O.**

Last Known Place of Employment & Address if Known: **Same as above**

Has Contact Been Made With This Individual? YES  No ; If Yes, When? **N/A**

Was this case originally worked by CSU or in an area office different from where this service request is being sent? YES \*\* No  NOTE: All process service requests need to be sent to appropriate field office.

**\*\*IF YES, please send a copy of the original Investigative Report without attachments.**

**Florida Department of Health**

Office of the General Counsel – Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265  
Express Mail: 2585 Merchants Row BV, Suite 105, Tallahassee, FL 32399  
PHONE: (850) 245-4640 • FAX: (850) 245-4684

**FloridaHealth.gov**



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Public Health Accreditation Board

**EXHIBIT S1-1**

**2**

**(ISU/CSU) RESPONSE:**

- Process Service Completed (Activity Code 161)
- Process Service NOT Completed (Activity Code 162)
- Additional Info Sent to Legal (Activity Code 156)
- Supp. Investigation Request Cancelled (Activity Code 157)

**Email**

**to:** [Tallahassee](#) [Alachua](#) [Jacksonville](#) [St. Pete](#) [Tampa](#) [Orlando](#) [Ft. Myers](#) [West Palm](#) [Ft. Lauderdale](#) [Miami](#)  
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HEALTH

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT OF SERVICE (AC)**

FLORIDA DEPARTMENT OF HEALTH

Petitioner

vs

Case No.201800013

RONALD GERALD GRUBB, D.O.

Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

- 1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.
- 2) That on 04/30/20, Affiant made a diligent effort to locate RONALD GERALD GRUBB, D.O., to serve   X   an Administrative Complaint; \_\_\_\_\_ ESO/ERO and related papers.

3) Check applicable answer below:

  X   Affiant made personal service to RONALD GERALD GRUBB, D.O. on 04/30/20 at 5225 Manatee Avenue West, Bradenton, Florida 34209.

\_\_\_\_\_ Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent shown in the DOH investigation of the case; (b) all official addresses for Respondent shown in his licensing records on the computer terminal or Board office; (c) Local telephone company for the last area Respondent was known to frequent; (d) Division of Drivers Licenses; and (e) Utilities (electric, cable, etc.); any others: \_\_\_\_\_

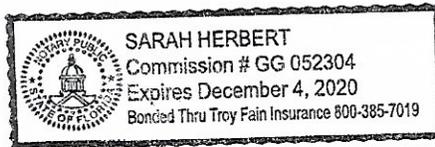
*A. D. Wade*

\_\_\_\_\_  
Affiant

State Of Florida  
County Of Pinellas

Before me, personally appeared Aaron Wade whose identity is known to me by Personally Known (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 4<sup>th</sup> day of May 2020.



*Sarah Herbert*

\_\_\_\_\_  
Notary Public-State of Florida

\_\_\_\_\_  
My Commission Expires

Sarah Herbert

Type or Print Name

**Florida Department of Health**  
**Division of Medical Quality Assurance**  
4052 Bald Cypress Way, Bin C-70 • Tallahassee, FL 32399  
PHONE: 850/245-4478 • FAX: 850/245-4436

**FloridaHealth.gov**

INV FORM 311, Created 6/17





STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------|
| Office: St. Petersburg Area 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date of Complaint: 01/09/2018                                                                                       | Case Number: 201800013 |
| Subject: RONALD GERARD GRUBB, DO<br>5225 Manatee Avenue West<br>Bradenton, Florida 34209<br>(941) 708-8081(office)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Source: BB (for JB)                                                                                                 |                        |
| Profession: Osteopathic Physician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | License Number and Status: 11400 Clear/Active                                                                       |                        |
| Related Case(s): none                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Period of Investigation and Type of Report: Final<br>01/31/2018 through 03/16/2018                                  |                        |
| Alleged Violation: F.S. 456.072(1)(k)(dd) and 459.015(1)(g)(o)(x)(pp)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                        |
| <p>Synopsis: This complaint is based on the receipt of a case summary and attachments from BB, the sister of JB, a 67 year old male, who presented to GRUBB at his office at 5225 Manatee Avenue West in Bradenton, Florida on 04/20/2017 with complaints of arm numbness and a drooping right hand. He was prescribed Meloxicam 15 mg to treat pain and inflammation and was told he was being treated for a pinched nerve. No other tests were allegedly ordered at that time. JB again presented on 5/02/2017 relaying his symptoms had worsened but now included confusion and fatigue. GRUBB ordered an MRI brain scan and diagnosed JB with aphasia and right wrist drop with a referral to an orthopedic specialist. On 05/04/2017, JB was taken to the emergency room at Blake Medical Center and diagnosed with subacute ischemic stroke. BB believes GRUBB failed to timely diagnose and treat her brother resulting in further injury including his ability to walk, drive and communicate.</p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed?<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject Responded?<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Patient Notification Completed?<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/LEIDS?<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board certified? Name of Board: American Board of Family Medicine Date: n/a<br/> Specialty: Family Medicine (per internet search) </p> <p> Law Enforcement: n/a<br/> <input type="checkbox"/> Notified Date:<br/> <input type="checkbox"/> Involved Agency:<br/> Subject Represented?<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> |                                                                                                                     |                        |
| Investigator/Date:<br><br>03/16/2018<br>Dave Berry, MQA Investigator (PI-21)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Approved By/Date:<br><br>03/16/2018<br>Kara Earle, ISII (PI-69) for<br>Rob Seimetz, Investigator Supervisor (PI-58) |                        |
| Distribution: HQ/ISU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     | Page 1                 |

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\* Exhibits contain information which identifies patient(s) by name and are sealed pursuant to section 456.057(9)(a) Florida Statute.

## INVESTIGATIVE DETAILS

### INFORMATION FROM BB - SOURCE

On 03/16/2018, this Investigator interviewed BB by telephone and she stated she believes her brother JB might be in much better health today if GRUBB had ordered more tests two weeks earlier when the patient first presented to his office. As a result, her brother was in Blake Medical Center for over six weeks from May 4, 2017 until June 20, 2017. She stated he also suffered another stroke while he was still at the facility on May 6, 2017. She states that as of this date, her brother has made some improvement since last year. He goes to outpatient therapy but still cannot drive and has some difficulties still with speech. His right hand still has issues but he has learned to eat and write with his left hand.

### INTERVIEW OF JB - WITNESS

On 03/16/2018, this Investigator interviewed JB by telephone and he stated his sister's complaint was accurate and he did request periodic updates. He relayed GRUBB did not order any tests after his first visit in April 2017 and did very little after his symptoms became worse before his second visit on May 2, 2017. Just a day or two later his niece took him to the emergency room when he realized something was very wrong. He stated he still has issues with confusion, his speech and he can no longer drive an automobile.

### \*INVESTIGATOR'S NOTE\*

On 03/14/2018, this Investigator left a message with GRUBB's office to contact this office regarding his input into this matter. As of the date of this report, the call has not been returned.

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10)(a)All patient records obtained by the department and any other documents  
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from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
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**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the **Healthiest State** in the Nation

January 31, 2018

**CONFIDENTIAL TO:**

Ronald G. Grubb, DO  
5225 Manatee Avenue West  
Bradenton, Florida 34209

Case Number: 201800013

Dear Dr. Grubb;

We are currently investigating the enclosed document received by the Department of Health. This investigation was initiated after it was determined that you may have violated the Osteopathic Medicine Practice Act.

You are entitled to receive a copy of any patient record that resulted in the initiation of the investigation, pursuant to Section 456.073(1), Florida Statutes. If you would like a copy of the patient records, please complete the attached confidentiality agreement and return to the undersigned investigator.

Within **45 days** of receiving this letter, you may:

- \* submit a **written response** to the address below; or
- \* call our office to schedule an **interview**.

Please provide a copy of your **curriculum vitae** and identify your **specialty** even if you choose not to submit a response. Include the above-referenced case number in any correspondence that you send.

Florida law requires that this case and all investigative information remain confidential until 10 days after the Probable Cause Panel has determined that a violation occurred or you give up the right to confidentiality. Therefore, the contents of the investigation cannot be disclosed to you or the general public. You may make a written request for a copy of the investigative file and it will be sent to you when the investigation is complete.

You are not required to answer any questions or give any statement, and you have the right to be represented by an attorney. It is not possible to estimate how long it will take to complete this investigation because the circumstances of each investigation differ.

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts. If you have any questions please call us at 727-552-1152.

Sincerely,

Dave Berry, MQA Investigator

Attachments: Case Summary and initiating documents, CA Agreement

**Florida Department of Health**  
**Division of Medical Quality Assurance**  
525 Mirror Lake Drive, Suite 310-A, St. Petersburg, Florida 33701  
PHONE: 727-552-1152 • FAX: 727-552-1157  
**FloridaHealth.gov**



**Accredited Health Department**  
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appropriate board.

## Complaint Cost Summary

Complaint Number: 201800013

Subject's Name: GRUBB, RONALD GERARD

|                             | ***** Cost to Date ***** |            |
|-----------------------------|--------------------------|------------|
|                             | Hours                    | Costs      |
| <b>Complaint:</b>           | 1.90                     | \$115.96   |
| <b>Investigation:</b>       | 13.40                    | \$863.78   |
| <b>Legal:</b>               | 41.40                    | \$4,513.30 |
| <b>Compliance:</b>          | 0.00                     | \$0.00     |
|                             | *****                    | *****      |
| <b>Sub Total:</b>           | 56.70                    | \$5,493.04 |
| <b>Expenses to Date:</b>    |                          | \$133.00   |
| <b>Prior Amount:</b>        |                          | \$0.00     |
| <b>Total Costs to Date:</b> |                          | \$5,626.04 |



## Department of Health

RONALD GERARD GRUBB

License Number: OS11400

*Data As Of 6/22/2020*

|                                                                                          |                                                                |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Profession</b>                                                                        | Osteopathic Physician                                          |
| <b>License</b>                                                                           | OS11400                                                        |
| <b>License Status</b>                                                                    | CLEAR/ACTIVE                                                   |
| <b>License Expiration Date</b>                                                           | 3/31/2022                                                      |
| <b>License Original Issue Date</b>                                                       | 07/21/2011                                                     |
| <b>Address of Record</b>                                                                 | 5225 MANATEE AVE. WEST<br>BRADENTON, FL 34209<br>UNITED STATES |
| <b>Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)</b> | No                                                             |
| <b>Discipline on File</b>                                                                | No                                                             |
| <b>Public Complaint</b>                                                                  | Yes                                                            |

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.



## RONALD GERARD GRUBB

License Number: OS11400

|                                                                                                  |                       |
|--------------------------------------------------------------------------------------------------|-----------------------|
| Profession                                                                                       | Osteopathic Physician |
|  License Status | CLEAR/ACTIVE          |
| Year Began Practicing                                                                            | 01/17/1996            |
| License Expiration Date                                                                          | 03/31/2022            |

### Primary Practice Address

RONALD GERARD GRUBB  
5225 MANATEE AVE. WEST  
BRADENTON, FL 34209  
UNITED STATES

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [rgrubbd@gmail.com](mailto:rgrubbd@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State        | Profession            |
|--------------|-----------------------|
| PENNSYLVANIA | OSTEOPATHIC PHYSICIAN |

### Education and Training

| Institution Name            | Degree Title | Dates of Attendance | Graduation Date |
|-----------------------------|--------------|---------------------|-----------------|
| OHIO UNIVERSITY MAIN CAMPUS | DO           | 9/1/1989 - 6/1/1994 | 06/01/1994      |

### Other Health Related Degrees

This practitioner has completed the following other health related degrees:

| School/University    | City   | State/Country | Dates Attended From | Dates Attended To | Degree Title     |
|----------------------|--------|---------------|---------------------|-------------------|------------------|
| UNIVERSITY OF TOLEDO | TOLEDO | OHIO          | 08/01/1982          | 06/01/1986        | B.A. - CHEMISTRY |

## Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

| Program Name     | Program Type | Specialty Area       | Other Specialty Area    | City    | State or Country | Dates Attended From | Dates Attended To |
|------------------|--------------|----------------------|-------------------------|---------|------------------|---------------------|-------------------|
| CLARION HOSPITAL | INTERNSHIP   | FP - FAMILY PRACTICE | AOA APPROVED INTERNSHIP | CLARION | PENNSYLVANIA     | 07/01/1994          | 06/30/1995        |
| CLARION HOSPITAL | RESIDENCY    | FP - FAMILY PRACTICE |                         | CLARION | PENNSYLVANIA     | 07/01/1995          | 06/30/1997        |

## Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

## Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

| Title                      | Institution                                  | City         | State        |
|----------------------------|----------------------------------------------|--------------|--------------|
| ASSOCIATE CLINICAL FACULTY | LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE    |              | PENNSYLVANIA |
| ASSOCIATE CLINICAL FACULTY | PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE | PHILADELPHIA | PENNSYLVANIA |

## Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

| Specialty Board                          | Certification        |
|------------------------------------------|----------------------|
| AMERICAN OSTEOPATHIC BOARD OF FAMILY PHY | FP - FAMILY PRACTICE |

## Financial Responsibility

I have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000, from an authorized insurer as defined under s.624.09 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk

retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS. FS.

## Proceedings & Actions

### Criminal Offenses

**The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.**

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

### Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

**The information below is self reported by the practitioner.**

#### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has **\*NOT\*** had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

#### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has **\*NOT\*** had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

#### Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has **\*NOT\*** had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

#### Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has **\*NEVER\*** been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

#### Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

**Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

### **Committees/Memberships**

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

### **Professional or Community Service Awards**

This practitioner has not provided any professional or community service activities, honors, or awards.

### **Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

### **Professional Web Page**

This practitioner has not provided any professional web page information.

### **Languages Other Than English**

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

### **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

#### Affiliation

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HIGH SCHOOL TEAM DOCTOR

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2018-00013

RONALD GERARD GRUBB, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Jeffrey M. Goodis, Esq.  
La Cava, Jacobson & Goodis, P.A.  
P.O. Box 90  
St. Petersburg, FL 33731-0090

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. Your client is **REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

**The purpose of the hearing is to consider a motion for: Settlement Agreement**

**Note:** Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you call in promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Sarah Corrigan at (850) 245-4444 or by e-mail at [Sarah.Corrigan@flhealth.gov](mailto:Sarah.Corrigan@flhealth.gov).

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at <http://floridasosteopathicmedicine.gov/meeting-information/>

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address(es) this 28<sup>th</sup> day of July 2020.

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161





**Mission:**

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2018-00013

RONALD GERARD GRUBB, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: John Bauer  
7604 22<sup>nd</sup> Avenue West  
Bradenton, FL 34209

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. The respondent is **REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

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*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**From:** [Peace, Christa](#)  
**To:** ["jgoodis@lacavajacobson.com"](mailto:jgoodis@lacavajacobson.com)  
**Subject:** Notice of Hearing  
**Date:** Tuesday, July 28, 2020 10:26:20 AM  
**Attachments:** [Ronald Grubb aor.pdf](#)  
[Ronald Grubb atty.pdf](#)

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Greetings,

Your client's Settlement Agreement will be heard at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. Your client is required to attend this meeting. Please see the attached correspondence.

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



**Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the **Healthiest State** in the Nation

**Values:** Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

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***PLEASE NOTE:*** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

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Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

## MEMORANDUM

TO: Kama Monroe, Executive Director, Board of Osteopathic Medicine  
 FROM: Geoffrey M. Christian, Esq., Assistant General Counsel GC  
**RE: Settlement Agreement**  
 SUBJECT: DOH v. Nancy Lee Kopitnik, D.O.  
 DOH Case Number 2015-28205  
 DATE: May 22, 2020

Enclosed you will find materials in the above case to be placed on the agenda for final agency action for the **August 21, 2020**, meeting of the Board of Osteopathic Medicine. The following information is provided in this regard.

|                                       |                                                                                                                                                                                                                      |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Subject:</b>                       | Nancy Lee Kopitnik, D.O.                                                                                                                                                                                             |
| <b>Subject's Address of Record:</b>   | 7169 University Boulevard<br>Winter Park, Florida 32792                                                                                                                                                              |
| <b>Subject's Enforcement Address:</b> | 7169 University Boulevard<br>Winter Park, Florida 32792                                                                                                                                                              |
| <b>Subject's License No:</b>          | OS 6229 <b>Rank:</b> OS                                                                                                                                                                                              |
| <b>Licensure File No:</b>             | 5069                                                                                                                                                                                                                 |
| <b>Initial Licensure Date:</b>        | December 9, 1991                                                                                                                                                                                                     |
| <b>License Status:</b>                | Clear/Active                                                                                                                                                                                                         |
| <b>Board Certification:</b>           | American Osteopathic Board of Surgery                                                                                                                                                                                |
| <b>Required to Appear:</b>            | Yes                                                                                                                                                                                                                  |
| <b>Current PRN Contract:</b>          | No                                                                                                                                                                                                                   |
| <b>Allegation(s):</b>                 | Section 459.015(1)(x), Florida Statutes (2010-2015)<br>Section 459.015(1)(t), Florida Statutes (2009-2015)<br>Section 459.015(1)(o), Florida Statutes (2009-2015)<br>Section 459.015(1)(pp), Florida Statutes (2015) |
| <b>Prior Discipline:</b>              | Yes                                                                                                                                                                                                                  |
| <b>Probable Cause Panel:</b>          | May 10, 2018; Dr. Moran; Dr. Hayden                                                                                                                                                                                  |
| <b>Subject's Attorney:</b>            | Pro Se                                                                                                                                                                                                               |
| <b>Complainant:</b>                   | DOH/Investigative Services Unit                                                                                                                                                                                      |

**Florida Department of Health**

Office of the General Counsel – Prosecution Services Unit  
 4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265  
 Express Mail: 2585 Merchants Row BV, Suite 105, Tallahassee, FL 32399  
 PHONE: (850) 245-4640 • FAX: (850) 245-4684

**FloridaHealth.gov**



**Accredited Health Department**  
Public Health Accreditation Board

**Materials Submitted:**

Memorandum to the Board  
Settlement Agreement with Exhibit A  
Election of Rights  
Administrative Complaint  
Expert Opinion with Curriculum Vitae  
Acknowledgement and Notice Letter date 05/15/20  
Letter Concerning Legal Representation and  
Settlement Agreement dated 05/11/20  
Letter of Withdrawal from Representation  
dated 05/11/20  
Email Concerning Legal Representation and  
Settlement Agreement dated 05/09/20  
Letter of Representation dated 12/11/19  
Supplemental Investigative Report dated 12/03/18  
with Exhibits S2-1 through S2-5  
Supplemental Investigative Report dated 07/13/16  
with Exhibits S1-1 through S1-5  
Final Investigative Report dated 04/15/16  
with Exhibits 1 through 5  
Prior Discipline  
Cost Complaint Summary Report  
License Verification (PMC 1654)  
License Verification/Practitioner Profile (Subject)

**DISCIPLINARY GUIDELINES:**

**Section 459.015(1)(x), Florida Statutes (2010-2015): Rule 64B15-19.002(27), Florida Administrative Code (revised March 27, 2012):** FIRST OFFENSE: MINIMUM: letter of concern, up to one (1) year probation and \$1,000 fine. MAXIMUM: denial or revocation and \$10,000 fine. SECOND OFFENSE: MINIMUM: two (2) year probation and \$7,500 fine. MAXIMUM: denial or revocation and \$10,000 fine.

**Section 459.015(1)(t), Florida Statutes (2009-2015): Rule 64B15-19.002(21), Florida Administrative Code (revised March 27, 2012):** FIRST OFFENSE: MINIMUM: probation and \$5,000 fine. MAXIMUM: suspension to be followed by probation and \$7,500 fine. SECOND OFFENSE: MINIMUM: suspension to be followed by probation and \$7,500 fine. MAXIMUM: revocation and \$10,000 fine.

## **DISCIPLINARY GUIDELINES (continued):**

**Section 459.015(1)(o), Florida Statutes (2009-2015): Rule 64B15-19.002(16), Florida Administrative Code (revised March 27, 2012):** FIRST OFFENSE: MINIMUM: reprimand and \$5,000 fine. MAXIMUM: probation and \$5,000 fine. SECOND OFFENSE: MINIMUM: suspension to be followed by probation and \$7,500 fine. MAXIMUM: revocation and \$10,000 fine.

**Section 459.015(1)(pp), Florida Statutes (2015): Rule 64B15-19.002(46), Florida Administrative Code (revised March 27, 2012):** FIRST OFFENSE: MINIMUM: denial or letter of concern and \$1,000 fine, demonstration of compliance with the rule. MAXIMUM: denial or suspension to be followed by probation and \$5,000 fine, a reprimand, completion of a laws and rules course, and demonstration of compliance with the rule.

## **PRELIMINARY CASE REMARKS: SETTLEMENT AGREEMENT:**

This case was predicated on the receipt of an internally generated complaint following a failed October 22, 2015, inspection of Subject's pain management clinic (North Florida Treatment Center, PMC 1654). The Department subsequently filed a sixteen (16) count Administrative Complaint which alleges that Subject violated sections 459.015(1)(x), (t), (o), and/or (pp), Florida Statutes, by committing medical malpractice, by prescribing legend drugs and/or controlled substances other than in the course of her professional practice, by failing to create and keep legible medical records that justify the course of treatment of a patient, and/or by violating a statute or rule. Fifteen (15) counts involve Subject's care and treatment of five (5) different patients between in or around April 2012 and December 2015. A single count involves Subject's failure to comply with certain pain management clinic laws.

## **TERMS OF SETTLEMENT AGREEMENT:**

- Reprimand.
- Administrative fine of \$10,000.00, to be paid within thirty (30) days from the date the Final Order is filed.
- Reimbursement of the Department's costs not to exceed \$6,385.82, to be paid within thirty (30) days from the date the Final Order is filed.

## **TERMS OF SETTLEMENT AGREEMENT (continued):**

- Document completion of a Board-approved laws and rules course within one (1) year from the date the Final Order is filed.
- Document completion of a Board-approved drug prescribing course within one (1) year from the date the Final Order is filed.
- Document completion of a Board-approved medical records course within one (1) year from the date the Final Order is filed.
- Document completion of a Board-approved medical ethics course within one (1) year from the date the Final Order is filed.
- Probation for a period of four (4) years.

## **CONSIDERATIONS IN SUPPORT OF SETTLEMENT:**

- Subject has been licensed in Florida for over twenty-eight (28) years.
- Subject has cooperated with the investigation and disciplinary process.
- The four (4) course requirements are tailored to address the specific types of violations allegedly committed by Subject and will provide Subject with the knowledge and tools needed to avoid committing these types of violations in the future.
- The lengthy and intensive probation requirement is a supervised educational experience designed to make Subject aware of the obligations she has to patients and the profession and to ensure Subject's continued compliance with the high standards of the profession through interaction with another physician in the appropriate field of expertise.

2020 MAY 13 PM 2: 05

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOH Case No. 2015-28205**

**NANCY LEE KOPITNIK, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**SETTLEMENT AGREEMENT**

Nancy Lee Kopitnik, D.O. (Respondent), and the Department of Health (the Department), hereby stipulate and agree to the entry of a Final Order of the Board of Osteopathic Medicine (the Board), incorporating the following agreed terms in settlement of the above styled and numbered matter.

**STIPULATED FACTS**

1. The Department is charged with regulating the practice of osteopathic medicine in Florida pursuant to section 20.43, Florida Statutes, and chapters 456 and 459, Florida Statutes.

2. At all times material hereto, Respondent was a licensed osteopathic physician in Florida, having been issued license number OS 6229.

3. The Department filed and properly served upon Respondent an Administrative Complaint which charged her with violations of chapter 459, Florida Statutes. A true and correct copy of the Administrative Complaint is attached hereto as ***Exhibit A***.

4. For purposes of these proceedings, Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint.

### **STIPULATED CONCLUSIONS OF LAW**

1. Respondent admits that, in her capacity as a Florida-licensed osteopathic physician, she is subject to the provisions of chapters 456 and 459, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of chapter 459, Florida Statutes.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate, and acceptable to Respondent.

### **STIPULATED DISPOSITION**

1. **Reprimand** - The Board shall issue a Reprimand against Respondent's license.

2. **Fine** - The Board shall impose an administrative fine of ***Ten Thousand Dollars and Zero Cents (\$10,000.00)*** against Respondent's license which Respondent shall pay to: Payments, Department of Health, Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, Florida 32314-6320, within thirty (30) days of the date of the filing of the Final Order accepting this Agreement (the Final Order). **All fines shall be paid by cashier's check or money order.** Any change in the terms of payment of any fine imposed by the Board **must be approved in advance by the Board.**

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HER LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IN FLORIDA IF THE FINE IS NOT PAID AS AGREED IN THIS AGREEMENT. SPECIFICALLY, IF RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION WITHIN FORTY-FIVE (45) DAYS FROM THE DATE THE FINAL ORDER IS FILED THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE IN FLORIDA UNTIL RESPONDENT RECEIVES SUCH WRITTEN CONFIRMATION FROM THE BOARD.**

3. **Reimbursement of Costs** - Pursuant to section 456.072, Florida Statutes, Respondent agrees to pay the Department for the Department's costs incurred in the investigation and prosecution of this case. Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, any other costs Respondent incurs to comply with the Final Order, and the Board's administrative costs directly associated with Respondent's probation, if any. Respondent agrees that the amount of costs to be paid in this case is currently ***Four Thousand Three Hundred Eighty-Five Dollars and Eighty-Two Cents (\$4,385.82)*** but shall not exceed ***Six Thousand Three Hundred Eighty-Five Dollars and Eighty-Two Cents (\$6,385.82)***. Respondent will pay such costs to: Payments, Department of Health, Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, Florida 32314-6320, within thirty (30) days from the date the Final Order is filed. **All costs shall be paid by cashier's check or money order.** Any change in the terms of payment of costs imposed by the Board **must be approved in advance by the Board.**

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HER LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IN FLORIDA IF**

**THE COSTS ARE NOT PAID AS AGREED IN THIS AGREEMENT. SPECIFICALLY, IF RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION WITHIN FORTY-FIVE (45) DAYS OF THE DATE THE FINAL ORDER IS FILED THAT THE FULL AMOUNT OF THE COSTS HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE IN FLORIDA UNTIL RESPONDENT RECEIVES SUCH WRITTEN CONFIRMATION FROM THE BOARD.**

4. **Laws and Rules Course** - Respondent shall document completion of a Board-approved laws and rules course within one (1) year from the date the Final Order is filed.

5. **Drug Prescribing Course** - Respondent shall document completion of a Board-approved drug prescribing course within one (1) year from the date the Final Order is filed.

6. **Medical Records Course** - Respondent shall document completion of a Board-approved medical records course within one (1) year from the date the Final Order is filed.

7. **Medical Ethics Course** - Respondent shall document completion of a Board-approved medical ethics course within one (1) year from the date the Final Order is filed.

8. **Probation** - Effective on the date the Final Order is filed, Respondent shall be placed on probation for a period of **FOUR (4) YEARS**. The purpose of probation is not to prevent Respondent from practicing osteopathic medicine. Rather, probation is a supervised educational experience designed by the Board to make Respondent aware of certain obligations she has to her patients and the profession and to ensure her continued compliance with the high standards of the profession through interaction with another physician in the appropriate field of expertise. To this end, during the period of probation, Respondent shall comply with the obligations and restrictions set forth in this Paragraph.

a. **Indirect Supervision** - Respondent shall practice medicine in Florida only under the indirect supervision of a Board-approved physician (the Supervisor) whose responsibilities are set by the Board. Indirect supervision does not require that the Supervisor practice on the same premises as Respondent; however, the Supervisor shall practice within a reasonable geographic proximity to Respondent, which shall be within twenty (20) miles, unless otherwise provided by the Board, and shall be readily available for consultation. The Supervisor shall be certified by the American Board of Physical Medicine and Rehabilitation in the subspecialty

area of Pain Medicine and actively engaged in such subspecialty area unless otherwise ordered by the Board. Respondent shall allow the Supervisor access to Respondent's medical records, calendar, patient logs or other documents necessary for the Supervisor to perform the duties set forth in this Paragraph.

b. **Restriction** - Respondent shall not practice osteopathic medicine in Florida without an approved Supervisor as specified in this Agreement unless otherwise ordered by the Board.

c. **Eligibility of Supervisor** - The Supervisor must be a licensee under chapters 458 or 459, Florida Statutes, in good standing and without restriction or limitation on his/her license. In addition, the Board may reject any proposed Supervisor on the basis that he/she has previously been subject to any disciplinary action against his/her medical license in this or any other jurisdiction, is currently under investigation, or is the subject of a pending disciplinary action. The Board may also reject any proposed Supervisor for good cause shown.

d. **Temporary Approval of Supervisor** - The Board confers authority on the Board Chairman to temporarily approve Respondent's Supervisor. To obtain temporary approval, Respondent shall submit to the

Board Chairman the name and curriculum vitae of the proposed Supervisor at the time this Agreement is considered by the Board. **ONCE A FINAL ORDER ADOPTING THIS AGREEMENT IS FILED, RESPONDENT SHALL NOT PRACTICE IN FLORIDA WITHOUT AN APPROVED SUPERVISOR. TEMPORARY APPROVAL SHALL ONLY REMAIN IN EFFECT UNTIL THE NEXT MEETING OF THE BOARD.**

e. **Formal Approval of Supervisor** - Prior to the consideration of the Supervisor by the Board, Respondent shall provide a copy of the Administrative Complaint and Final Order in this case to the Supervisor. Respondent shall submit a copy of the proposed Supervisor's current curriculum vitae and a description of his/her current practice to the Board office no later than fourteen (14) days before Respondent's first scheduled appearance before the Board. Respondent shall ensure that the Supervisor is present with Respondent at Respondent's first appearance before the Board. **IT SHALL BE RESPONDENT'S RESPONSIBILITY TO ENSURE THE APPEARANCE OF THE SUPERVISOR AS DIRECTED.** If the Supervisor fails to appear as required, this failure shall constitute a violation of this Agreement and shall subject Respondent to disciplinary action.

f. **Change in Supervisor** - In the event that the Supervisor is unable or unwilling to fulfill the responsibilities of a Supervisor as described herein, Respondent shall immediately advise the Board of this fact and submit the name of a temporary Supervisor for consideration.

**RESPONDENT SHALL NOT PRACTICE IN FLORIDA PENDING APPROVAL OF THE TEMPORARY SUPERVISOR BY THE BOARD CHAIRMAN.** Furthermore, Respondent shall make arrangements with her temporary Supervisor to appear before the Board at its next regularly scheduled meeting. Respondent shall only practice osteopathic medicine in Florida under the auspices of the temporary Supervisor (after approval by the Board Chairman) until the next regularly scheduled meeting of the Board at which the formal approval of Respondent's new Supervisor shall be addressed.

g. **Responsibilities of Respondent** – In addition to the other responsibilities set forth in this Agreement, Respondent shall be solely responsible for ensuring that:

i. The Supervisor submits tri-annual reports as required by this Agreement or directed by the Board;

- ii. Respondent submits tri-annual reports as required by this Agreement or directed by the Board;
- iii. The Supervisor appears before the Board as required by this Agreement or directed by the Board;
- iv. Respondent appears before the Board as required by this Agreement or directed by the Board; and
- v. Respondent shall pay all costs associated with probation.

**RESPONDENT UNDERSTANDS AND AGREES THAT IF EITHER THE APPROVED SUPERVISOR (OR APPROVED ALTERNATE) OR RESPONDENT FAILS TO APPEAR BEFORE THE BOARD AS REQUIRED, RESPONDENT SHALL IMMEDIATELY CEASE PRACTICING IN FLORIDA UNTIL SUCH TIME AS BOTH THE APPROVED SUPERVISOR (OR APPROVED ALTERNATE) AND RESPONDENT APPEAR BEFORE THE BOARD.**

h. **Responsibilities of Supervisor** - The Supervisor shall:

i. Review **TWENTY PERCENT (20%)** of Respondent's active patient records, and review **ONE HUNDRED PERCENT (100%)** of Respondent's active patient records for patients who are

prescribed controlled substances, at least once every quarter for the purpose of ascertaining whether Respondent is prescribing controlled substances in accordance with this Settlement Agreement, checking the Prescription Drug Monitoring Program (PDMP) for each prescription she writes, practicing medicine within the standard of care, and maintaining appropriate patient medical records. In this regard, Respondent shall maintain a log documenting all such patients. The Supervisor shall go to Respondent's office once every quarter and shall review Respondent's calendar or patient log and shall select the records to be reviewed.

ii. Maintain contact with Respondent on a frequency of at least once per month. In the event that Respondent does not timely contact the Supervisor, the Supervisor shall immediately report this fact in writing to the Board.

iii. Submit reports to the Board on a tri-annual basis, in affidavit form, which shall include:

1. A brief statement of why Respondent is on probation;
2. A description of Respondent's practice (type and composition);

3. A statement addressing Respondent's compliance with the terms of probation;

4. A brief description of the Supervisor's relationship with Respondent;

5. A statement advising of any problems that have arisen; and

6. A summary of the dates the Supervisor went to Respondent's office, the number of records reviewed, the overall quality of the records reviewed, and the dates Respondent contacted the Supervisor pursuant to Subparagraph (h)(ii), above.

iv. Report immediately to the Board any violations by Respondent of chapters 456 or 459, Florida Statutes, or the rules promulgated thereto.

i. **Respondent's Required Appearance** - Respondent shall appear before the Board at the **first** meeting following commencement of the probation, at the **last** meeting of the Board preceding scheduled termination of the probation, **and** at such other times as directed by the Board or Board Chairman. Respondent shall be noticed by the Board staff of the date, time, and place of the Board meeting at which Respondent's

appearance is required. **FAILURE OF RESPONDENT TO APPEAR AS DIRECTED, AND/OR FAILURE OF RESPONDENT TO COMPLY WITH ANY OF THE TERMS OF THIS AGREEMENT, SHALL BE CONSIDERED A VIOLATION OF THE TERMS OF THIS AGREEMENT, AND SHALL SUBJECT RESPONDENT TO DISCIPLINARY ACTION.**

j. **Supervisor's Required Appearance** - Respondent's Supervisor shall appear before the Board at the **first** meeting of the Board following commencement of the probation, **and** at such other times as directed by the Board or Board Chairman. It shall be Respondent's responsibility to ensure the appearance of Respondent's Supervisor to appear as directed. **IF THE APPROVED SUPERVISOR (OR APPROVED ALTERNATE) FAILS TO APPEAR AS DIRECTED, RESPONDENT SHALL IMMEDIATELY CEASE PRACTICING IN FLORIDA UNTIL SUCH TIME AS THE APPROVED SUPERVISOR (OR APPROVED ALTERNATE) APPEARS BEFORE THE BOARD.**

k. **Reporting by Respondent** - Respondent shall submit tri-annual reports, in affidavit form, the contents of which may be further specified by the Board, but which shall include:

i. A brief statement of why Respondent is on probation;

- ii. A description of practice location;
- iii. A description of current practice (type and composition);
- iv. A brief statement of compliance with probationary terms;
- v. A description of the relationship with the Supervisor;
- vi. A statement advising of any problems that have arisen; and
- vii. A statement addressing compliance with any restrictions or requirements imposed.

I. **Tolling Provisions** - In the event Respondent physically leaves Florida for a period of thirty (30) days or more or otherwise does not engage full-time in the active practice of osteopathic medicine in Florida, then certain provisions of Respondent's probation (and only those provisions of the probation) shall be tolled as enumerated below and shall remain in a tolled status until Respondent returns to active practice in Florida:

- i. The time period of probation shall be tolled;
- ii. The provisions regarding indirect supervision and required reports from the Supervisor shall be tolled; and

iii. The provisions regarding preparation of reports detailing compliance with this Agreement shall be tolled.

m. **Active Practice** - In the event Respondent leaves the active practice of osteopathic medicine in Florida for a period of one (1) year or more, the Board may require Respondent to appear before the Board and demonstrate her ability to practice osteopathic medicine with skill and safety to patients prior to resuming the practice of osteopathic medicine in Florida.

n. **Controlled Substances** - Respondent may prescribe controlled substances only in compliance with the restrictions set forth below:

i. Respondent shall utilize sequentially numbered triplicate prescriptions;

ii. Respondent shall provide one copy of each prescription to the Supervisor within one month after issuing said prescription; and

iii. Respondent shall maintain one copy of each prescription in the patient's medical records. This copy may be a photo copy.

o. **Supervision of Physician Assistants** - Respondent is required to notify, in writing, any physician assistant whom Respondent

supervises, of her probationary status. A copy of such written notification(s) shall be submitted to the Board within thirty (30) days from the date the Final Order is filed.

p. **Supervision of Anesthesiologist Assistants** -

Respondent is required to notify, in writing, any anesthesiologist assistant whom Respondent supervises, of her probationary status. A copy of such written notification(s) shall be submitted to the Board within thirty (30) days from the date the Final Order is filed.

**STANDARD PROVISIONS**

1. **Appearance** - Respondent is required to appear before the Board at the meeting of the Board where this Agreement is considered.

2. **No Force or Effect until Final Order** - It is expressly understood that this Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Agreement.

3. **Continuing Medical Education** - Unless otherwise provided in this Agreement, Respondent shall first submit a written request to the Board Chairman for approval prior to performance of said Continuing Medical

Education (CME) course(s). Respondent shall submit documentation to the Board of having completed a CME course in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical course within one (1) year from the date the Final Order is filed. All such documentation shall be sent to the Board, regardless of whether some or any of such documentation was provided previously during the course of any audit or discussion with counsel for the Department. CME hours required by this Agreement shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the Board, such CME course(s) shall consist of a formal, live lecture format.

4. **Addresses** - Respondent must provide current residence and practice addresses to the Board. Respondent shall notify the Board in writing within ten (10) days of any changes of said addresses.

5. **Future Conduct** - In the future, Respondent shall not violate chapter 456, 459, or 893, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice osteopathic medicine to include, but not limited to, all statutory requirements related to practitioner profile and licensure renewal updates. Prior to signing this Agreement, Respondent

shall read chapters 456, 459, and 893, Florida Statutes, and the rules of the Board, at chapter 64B15, Florida Administrative Code.

6. **Violation of Terms** - It is expressly understood that a violation of the terms of this Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to chapters 456 and 459, Florida Statutes.

7. **Purpose of Agreement** - Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of this Agreement. Respondent agrees to support this Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

8. **No Preclusion of Additional Proceedings** - Respondent and the Department fully understand that this Agreement and subsequent Final Order will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached hereto as ***Exhibit A***.

9. **Waiver of Attorney's Fees and Costs** - Upon the Board's adoption of this Agreement, the parties hereby agree that, with the exception of Department costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

10. **Waiver of Further Procedural Steps** - Upon the Board's adoption of this Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of this Agreement and the Final Order of the Board incorporating this Agreement.

[This space intentionally left blank.]

SIGNED this 11<sup>th</sup> day of May 2020, 2019.

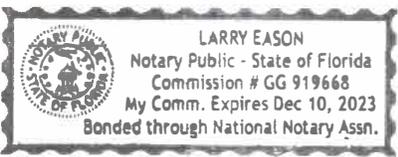
Nancy Lee Kopitnik D.O.  
Nancy Lee Kopitnik, D.O.

**STATE OF FLORIDA**

COUNTY OF Seminole

**BEFORE ME** personally appeared Nancy Lee Kopitnik, D.O., whose identity is known to me or who produced Drivers License (type of identification) and who, under oath, acknowledges that her signature appears above.

**SWORN TO** and subscribed before me this 11<sup>th</sup> day of May, ~~2019.~~ 2020



Larry Eason  
NOTARY PUBLIC

My Commission Expires: Dec 10<sup>th</sup> 2023

2020

**APPROVED** this 13<sup>th</sup> day of MAY, ~~2019.~~

Scott A. Rivkees, M.D.  
State Surgeon General

Geoffrey M. Christian, Esq.  
Assistant General Counsel

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2015-28205**

**NANCY LEE KOPITNIK, D.O.,**

**RESPONDENT.**

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**ADMINISTRATIVE COMPLAINT**

COMES NOW Petitioner, Department of Health, by and through its undersigned counsel, and files this Complaint before the Board of Osteopathic Medicine against Respondent, Nancy Lee Kopitnik, D.O., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 6229.

**EXHIBIT**

**A**

3. Respondent's address of record is 601-C N. Bumby Avenue, Orlando, Florida 32803.

4. Respondent may be located at 7169 University Blvd., Winter Park, Florida 32792.

5. At all times material to this Administrative Complaint, Respondent was practicing as an osteopathic physician at North Florida Treatment Center (NFTC), a pain management clinic in Orlando, Florida.

6. Respondent is the designated physician for NFTC.

7. Respondent is board-certified in addiction psychiatry and in surgery.

8. On or about October 22, 2015, the Department conducted an office inspection at NFTC.

9. Multiple violations were found, including but not limited to, the following:

a. Respondent, as the designated physician, had not established a quality assurance program pursuant to the requirements of s. 459.0137(2)(i), F.S.;

b. A complete physical exam was not performed by Respondent or a practitioner on the same day that Respondent

prescribed a controlled substance, as required by s. 459.0137(2)(c), F.S.; and/or

c. Respondent was not documenting in the patients' record(s) the reason for prescribing more than a 72-hour supply of controlled substances for the treatment of chronic non-malignant pain, as required by s. 459.0137(2)(c), F.S.

10. NFTC failed the October 22, 2015, inspection.

11. Respondent failed to submit a corrective action plan to the Department within thirty (30) days.

12. Prescribing controlled substances or combinations of controlled substances without medical justification constitutes prescribing controlled substances inappropriately. Prescribing excessive quantities of controlled substances constitutes prescribing controlled substances inappropriately.

13. Respondent prescribed controlled substances excessively and/or inappropriately, as detailed below.

14. The prevailing professional standard of care required Respondent to treat patients K.T., J.J., J.B., T.E., and/or J.D.B., described below, in the following manner:

- a. Obtain a complete and comprehensive patient history, including medication records and hospitalizations, for each patient;
- b. Perform a complete and comprehensive physical examination of each patient;
- c. Fully assess each patient's individual complaints of back, leg, hip, and any other pain;
- d. Consult with other practitioners, including those specializing in interventional pain management or other specialized area in which the patient has a complaint, for collaborative diagnosis and treatment;
- e. Offer alternative treatment to opiate analgesics;
- f. Develop and implement a comprehensive, individualized treatment plan for each patient; and/or
- g. Develop and implement a comprehensive, individualized monitoring plan to ensure proper medication usage.

15. Respondent fell below the prevailing standard of care in her treatment of patients K.T., J.J., J.B., T.E., and/or J.D.B., as detailed below.

### Facts Related to Patient K.T.

16. At all times material to this Administrative Complaint, K.T., a then fifty-eight-year-old female, was a patient of Respondent.

17. On or about May 8, 2015, patient K.T. presented to Respondent with complaints of hip and joint pain. She self-reported a diagnosis of diabetic neuropathy, and reported that her primary care physician was treating her for depression.

18. Between May 8, 2015, and December 16, 2015 (patient K.T.'s treatment period), patient K.T. presented to Respondent for treatment on approximately eight occasions.

19. During patient K.T.'s treatment period, Respondent regularly prescribed her Xanax<sup>1</sup> 1 mg #60; Norco<sup>2</sup> 10mg-325 mg #150; methadone<sup>3</sup>

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<sup>1</sup> Xanax is the brand name for alprazolam and is prescribed to treat anxiety. According to Section 893.03(4), Florida Statutes, alprazolam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States, and abuse of the substance may lead to limited physical or psychological dependence relative to the substances in Schedule III.

<sup>2</sup> Norco is the brand name for hydrocodone/APAP. Hydrocodone/APAP contains hydrocodone and acetaminophen, or Tylenol and is prescribed to treat pain. Hydrocodone is commonly prescribed to treat pain. According to Section 893.03(2), Florida Statutes, hydrocodone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of hydrocodone may lead to severe psychological or physical dependence.

<sup>3</sup> Methadone is prescribed to treat pain. According to Section 893.03(2), Florida Statutes, methadone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of methadone may lead to severe psychological or physical dependence.

5 mg #60; meloxicam<sup>4</sup> 15 mg #30; and/or gabapentin<sup>5</sup> 600 mg #60 approximately every thirty days.

20. During patient K.T.'s treatment period, Respondent prescribed her Xanax, Norco, methadone, meloxicam and/or gabapentin in excessive quantities.

21. During patient K.T.'s treatment period, Respondent prescribed her Xanax, Norco, methadone, meloxicam and/or gabapentin inappropriately and/or in inappropriate combinations.

22. Respondent's medical records of patient K.T. begin with intake paperwork dated May 8, 2015, which does not contain documentation of a history and physical examination.

23. Respondent prescribed Xanax, Norco, methadone, meloxicam and/or gabapentin for patient K.T. on May 8, 2015, without a documented physical examination justifying opioid therapy.

24. During patient K.T.'s treatment period, Respondent's progress notes for patient K.T. contain inconsistent statements of patient K.T.'s gait and ability to ambulate, with some records stating everything was normal,

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<sup>4</sup> Meloxicam is a legend drug but not a controlled substance. Meloxicam is a nonsteroidal anti-inflammatory (NSAID) drug often prescribed to treat osteoarthritis and rheumatoid arthritis.

<sup>5</sup> Gabapentin is a legend drug but not a controlled substance. It is prescribed to control certain types of epileptic seizures, or to treat postherpetic neuralgia pain, or to treat restless leg syndrome.

and some records stating that patient K.T. relied on a wheelchair and was unable to ambulate.

25. Respondent did not obtain, or did not create and maintain a record of obtaining, a complete medical history for patient K.T.

26. Respondent failed to properly monitor, or failed to create and maintain documentation of monitoring, patient K.T.'s use of opioid medications.

27. During patient K.T.'s treatment period, Respondent regularly prescribed more than a 72-hour dose of controlled substances for chronic nonmalignant pain without documenting justification.

28. During patient K.T.'s treatment period, Respondent failed to adequately assess or examine, or failed to create and maintain a record of assessing or examining, patient K.T.'s symptoms and progress.

29. Respondent failed to develop, or failed to create and maintain a record of developing, an appropriate, individualized treatment plan and documentation of the course of treatment for patient K.T.

30. Respondent failed to adequately, accurately, appropriately and/or timely diagnose patient K.T., or to create and maintain records of such diagnosis, including diagnoses necessitating Xanax.

31. Respondent referred patient K.T. for a psychiatric evaluation following patient K.T.'s complaints of anxiety.

32. Respondent failed to follow up on, or failed to create and maintain records of following up on, her referral to psychiatric evaluation.

33. During patient K.T.'s treatment period, Respondent failed to consult with, or failed to create and maintain records of consulting with, other treating practitioner(s), including a specialist in psychiatry, behavioral therapy, and/or pain management.

34. During patient K.T.'s treatment period, Respondent failed to address, or failed to create and maintain records of addressing, alternative non-opioid/interventional pain management treatment.

#### Facts Related to Patient J.J.

35. At all times material to this Administrative Complaint, J.J., a then-fifty-six-year-old male, was a patient of Respondent.

36. Between about April 11, 2012, and December 18, 2015 (patient J.J.'s treatment period), patient J.J. presented to Respondent with complaints of back and neck pain.

37. During patient J.J.'s treatment period, Respondent regularly prescribed him ondansetron<sup>6</sup> 4 mg #30; oxycodone<sup>7</sup> 30 mg #180; Percocet<sup>8</sup> 10/325 mg #90; and/or Xanax 2 mg #30 approximately every thirty days.

38. During patient J.J.'s treatment period, Respondent prescribed him ondansetron, oxycodone, Percocet, and/or Xanax in excessive quantities.

39. During patient J.J.'s treatment period, Respondent prescribed him ondansetron, oxycodone, Percocet, and/or Xanax inappropriately and/or in inappropriate combinations.

40. Respondent's progress notes for patient J.J. do not support continuing the use of opioid therapies on a continuous basis.

41. Respondent's progress notes for patient J.J. do not consistently support the diagnosis and/or treatment of anxiety or other condition for which Xanax would be indicated.

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<sup>6</sup> Ondansetron is a legend drug but not a controlled substance. It is often prescribed to prevent nausea and vomiting.

<sup>7</sup> Oxycodone is commonly prescribed to treat pain. According to Section 893.03(2), Florida Statutes, oxycodone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of oxycodone may lead to severe psychological or physical dependence.

<sup>8</sup> Percocet is the brand name for a drug that contains oxycodone and is prescribed to treat pain. According to Section 893.03(2), Florida Statutes, oxycodone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of oxycodone may lead to severe psychological or physical dependence.

42. Patient J.J. tested negative for prescribed benzodiazepines on two separate UDS on or about April 8, 2015, and November 17, 2015.

43. Respondent did not discuss, or did not create and maintain documentation of discussing, inconsistent UDS results with patient J.J.

44. Respondent failed to properly monitor, or failed to create and maintain documentation of monitoring, patient J.J.'s use of opioid medications.

45. Respondent failed to adequately, accurately, appropriately and/or and timely diagnose patient J.J., or to create and maintain records of such diagnosis, including the diagnosis necessitating Xanax.

46. During patient J.J.'s treatment period, Respondent failed to consult with, or failed to create and maintain records of consulting with, other treating practitioner(s), including a specialist in mental health, behavioral therapy, and/or pain management.

47. During patient J.J.'s treatment period, Respondent failed to address, or failed to create and maintain records of addressing, alternative non-opioid/interventional pain management treatment.

### Facts Related to Patient J.B.

48. At all times material to this Administrative Complaint, J.B., a then-fifty-year-old male, was a patient of Respondent.

49. Between about April 3, 2014, and December 18, 2015, (patient J.B.'s treatment period), patient J.B. presented to Respondent with complaints of back pain.

50. During patient J.B.'s treatment period, Respondent prescribed him Flexeril<sup>9</sup> 10 mg, oxycodone 30 mg, Percocet 10-325 mg, and/or Robaxin<sup>10</sup>-750.

51. During patient J.B.'s treatment period, Respondent prescribed him Flexeril 10 mg, oxycodone 30 mg, Percocet 10-325 mg, and/or Robaxin-750 inappropriately and/or in inappropriate combinations.

52. At patient J.B.'s initial visit, he self-reported a history of prescriptions of oxycodone and hydrocodone.

53. At patient J.B.'s initial visit, Respondent failed to conduct a complete history and physical examination.

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<sup>9</sup> Flexeril is the brand name for cyclobenzaprine. It is a muscle relaxant used to treat strains, sprains, and other muscle injuries. Cyclobenzaprine is a legend drug but not a controlled substance.

<sup>10</sup> Robaxin is the brand name for methocarbamol. It is a muscle relaxant used to treat muscle spasms and pain. Methocarbamol is a legend drug but not a controlled substance.

54. Respondent failed to create and/or maintain patient records, including visit notes, for patient J.B. after his initial visit until December 18, 2015.

55. Respondent's records for patient J.B. are inconsistent.

56. Respondent failed to properly monitor, or failed to create and maintain documentation of monitoring, patient J.B.'s use of opioid medications.

57. During patient J.B.'s treatment period, Respondent failed to adequately assess or examine, or failed to create and maintain a record of assessing or examining, patient J.B.'s symptoms and progress.

58. Respondent failed to develop, or failed to create and maintain a record of developing, an appropriate treatment plan and documentation of the course of treatment for patient J.B.

59. Respondent's records do not justify the course of treatment for patient J.B.

60. Respondent failed to adequately, accurately, appropriately and/or timely diagnose patient J.B., or to create and maintain records of such diagnosis.

61. During patient J.B.'s treatment period, Respondent failed to consult with, or failed to create and maintain records of consulting with, other treating practitioner(s), including a specialist in pain management.

62. During patient J.B.'s treatment period, Respondent failed to address, or failed to create and maintain records of addressing, alternative non-opioid/interventional pain management treatment.

#### Facts Related to Patient T.E.

63. At all times material to this Administrative Complaint, T.E., a then-forty-five-year-old male, was a patient of Respondent.

64. Between about June 26, 2014, and November 18, 2015 (patient T.E.'s treatment period), patient T.E. presented to Respondent with complaints of back pain and anxiety.

65. During patient T.E.'s treatment period, Respondent regularly prescribed him metformin<sup>11</sup> 500 mg #30; meloxicam 15 mg #30; methadone 10 mg #90; and/or oxycodone 30 mg #120 approximately every thirty days.

66. During patient T.E.'s treatment period, Respondent prescribed him meloxicam, methadone, and/or oxycodone in excessive quantities.

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<sup>11</sup> Metformin is a legend drug but not a controlled substance. It is prescribed to treat type-2 diabetes.

67. During patient T.E.'s treatment period, Respondent prescribed him metformin, meloxicam, methadone, and/or oxycodone inappropriately and/or in inappropriate combinations.

68. During patient T.E.'s treatment period, Respondent regularly prescribed more than a 72-hour dose of controlled substances for chronic nonmalignant pain without documenting justification.

69. Most dates of service did not provide a physical examination that documented findings that warranted continuing or increasing opioid therapy.

70. Respondent failed to properly monitor, or failed to create and maintain documentation of monitoring, patient T.E.'s use of opioid medications.

71. Respondent did not obtain, or did not create and maintain a record of obtaining, a complete medical history for patient T.E.

72. During patient T.E.'s treatment period, Respondent failed to adequately assess or examine, or failed to create and maintain a record of assessing or examining, patient T.E.'s symptoms and progress.

73. Respondent failed to develop, or failed to create and maintain a record of developing, an appropriate treatment plan and documentation of the course of treatment for patient T.E.

74. Respondent failed to adequately, accurately, appropriately and/or timely diagnose patient T.E., or to create and maintain records of such diagnosis.

75. During patient T.E.'s treatment period, Respondent failed to consult with, or failed to create and maintain records of consulting with, other treating practitioner(s), including a specialist in mental health and/or pain management.

76. During patient T.E.'s treatment period, Respondent failed to address, or failed to create and maintain records of addressing, alternative non-opioid/interventional pain management treatment.

#### Facts Related to Patient J.D.B.

77. At all times material to this Administrative Complaint, J.D.B., a then-thirty-five-year-old male, was a patient of Respondent.

78. Between about August 15, 2013, and December 16, 2015 (patient J.D.B.'s treatment period), patient J.D.B. presented to Respondent with complaints of lower back pain and right lower extremity pain.

79. At patient J.D.B.'s initial visit, Respondent failed to conduct a complete history and physical examination.

80. During patient J.D.B.'s treatment period, Respondent regularly prescribed him temazepam<sup>12</sup> 15 mg #30; oxycodone 30 mg #135; and/or MS Contin<sup>13</sup> 30 mg #60 approximately every thirty days.

81. During patient J.D.B.'s treatment period, Respondent prescribed him temazepam, oxycodone and/or MS Contin in excessive quantities.

82. During patient J.D.B.'s treatment period, Respondent prescribed him temazepam, oxycodone and/or MS Contin inappropriately and/or in inappropriate combinations.

83. During patient J.D.B.'s treatment period, Respondent regularly prescribed more than a 72-hour dose of controlled substances for chronic nonmalignant pain without documenting justification.

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<sup>12</sup> Temazepam is prescribed to treat insomnia. According to Section 893.03(4), Florida Statutes, temazepam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States, and abuse of temazepam may lead to limited physical or psychological dependence relative to the substances in Schedule III.

<sup>13</sup> MS Contin is the brand name for a drug that contains morphine and is prescribed to treat pain. According to Section 893.03(2), Florida Statutes, morphine is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of morphine may lead to severe psychological or physical dependence.

84. Respondent failed to develop, or failed to create and maintain a record of developing, an appropriate treatment plan and documentation of the course of treatment for patient J.D.B.

85. Respondent's records do not justify the course of treatment for patient J.D.B.

86. Respondent failed to adequately, accurately, appropriately and/or timely diagnose patient J.D.B., or to create and maintain records of such diagnoses.

87. During patient J.D.B.'s treatment period, Respondent failed to consult with, or failed to create and maintain records of consulting with, other treating practitioner(s), including a specialist in mental health and/or pain management.

88. Respondent failed to follow up with patient J.D.B. after ordering an MRI after a motor vehicle accident in about June of 2015.

89. During patient J.D.B.'s treatment period, Respondent failed to address, or failed to create and maintain records of addressing, alternative non-opioid/interventional pain management treatment.

Section 459.015(1)(x)(1), Florida Statutes (2013 – 2015)

90. Section 459.015(1)(x), Florida Statutes (2013 – 2015), provides that, notwithstanding s. 456.072(2) but as specified in s. 456.50(2), committing medical malpractice as defined in s. 456.50, F.S., constitutes grounds for disciplinary action. Medical Malpractice is defined in Section 456.50(g), Florida Statutes (2013 – 2015), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure. For purposes of Section 459.015(1)(x), Florida Statutes (2013 – 2015), the Board shall give great weight to the provisions of Section 766.102, Florida Statutes (2013 – 2015), which provide that the prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

**Count One – Patient K.T.**

Violation of Section 459.015(1)(x), Florida Statutes (2014-2015)

91. Petitioner re-alleges and incorporates paragraphs one (1) through thirty-four (34), as if fully set forth herein.

92. As set forth above, Respondent fell below the prevailing professional standard of care in her treatment of patient K.T. in one or more of the following ways:

a. By failing to obtain a complete and comprehensive patient history for patient K.T., including complete, relevant prescription records;

b. By failing to perform a complete and comprehensive physical examination of patient K.T. at her initial visit;

c. By failing to perform adequate physical examinations at follow-up visits;

d. By failing to create an appropriate, individualized treatment plan for patient K.T.;

e. By failing to adequately, accurately, appropriately and/or timely diagnose patient K.T.;

f. By failing to follow up on specialized psychiatric consultations recommended for patient K.T.;

g. By prescribing inappropriate quantities, combinations, and/or dosages of controlled substances to patient K.T. without justification;

h. By failing to order specialized consultations for patient K.T. for alternative, non-opioid interventional pain management therapies; and/or

i. By failing to consult with other treating practitioner(s), including specialists in psychiatry, behavioral therapy, and/or pain management.

93. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2014-2015), in her treatment of patient K.T. by failing to meet the standard of care, as defined in Section 456.50(g), Florida Statutes (2014-2015), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

**Count Two – Patient J.J.**

Violation of Section 459.015(1)(x), Florida Statutes (2010 – 2011)

94. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and thirty-five (35) through forty-seven (47), as if fully set forth herein.

95. As set forth above, Respondent fell below the prevailing professional standard of care in her treatment of patient J.J. in one or more of the following ways:

- a. By failing to obtain a complete and comprehensive patient history for patient J.J.;
- b. By failing to develop and implement a comprehensive, individualized treatment plan for patient J.J.;
- c. By failing to address two (2) negative UDS with patient J.J.;
- d. By failing to develop and implement an overall comprehensive, individualized monitoring plan to ensure proper medication usage;
- e. By prescribing inappropriate quantities, combinations, and/or dosages of controlled substances to patient J.J. without justification;
- f. By failing to order specialized consultations for patient J.J. for alternative, non-opioid interventional pain management therapies; and/or
- g. By failing to consult with other treating practitioner(s), including specialists in psychiatry, behavioral therapy, and/or pain management.

96. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2010-2011), in her treatment of patient J.J. by failing to meet the standard of care, as defined in Section 456.50(g), Florida Statutes (2010-2011), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

**Count Three – Patient J.B.**

Violation of Section 459.015(1)(x), Florida Statutes (2011)

97. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and forty-eight (48) through sixty-two (62), as if fully set forth herein.

98. As set forth above, Respondent fell below the prevailing professional standard of care in her treatment of patient J.B. in one or more of the following ways:

- a. By failing to perform a complete and comprehensive physical examination of patient J.B. at the initial visit;
- b. By failing to develop and implement a comprehensive, individualized monitoring plan to ensure proper medication usage;
- c. By failing to adequately assess patient J.B.'s symptoms and progress;

d. By failing to adequately, accurately, appropriately and/or timely diagnose patient J.B.;

e. By prescribing inappropriate quantities, combinations, and/or dosages of controlled substances to patient J.B. without justification;

f. By failing to order specialized consultations for patient J.B. for alternative, non-opioid interventional pain management therapies; and/or

g. By failing to consult with other treating practitioner(s), including specialists in psychiatry, behavioral therapy, and/or pain management.

99. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2011), in her treatment of patient J.B. by failing to meet the standard of care, as defined in Section 456.50(g), Florida Statutes (2011), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

**Count Four – Patient T.E.**

Violation of Section 459.015(1)(x), Florida Statutes (2013-2015)

100. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and sixty-three (63) through seventy-six (76), as if fully set forth herein.

101. As set forth above, Respondent fell below the prevailing professional standard of care in her treatment of patient T.E. in one or more of the following ways:

- a. By failing to obtain a complete and comprehensive medical history for patient T.E.;
- b. By failing to perform a complete physical examination for patient T.E. on more than one visit;
- c. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain without justification;
- d. By failing to adequately assess patient T.E.'s symptoms and progress;
- e. By failing to adequately, accurately, appropriately and/or timely diagnose patient T.E.;
- f. By failing to develop an appropriate treatment plan for patient T.E.;

g. By prescribing inappropriate quantities, combinations, and/or dosages of controlled substances to patient T.E. without justification;

h. By failing to order specialized consultations for patient T.E. for alternative, non-opioid interventional pain management therapies; and/or

i. By failing to consult with other treating practitioner(s), including specialists in psychiatry, behavioral therapy, and/or pain management.

102. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2013-2015), in her treatment of patient T.E. by failing to meet the standard of care, as defined in Section 456.50(g), Florida Statutes (2013-2015), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

**Count Five – Patient J.D.B.**

Violation of Section 459.015(1)(x), Florida Statutes (2013-2015)

103. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and seventy-seven (77) through eighty-nine (89), as if fully set forth herein.

104. As set forth above, Respondent fell below the prevailing professional standard of care in her treatment of patient J.D.B. in one or more of the following ways:

- a. By failing to obtain a complete and comprehensive medical history for patient J.D.B.;
- b. By failing to perform a complete physical examination for patient J.D.B. at his initial visit;
- c. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain without justification;
- d. By failing to adequately, accurately, appropriately and/or timely diagnose patient J.D.B.;
- e. By failing to develop an appropriate treatment plan for patient J.D.B.;
- f. By prescribing inappropriate quantities, combinations, and/or dosages of controlled substances to patient J.D.B. without justification;
- g. By failing to order specialized consultations for patient J.D.B. for alternative, non-opioid interventional pain management therapies; and/or

h. By failing to consult with other treating practitioner(s), including specialists in psychiatry, behavioral therapy, and/or pain management.

105. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2013-2015), in her treatment of patient J.D.B. by failing to meet the standard of care, as defined in Section 456.50(g), Florida Statutes (2013-2015), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

Section 459.015(1)(t), Florida Statutes (2009-2012)

106. Section 459.015(1)(t), Florida Statutes (2009-2012), subjects a licensee to discipline, including suspension, for prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the osteopathic physician's professional practice. For purposes of this paragraph, it shall be legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best

interest of the patient and is not in the course of the physician's professional practice, without regard to his or her intent.

**Count Six – Patient K.T.**

Violation of Section 459.015(1)(t), Florida Statutes (2014-2015)

107. Petitioner re-alleges and incorporates paragraphs one (1) through thirty-four (34), as if fully set forth herein.

108. Respondent prescribed legend drugs, including controlled substances, other than in the course of her professional practice in treating patient K.T. in one or more of the following ways:

a. By prescribing legend drugs inappropriately to patient K.T., including by prescribing Xanax, Norco, methadone, meloxicam and/or gabapentin without appropriate, adequate examination of patient K.T.;

b. By prescribing legend drugs in excessive quantities to patient K.T., including by regularly prescribing 60 tablets of Xanax 1 mg, 150 tablets of Norco 10-325 mg, 60 tablets of methadone 5 mg, 30 tablets of meloxicam 15 mg, and/or 60 tablets of gabapentin 600 mg approximately every thirty days;

c. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain for patient K.T. without adequate justification;

d. By prescribing legend drugs in inappropriate quantities and/or combinations to patient K.T.; and/or

e. By prescribing legend drugs to patient K.T. not in patient K.T.'s best interests by failing to adequately monitor patient K.T.'s legend drug use.

109. Based on the foregoing, Respondent violated Section 459.015(1)(t), Florida Statutes (2014-2015), by prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the osteopathic physician's professional practice.

**Count Seven– Patient J.J.**

**Violation of Section 459.015(1)(t), Florida Statutes (2011-2015)**

110. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and thirty-five (35) through forty-seven (47), as if fully set forth herein.

111. Respondent prescribed controlled substances other than in the course of her professional practice in treating patient J.J. in one or more of the following ways:

- a. By prescribing legend drugs inappropriately to patient J.J. after two different UDS came back with results inconsistent with patient J.J.'s prescriptions;
- b. By prescribing legend drugs to patient J.J. without physical examinations supporting the continuous use of opioid therapies on a continuing basis;
- c. By prescribing opioids to patient J.J. on at least one visit when patient J.J. reported zero pain;
- d. By prescribing Xanax to patient J.J. on at least one visit when patient J.J. reported no anxiety;
- e. By prescribing legend drugs in excessive quantities to patient J.J., including by regularly prescribing 30 tablets of ondansetron 4 mg, 180 tablets of oxycodone 30 mg, 90 tablets of Percocet 10-325 mg, and/or 30 tablets of Xanax 2 mg approximately every thirty days;

f. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain for patient J.J. without adequate justification;

g. By prescribing legend drugs in inappropriate quantities and/or combinations to patient J.J.; and/or

h. By failing to adequately monitor patient J.J.'s legend drug use.

112. Based on the foregoing, Respondent violated Section 459.015(1)(t), Florida Statutes (2011-2015), by prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the osteopathic physician's professional practice.

**Count Eight – Patient J.B.**

Violation of Section 459.015(1)(t), Florida Statutes (2013-2015)

113. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and forty-eight (48) through sixty-two (62), as if fully set forth herein.

114. Respondent prescribed controlled substances other than in the course of her professional practice in treating patient J.B. in one or more of the following ways:

a. By prescribing legend drugs inappropriately to patient J.B., including by prescribing Flexeril, oxycodone, Percocet, and/or robaxin without appropriate, adequate examination of patient J.B.;

b. By prescribing legend drugs in excessive quantities to patient J.B., including by regularly prescribing 75 tablets of Flexeril 10 mg, 60 tablets of Robaxin-750, and/or 150 tablets of Percocet 10-325 mg approximately every thirty days;

c. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain for patient J.B. without adequate justification;

d. By prescribing legend drugs in inappropriate quantities and/or combinations to patient J.B.; and/or

e. By prescribing legend drugs to patient J.B. not in patient J.B.'s best interests by failing to adequately monitor patient J.B.'s legend drug use.

115. Based on the foregoing, Respondent violated Section 459.015(1)(t), Florida Statutes (2013-2015), by prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any

controlled substance, other than in the course of the osteopathic physician's professional practice.

**Count Nine – Patient T.E.**

Violation of Section 459.015(1)(t), Florida Statutes (2013-2015)

116. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and sixty-three (63) through seventy-six (76), as if fully set forth herein.

117. Respondent prescribed controlled substances other than in the course of her professional practice in treating patient T.E. in one or more of the following ways:

a. By prescribing legend drugs inappropriately to patient T.E., including by prescribing metformin, meloxicam, methadone, and/or oxycodone without appropriate, adequate examination of patient T.E. which supported the prescriptions;

b. By prescribing legend drugs in excessive quantities to patient T.E., including by regularly prescribing 30 tablets of metformin 500 mg, 30 tablets of meloxicam 15 mg, 90 tablets of methadone 10 mg, and/or 120 tablets of oxycodone 30 mg approximately every thirty days;

c. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain for patient T.E. without adequate justification;

d. By prescribing legend drugs in inappropriate quantities and/or combinations to patient T.E.; and/or

e. By prescribing legend drugs to patient T.E. not in patient T.E.'s best interests by failing to adequately monitor patient T.E.'s legend drug use.

118. Based on the foregoing, Respondent violated Section 459.015(1)(t), Florida Statutes (2013-2015), by prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the osteopathic physician's professional practice.

**Count Ten – Patient J.D.B.**

**Violation of Section 459.015(1)(t), Florida Statutes (2013-2015)**

119. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and seventy-seven (77) through eighty-nine (89), as if fully set forth herein.

120. Respondent prescribed controlled substances other than in the course of her professional practice in treating patient J.D.B. in one or more of the following ways:

a. By prescribing legend drugs inappropriately to patient J.D.B., including by prescribing him temazepam, oxycodone, and/or MS Contin without appropriate, adequate examination of patient J.D.B.;

b. By prescribing legend drugs in excessive quantities to patient J.D.B., including by regularly prescribing 30 tablets of temazepam 15 mg, 135 tablets of oxycodone 30 mg, and/or 60 tablets of MS Contin 30 mg approximately every thirty days;

c. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain for patient J.D.B. without adequate justification;

d. By prescribing legend drugs in inappropriate quantities and/or combinations to patient J.D.B.; and/or

e. By prescribing legend drugs to patient J.D.B. not in patient J.D.B.'s best interests by failing to adequately monitor patient J.D.B.'s legend drug use.

121. Based on the foregoing, Respondent violated Section 459.015(1)(t), Florida Statutes (2013-2015), by prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the osteopathic physician's professional practice.

Section 459.015(1)(o), Florida Statutes (2009 – 2012)

122. Section 459.015(1)(o), Florida Statutes (2009 – 2012), subjects a licensee to discipline for failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician or the osteopathic physician extender and supervising osteopathic physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.

**Count Eleven – Patient K.T.**

Violation of Section 459.015(1)(o), Florida Statutes (2013-2015)

123. Petitioner re-alleges and incorporates paragraphs one (1) through thirty-four (34), as if fully set forth herein.

124. During patient K.T.'s treatment period, Respondent failed to keep adequate medical records in one or more of the following ways:

- a. By failing to create or maintain legible records;
- b. By failing to create or maintain records which justify the course of treatment of patient K.T.;
- c. By failing to create or maintain detailed physical examination results and/or notes, including progress updates;
- d. By failing to create or maintain records including comprehensive patient history;
- e. By failing to create or maintain records of all test results, including UDS and/or updated MRI test results; and/or
- f. By failing to create or maintain complete records of drugs prescribed, dispensed, or administered;
- g. By failing to create or maintain records and/or results of consultations; and/or

125. Based on the foregoing, Respondent violated Section 459.015(1)(o), Florida Statutes, (2013-2015), by failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician [who is] responsible for

rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient.

**Count Twelve – Patient J.J.**

Violation of Section 459.015(1)(o), Florida Statutes (2011-2015)

126. Petitioner re-alleges and incorporates paragraphs one (1) through fourteen (14) and thirty-five (35) through forty-eight (48), as if fully set forth herein.

127. During patient J.J.'s treatment period, Respondent failed to keep adequate medical records in one or more of the following ways:

- a. By failing to create or maintain legible records;
- b. By failing to create or maintain records which justify the course of treatment of patient J.J.;
- c. By failing to create or maintain detailed physical examination results and/or notes, including progress updates;
- d. By failing to create or maintain records including comprehensive patient history;
- e. By failing to create or maintain records of all test results, including UDS and/or updated MRI test results; and/or
- f. By failing to create or maintain records and/or results of consultations.

128. Based on the foregoing, Respondent violated Section 459.015(1)(o), Florida Statutes, (2011-2015), by failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician [who is] responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient.

**Count Thirteen – Patient J.B.**

Violation of Section 459.015(1)(o), Florida Statutes (2013-2015)

129. Petitioner re-alleges and incorporates paragraphs one (1) through fourteen (14) and forty-nine (49) through fifty-nine (59), as if fully set forth herein.

130. During patient J.B.'s treatment period, Respondent failed to keep adequate medical records in one or more of the following ways:

- a. By failing to create or maintain legible records;
- b. By failing to create or maintain records which justify the course of treatment of patient J.B.;
- c. By failing to create or maintain detailed physical examination results and/or notes, including progress updates;
- d. By failing to create or maintain records including comprehensive patient history;

e. By failing to create or maintain records of all test results, including UDS and/or updated MRI test results; and/or

f. By failing to create or maintain records and/or results of consultations.

131. Based on the foregoing, Respondent violated Section 459.015(1)(o), Florida Statutes, (2013-2015), by failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician [who is] responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient.

**Count Fourteen – Patient T.E.**

Violation of Section 459.015(1)(o), Florida Statutes (2013-2015)

132. Petitioner re-alleges and incorporates paragraphs one (1) through fourteen (14) and sixty (60) through seventy-two (72), as if fully set forth herein.

133. During patient T.E.'s treatment period, Respondent failed to keep adequate medical records in one or more of the following ways:

a. By failing to create or maintain legible records;

b. By failing to create or maintain records which justify the course of treatment of patient T.E.;

c. By failing to create or maintain detailed physical examination results and/or notes, including progress updates;

d. By failing to create or maintain records including comprehensive patient history;

e. By failing to create or maintain records of all test results, including UDS and/or updated MRI test results; and/or

f. By failing to create or maintain records and/or results of consultations.

134. Based on the foregoing, Respondent violated Section 459.015(1)(o), Florida Statutes, (2013-2015), by failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician [who is] responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient.

**Count Fifteen – Patient J.D.B.**

Violation of Section 459.015(1)(o), Florida Statutes (2013-2015)

135. Petitioner re-alleges and incorporates paragraphs one (1) through fourteen (14) and seventy-three (73) through eighty-three (83), as if fully set forth herein.

136. During patient J.D.B.'s treatment period, Respondent failed to keep adequate medical records in one or more of the following ways:

- a. By failing to create or maintain legible records;
- b. By failing to create or maintain records which justify the course of treatment of patient J.D.B.;
- c. By failing to create or maintain detailed physical examination results and/or notes, including progress updates;
- d. By failing to create or maintain records including comprehensive patient history or obtaining records from his prior treating pain clinic in Orlando, and/or prior prescription records;
- e. By failing to create or maintain records of all test results, including UDS and/or updated MRI test results; and/or
- f. By failing to create or maintain records and/or results of consultations.

137. Based on the foregoing, Respondent violated Section 459.015(1)(o), Florida Statutes, (2013-2015), by failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician [who is] responsible for

rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient.

### **Count Sixteen**

138. Petitioner re-alleges and incorporates paragraphs one (1) through eight (8), as if fully set forth herein.

139. Section 459.015(1)(pp), Florida Statutes (2015), provides that violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto, constitutes grounds for disciplinary action.

140. Section 459.0137(2)(i)1.-4., Florida Statutes, requires the designated physician of a pain management clinic to establish a quality assurance program that includes the following components: the identification, investigation and analysis of the frequency and causes of adverse incidents to patients; the identification of trends or patterns of incidents; measures to correct, reduce, minimize, or eliminate the risk of adverse incidents to patients; the documentation of these functions; and periodic review at least quarterly of such information by the designated physician.

141. Section 459.0137(2)(c), Florida Statutes, requires that a complete physical exam is performed by the physician, physician's assistant

or advanced practice registered nurse practitioner on the same day that the physician prescribes a controlled substance; and/or that the physician documents in the patient's record the reason for prescribing more than a 72-hour supply of controlled substances for the treatment of chronic non-malignant pain.

142. Respondent failed to meet the requirement(s) of sections 459.0137(2)(i) and/or (2)(c), as evidenced when NFTC failed the routine inspection conducted on or about October 22, 2015.

143. Based on the foregoing, Respondent violated section 459.015(1)(pp), Florida Statutes (2015), by violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.

*[Remainder of the page intentionally left blank.]*

WHEREFORE, Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this 10th day of May, 2018.**

Celeste Philip, MD, MPH  
Surgeon General and Secretary

*/s/ Ann L. Prescott*

Ann L. Prescott  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar # 0092974  
(850) 558-9886 Telephone  
(850) 245-4662 Facsimile

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: *Amy Carraway*

MAY 11 2018

DATE \_\_\_\_\_

/ALP

PCP: May 10, 2018

PCP Members: Moran (chair) & Hayden

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

**A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.**

**Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

ELECTION OF RIGHTS

Please sign and complete all of the information below:

I received the Administrative Complaint on the following date: 5/25/16

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS.

OPTION 1. I do not dispute the allegations of material fact in the Administrative Complaint. I request a hearing be conducted pursuant to Section 120.57(2), Florida Statutes, where I will be permitted to appear, if I so choose, and submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. X I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to the requirement of Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

see Answer to Administrative Complaint, attached hereto

In the event that you fail to make an election in this matter within twenty-one (21) days from receipt of the Administrative Complaint, your failure to do so may be considered a waiver of your right to elect a hearing in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear your case.

PLEASE NOTE: Regardless of which option you choose, you may be able to reach a settlement agreement with the Department in your case. Please contact the prosecuting attorney if you wish to do so. Chaprow Law Group

Respondent's Signature
Address:

Lic. No.:

Phone No.: Fax No.:

Email:

STATE OF FLORIDA
COUNTY OF

Juan C. Santos, Esq., M.H.
Attorney/Qualified Representative\*
Address: 1001 Brickell Bay Drive, Suite 1716, Miami, FL 33131

Phone No.: 305-712-7177

Fax No.: 248-644-6324

Email: JSantos@ChaprowLawGroup.com

\*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared, whose identity is known to me or produced (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this day of 20.

Notary Public-State of Florida

My Commission Expires

Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Ann L. Prescott, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 558-9886; FAX (850) 245-4662; TDD 1-800-955-8771

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2015-28205**

**NANCY LEE KOPITNIK, D.O.**

**RESPONDENT.**

\_\_\_\_\_ /

**RESPONDENT'S ANSWER TO ADMINISTRATIVE COMPLAINT**

NOW COMES your Respondent, NANCY LEE KOPITNIK, D.O., by and through her counsel, CHAPMAN LAW GROUP, by Juan C. Santos, and for her answer states as follows, to wit:

1. Admitted.
2. Admitted.
3. Denied. Respondent's address of record is 7169 University Blvd., Winter Park, FL 32792.
4. Admitted.
5. Admitted.
6. Admitted.
7. Denied, Respondent is board certified in addiction medicine not board certified in addiction psychiatry.
8. Denied, on or around February 8, 2016, Petitioner issued a letter of investigation against Respondent's pain management clinic, North Florida Treatment Center, for the same allegations and on or around October 27, 2016, the Probable Cause Panel for the Board of

Medicine determined that a violation did not exist and directed the Department to close the case. (*See Exhibit A*).

9. See answers set forth below.
  - a) Denied. Respondent had established a quality assurance program pursuant to the requirements of Section 459.0137(2)(i), Florida Statutes.
  - b) Denied, on or around February 8, 2016, Petitioner issued a letter of investigation against Respondent's pain management clinic, North Florida Treatment Center, for the same allegations and on or around October 27, 2016, the Probable Cause Panel for the Board of Medicine determined that a violation did not exist and directed the Department to close the case. (*See Exhibit A*).
  - c) Denied, on or around February 8, 2016, Petitioner issued a letter of investigation against Respondent's pain management clinic, North Florida Treatment Center, for the same allegations and on or around October 27, 2016, the Probable Cause Panel for the Board of Medicine determined that a violation did not exist and directed the Department to close the case. (*See Exhibit A*).
10. Denied, on or around February 8, 2016, Petitioner issued a letter of investigation against Respondent's pain management clinic, North Florida Treatment Center, for the same allegations and on or around October 27, 2016, the Probable Cause Panel for the Board of Medicine determined that a violation did not exist and directed the Department to close the case. (*See Exhibit A*).
11. Denied, the Department's investigator informed Respondent that she was coming in two weeks to conduct a second investigation. Respondent was never instructed that she needed to submit a corrective action plan within 30 days of the first inspection. On or around

February 8, 2016, Petitioner issued a letter of investigation against Respondent's pain management clinic, North Florida Treatment Center, for the same allegations and on or around October 27, 2016, the Probable Cause Panel for the Board of Medicine determined that a violation did not exist and directed the Department to close the case. (*See Exhibit A*).

12. Generally admitted.
13. Denied, on or around February 8, 2016, Petitioner issued a letter of investigation against Respondent's pain management clinic, North Florida Treatment Center, for the same allegations and on or around October 27, 2016, the Probable Cause Panel for the Board of Medicine determined that a violation did not exist and directed the Department to close the case. (*See Exhibit A*).
14. See answers set forth below.
  - a) Generally admitted.
  - b) Generally admitted.
  - c) Generally admitted.
  - d) Generally admitted.
  - e) Generally admitted.
  - f) Generally admitted.
  - g) Generally admitted.
15. Denied.

**FACTS SPECIFIC TO PATIENT K.T.**

16. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
17. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
18. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
19. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
20. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
21. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
22. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.

23. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
24. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
25. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
26. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
27. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
28. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
29. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.

30. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
31. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
32. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
33. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
34. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.

**FACTS SPECIFIC TO PATIENT J.J.**

35. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
36. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

37. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
38. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
39. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
40. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
41. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
42. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
43. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.

44. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
45. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
46. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
47. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.

**FACTS SPECIFIC TO PATIENT J.B.**

48. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
49. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
50. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.

51. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
52. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
53. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
54. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
55. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
56. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
57. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.

58. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
59. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
60. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
61. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.
62. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, the allegation is neither admitted nor denied.

**FACTS SPECIFIC TO PATIENT T.E.**

63. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
64. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

65. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
66. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
67. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
68. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
69. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
70. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
71. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

72. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
73. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
74. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
75. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
76. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

**FACTS SPECIFIC TO PATIENT J.D.B**

77. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. However, Respondent always engages in the appropriate documentation and wasting procedures. Therefore, the allegation is denied.
78. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

79. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
80. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
81. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
82. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
83. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
84. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
85. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

86. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
87. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
88. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
89. Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
90. Generally admitted.

**COUNT ONE – PATIENT K.T.**

91. No response is required.
92. See answers set forth below:
- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
  - b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- f) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- g) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- h) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- i) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

93. No response is required as the allegations calls for a legal conclusion.

**COUNT TWO – PATIENT J.J.**

94. No response is required.

95. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- f) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- g) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

96. No response is required as the allegations calls for a legal conclusion.

**COUNT THREE – PATIENT J.B.**

97. No response is required.

98. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- f) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

g) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

99. No response is required as the allegations calls for a legal conclusion.

**COUNT FOUR – PATIENT T.E.**

100. No response is required.

101. See answers set forth below:

a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

- f) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- g) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- h) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- i) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

102. No response is required as the allegations calls for a legal conclusion.

**COUNT FIVE – PATIENT J.D.B.**

103. No response is required.

104. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- f) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- g) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- h) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

105. No response is required as the allegations calls for a legal conclusion.

106. Admitted, only to the extent of the legal language included in Section 459.015(1)(t), Florida Statutes, denied as to the everything else.

**COUNT SIX – PATIENT K.T.**

107. No response required.

108. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

109. No response is required allegations calls for a legal conclusion.

**COUNT SEVEN – PATIENT J.J.**

110. No Response is required.

111. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- f) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- g) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- h) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

112. No response is required allegations calls for a legal conclusion.

**COUNT EIGHT – PATIENT J.B.**

113. No Response is required.

114. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

115. No response is required allegations calls for a legal conclusion.

**COUNT NINE – PATIENT T.E.**

116. No response is required.

117. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

118. No response is required allegations calls for a legal conclusion.

**COUNT TEN – PATIENT J.D.B.**

119. No response is required.

120. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

121. No response is required allegations calls for a legal conclusion.

122. Admitted, only to the extent of the legal language included in Section 459.015(1)(o), Florida Statutes, denied as to the everything else.

**COUNT ELEVEN – PATIENT K.T.**

123. No response is required.

124. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- f) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- g) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

125. No response is required allegations calls for a legal conclusion.

**COUNT TWELVE – PATIENT J.J.**

126. No Response is required.

127. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- f) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

128. No response is required allegations calls for a legal conclusion.

**COUNT THIRTEEN – PATIENT J.B.**

129. No response is required.

130. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- f) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

131. No response is required allegations calls for a legal conclusion.

**COUNT FOURTEEN – PATIENT T.E.**

132. No response is required.

133. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- f) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

134. No response is required allegations calls for a legal conclusion.

**COUNT FIFTEEN – PATIENT J.D.B.**

135. No response is required.

136. See answers set forth below:

- a) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- b) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- c) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- d) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- e) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.
- f) Respondent is not in possession of the necessary medical records and therefore is not capable of responding to the allegations. Therefore, said allegation is neither admitted nor denied.

137. No response is required allegations calls for a legal conclusion.

**COUNT SIXTEEN**

138. No response is required.

139. Admitted.

140. Admitted, only to the extent of the legal language included in Section 459.0137(2)(i)1-4, Florida Statutes, denied as to the everything else.
141. Admitted, only to the extent of the legal language included in Section 459.0137(2)(c), Florida Statutes, denied as to the everything else.
142. No response is required allegations calls for a legal conclusion.
143. No response is required allegations calls for a legal conclusion.

WHEREFORE, Your Respondent requests the Board of Medicine dismiss this Complaint and award her costs and attorney fees.

Respectfully Submitted,  
CHAPMAN LAW GROUP

Dated: June 12, 2018

/s/ Juan C. Santos  
Juan C. Santos, Esq., LL.M.  
Attorney for Respondent  
Nancy Lee Kopitnik, D.O.  
1001 Brickell Bay Drive, Suite 1716  
Miami, FL 33131  
(941) 893-3449  
[JSantos@ChapmanLawGroup.com](mailto:JSantos@ChapmanLawGroup.com)

**CERTIFICATE OF SERVICE**

Juan C. Santos, Esq., LL.M. states that on, June 12, 2018, I served a copy of ANSWER TO ADMINISTRATIVE COMPLAINT; ELECTION OF RIGHTS; and CERTIFICATE OF SERVICE upon: Ann L. Prescott, Assistant General Counsel, Florida Department of Health, 4052 Bald Cypress Way, Bin C-65, Tallahassee, FL 32399-3265, *Via Email:* Ann.Prescott@flhealth.gov.

/s/ Juan C. Santos  
Juan C. Santos, Esq., LL.M.  
Attorney for Respondent  
Nancy Lee Kopitnik, D.O.  
1001 Brickell Bay Drive, Suite 1716  
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[JSantos@ChapmanLawGroup.com](mailto:JSantos@ChapmanLawGroup.com)

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2013-13204**

**SAMANTHA JACKSON-OATES, R.N.**

**RESPONDENT.**

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**RESPONDENT'S DISCOVERY REQUESTS**

**Request for All Agency Records and Other Data Pursuant to F.S. 119.07**

NOW COMES Licensee/Respondent Samantha Jackson-Oates, R.N. pursuant to F.S. 119.07 requests a copy of or in the alternative the opportunity to inspect and copy the following: all letters, reports, memoranda, investigative reports, notes, emails, tangible items of any nature, and documents electronic or otherwise maintained of or concerning licensee that the agency possesses pertaining to the licensee who is the subject of the investigation/administrative complaint.

**INTERROGATORIES AND REQUEST FOR PRODUCTION OF DOCUMENTS**

**Pursuant to Fl. R. of Civ. P. 1.280; 1.350 and 1.340**

NOW COMES Licensee/Respondent and pursuant to FL. R. Civ. P. 1.280; 1.350 and 1.340 submits the following discovery requests in the form of Interrogatories and Request for production of Documents, to wit:

1. Please state the name and contact information for every person who has provided information related to Respondent/Licensee to the Department of Health and more specifically to the Board of Nursing
  
2. Please provide a full and complete copy of all the information provided by any person identified in request number 1 above.
  
3. Please provide a copy of the complete Department of Health and/or Board of Nursing file of or concerning Respondent/Licensee identified above.

Respectfully Submitted,  
CHAPMAN LAW GROUP

Dated: December 18, 2015

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Ronald W. Chapman (FL Bar No. 0646636)  
Attorney for Respondent  
Samantha Jackson-Oates, R.N.  
1834 Main Street  
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(941) 893-3449  
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**CERTIFICATE OF SERVICE**

Ronald W. Chapman, states that on December 18, 2015, I served a copy of **Respondent's** **Discovery Requests**; along with this CERTIFICATE OF SERVICE upon: Mary S. Miller, Assistant General Counsel, DOH Prosecution Services Unit, 4052 Bald Cypress Way, BIN C-65 Tallahassee, FL 32399-3265; by placing said documents in a well-sealed envelope with first-class postage fully prepaid thereon, properly addressed to the parties as described above and by placing said envelopes in a U.S. mail depository located in Sarasota, Florida.

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Ronald W. Chapman (FL Bar No. 0646636)  
Attorney for Respondent  
Samantha Jackson-Oates, R.N.  
1834 Main Street  
Sarasota, FL 34236  
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[RChapman@ChapmanLawGroup.com](mailto:RChapman@ChapmanLawGroup.com)

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2015-28205**

**NANCY LEE KOPITNIK, D.O.,**

**RESPONDENT.**

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**ADMINISTRATIVE COMPLAINT**

COMES NOW Petitioner, Department of Health, by and through its undersigned counsel, and files this Complaint before the Board of Osteopathic Medicine against Respondent, Nancy Lee Kopitnik, D.O., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 6229.

3. Respondent's address of record is 601-C N. Bumby Avenue, Orlando, Florida 32803.

4. Respondent may be located at 7169 University Blvd., Winter Park, Florida 32792.

5. At all times material to this Administrative Complaint, Respondent was practicing as an osteopathic physician at North Florida Treatment Center (NFTC), a pain management clinic in Orlando, Florida.

6. Respondent is the designated physician for NFTC.

7. Respondent is board-certified in addiction psychiatry and in surgery.

8. On or about October 22, 2015, the Department conducted an office inspection at NFTC.

9. Multiple violations were found, including but not limited to, the following:

a. Respondent, as the designated physician, had not established a quality assurance program pursuant to the requirements of s. 459.0137(2)(i), F.S.;

b. A complete physical exam was not performed by Respondent or a practitioner on the same day that Respondent

prescribed a controlled substance, as required by s. 459.0137(2)(c), F.S.; and/or

c. Respondent was not documenting in the patients' record(s) the reason for prescribing more than a 72-hour supply of controlled substances for the treatment of chronic non-malignant pain, as required by s. 459.0137(2)(c), F.S.

10. NFTC failed the October 22, 2015, inspection.

11. Respondent failed to submit a corrective action plan to the Department within thirty (30) days.

12. Prescribing controlled substances or combinations of controlled substances without medical justification constitutes prescribing controlled substances inappropriately. Prescribing excessive quantities of controlled substances constitutes prescribing controlled substances inappropriately.

13. Respondent prescribed controlled substances excessively and/or inappropriately, as detailed below.

14. The prevailing professional standard of care required Respondent to treat patients K.T., J.J., J.B., T.E., and/or J.D.B., described below, in the following manner:

- a. Obtain a complete and comprehensive patient history, including medication records and hospitalizations, for each patient;
- b. Perform a complete and comprehensive physical examination of each patient;
- c. Fully assess each patient's individual complaints of back, leg, hip, and any other pain;
- d. Consult with other practitioners, including those specializing in interventional pain management or other specialized area in which the patient has a complaint, for collaborative diagnosis and treatment;
- e. Offer alternative treatment to opiate analgesics;
- f. Develop and implement a comprehensive, individualized treatment plan for each patient; and/or
- g. Develop and implement a comprehensive, individualized monitoring plan to ensure proper medication usage.

15. Respondent fell below the prevailing standard of care in her treatment of patients K.T., J.J., J.B., T.E., and/or J.D.B., as detailed below.

### Facts Related to Patient K.T.

16. At all times material to this Administrative Complaint, K.T., a then fifty-eight-year-old female, was a patient of Respondent.

17. On or about May 8, 2015, patient K.T. presented to Respondent with complaints of hip and joint pain. She self-reported a diagnosis of diabetic neuropathy, and reported that her primary care physician was treating her for depression.

18. Between May 8, 2015, and December 16, 2015 (patient K.T.'s treatment period), patient K.T. presented to Respondent for treatment on approximately eight occasions.

19. During patient K.T.'s treatment period, Respondent regularly prescribed her Xanax<sup>1</sup> 1 mg #60; Norco<sup>2</sup> 10mg-325 mg #150; methadone<sup>3</sup>

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<sup>1</sup> Xanax is the brand name for alprazolam and is prescribed to treat anxiety. According to Section 893.03(4), Florida Statutes, alprazolam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States, and abuse of the substance may lead to limited physical or psychological dependence relative to the substances in Schedule III.

<sup>2</sup> Norco is the brand name for hydrocodone/APAP. Hydrocodone/APAP contains hydrocodone and acetaminophen, or Tylenol and is prescribed to treat pain. Hydrocodone is commonly prescribed to treat pain. According to Section 893.03(2), Florida Statutes, hydrocodone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of hydrocodone may lead to severe psychological or physical dependence.

<sup>3</sup> Methadone is prescribed to treat pain. According to Section 893.03(2), Florida Statutes, methadone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of methadone may lead to severe psychological or physical dependence.

5 mg #60; meloxicam<sup>4</sup> 15 mg #30; and/or gabapentin<sup>5</sup> 600 mg #60 approximately every thirty days.

20. During patient K.T.'s treatment period, Respondent prescribed her Xanax, Norco, methadone, meloxicam and/or gabapentin in excessive quantities.

21. During patient K.T.'s treatment period, Respondent prescribed her Xanax, Norco, methadone, meloxicam and/or gabapentin inappropriately and/or in inappropriate combinations.

22. Respondent's medical records of patient K.T. begin with intake paperwork dated May 8, 2015, which does not contain documentation of a history and physical examination.

23. Respondent prescribed Xanax, Norco, methadone, meloxicam and/or gabapentin for patient K.T. on May 8, 2015, without a documented physical examination justifying opioid therapy.

24. During patient K.T.'s treatment period, Respondent's progress notes for patient K.T. contain inconsistent statements of patient K.T.'s gait and ability to ambulate, with some records stating everything was normal,

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<sup>4</sup> Meloxicam is a legend drug but not a controlled substance. Meloxicam is a nonsteroidal anti-inflammatory (NSAID) drug often prescribed to treat osteoarthritis and rheumatoid arthritis.

<sup>5</sup> Gabapentin is a legend drug but not a controlled substance. It is prescribed to control certain types of epileptic seizures, or to treat postherpetic neuralgia pain, or to treat restless leg syndrome.

and some records stating that patient K.T. relied on a wheelchair and was unable to ambulate.

25. Respondent did not obtain, or did not create and maintain a record of obtaining, a complete medical history for patient K.T.

26. Respondent failed to properly monitor, or failed to create and maintain documentation of monitoring, patient K.T.'s use of opioid medications.

27. During patient K.T.'s treatment period, Respondent regularly prescribed more than a 72-hour dose of controlled substances for chronic nonmalignant pain without documenting justification.

28. During patient K.T.'s treatment period, Respondent failed to adequately assess or examine, or failed to create and maintain a record of assessing or examining, patient K.T.'s symptoms and progress.

29. Respondent failed to develop, or failed to create and maintain a record of developing, an appropriate, individualized treatment plan and documentation of the course of treatment for patient K.T.

30. Respondent failed to adequately, accurately, appropriately and/or timely diagnose patient K.T., or to create and maintain records of such diagnosis, including diagnoses necessitating Xanax.

31. Respondent referred patient K.T. for a psychiatric evaluation following patient K.T.'s complaints of anxiety.

32. Respondent failed to follow up on, or failed to create and maintain records of following up on, her referral to psychiatric evaluation.

33. During patient K.T.'s treatment period, Respondent failed to consult with, or failed to create and maintain records of consulting with, other treating practitioner(s), including a specialist in psychiatry, behavioral therapy, and/or pain management.

34. During patient K.T.'s treatment period, Respondent failed to address, or failed to create and maintain records of addressing, alternative non-opioid/interventional pain management treatment.

#### Facts Related to Patient J.J.

35. At all times material to this Administrative Complaint, J.J., a then-fifty-six-year-old male, was a patient of Respondent.

36. Between about April 11, 2012, and December 18, 2015 (patient J.J.'s treatment period), patient J.J. presented to Respondent with complaints of back and neck pain.

37. During patient J.J.'s treatment period, Respondent regularly prescribed him ondansetron<sup>6</sup> 4 mg #30; oxycodone<sup>7</sup> 30 mg #180; Percocet<sup>8</sup> 10/325 mg #90; and/or Xanax 2 mg #30 approximately every thirty days.

38. During patient J.J.'s treatment period, Respondent prescribed him ondansetron, oxycodone, Percocet, and/or Xanax in excessive quantities.

39. During patient J.J.'s treatment period, Respondent prescribed him ondansetron, oxycodone, Percocet, and/or Xanax inappropriately and/or in inappropriate combinations.

40. Respondent's progress notes for patient J.J. do not support continuing the use of opioid therapies on a continuous basis.

41. Respondent's progress notes for patient J.J. do not consistently support the diagnosis and/or treatment of anxiety or other condition for which Xanax would be indicated.

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<sup>6</sup> Ondansetron is a legend drug but not a controlled substance. It is often prescribed to prevent nausea and vomiting.

<sup>7</sup> Oxycodone is commonly prescribed to treat pain. According to Section 893.03(2), Florida Statutes, oxycodone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of oxycodone may lead to severe psychological or physical dependence.

<sup>8</sup> Percocet is the brand name for a drug that contains oxycodone and is prescribed to treat pain. According to Section 893.03(2), Florida Statutes, oxycodone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of oxycodone may lead to severe psychological or physical dependence.

42. Patient J.J. tested negative for prescribed benzodiazepines on two separate UDS on or about April 8, 2015, and November 17, 2015.

43. Respondent did not discuss, or did not create and maintain documentation of discussing, inconsistent UDS results with patient J.J.

44. Respondent failed to properly monitor, or failed to create and maintain documentation of monitoring, patient J.J.'s use of opioid medications.

45. Respondent failed to adequately, accurately, appropriately and/or and timely diagnose patient J.J., or to create and maintain records of such diagnosis, including the diagnosis necessitating Xanax.

46. During patient J.J.'s treatment period, Respondent failed to consult with, or failed to create and maintain records of consulting with, other treating practitioner(s), including a specialist in mental health, behavioral therapy, and/or pain management.

47. During patient J.J.'s treatment period, Respondent failed to address, or failed to create and maintain records of addressing, alternative non-opioid/interventional pain management treatment.

### Facts Related to Patient J.B.

48. At all times material to this Administrative Complaint, J.B., a then-fifty-year-old male, was a patient of Respondent.

49. Between about April 3, 2014, and December 18, 2015, (patient J.B.'s treatment period), patient J.B. presented to Respondent with complaints of back pain.

50. During patient J.B.'s treatment period, Respondent prescribed him Flexeril<sup>9</sup> 10 mg, oxycodone 30 mg, Percocet 10-325 mg, and/or Robaxin<sup>10</sup>-750.

51. During patient J.B.'s treatment period, Respondent prescribed him Flexeril 10 mg, oxycodone 30 mg, Percocet 10-325 mg, and/or Robaxin-750 inappropriately and/or in inappropriate combinations.

52. At patient J.B.'s initial visit, he self-reported a history of prescriptions of oxycodone and hydrocodone.

53. At patient J.B.'s initial visit, Respondent failed to conduct a complete history and physical examination.

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<sup>9</sup> Flexeril is the brand name for cyclobenzaprine. It is a muscle relaxant used to treat strains, sprains, and other muscle injuries. Cyclobenzaprine is a legend drug but not a controlled substance.

<sup>10</sup> Robaxin is the brand name for methocarbamol. It is a muscle relaxant used to treat muscle spasms and pain. Methocarbamol is a legend drug but not a controlled substance.

54. Respondent failed to create and/or maintain patient records, including visit notes, for patient J.B. after his initial visit until December 18, 2015.

55. Respondent's records for patient J.B. are inconsistent.

56. Respondent failed to properly monitor, or failed to create and maintain documentation of monitoring, patient J.B.'s use of opioid medications.

57. During patient J.B.'s treatment period, Respondent failed to adequately assess or examine, or failed to create and maintain a record of assessing or examining, patient J.B.'s symptoms and progress.

58. Respondent failed to develop, or failed to create and maintain a record of developing, an appropriate treatment plan and documentation of the course of treatment for patient J.B.

59. Respondent's records do not justify the course of treatment for patient J.B.

60. Respondent failed to adequately, accurately, appropriately and/or timely diagnose patient J.B., or to create and maintain records of such diagnosis.

61. During patient J.B.'s treatment period, Respondent failed to consult with, or failed to create and maintain records of consulting with, other treating practitioner(s), including a specialist in pain management.

62. During patient J.B.'s treatment period, Respondent failed to address, or failed to create and maintain records of addressing, alternative non-opioid/interventional pain management treatment.

#### Facts Related to Patient T.E.

63. At all times material to this Administrative Complaint, T.E., a then-forty-five-year-old male, was a patient of Respondent.

64. Between about June 26, 2014, and November 18, 2015 (patient T.E.'s treatment period), patient T.E. presented to Respondent with complaints of back pain and anxiety.

65. During patient T.E.'s treatment period, Respondent regularly prescribed him metformin<sup>11</sup> 500 mg #30; meloxicam 15 mg #30; methadone 10 mg #90; and/or oxycodone 30 mg #120 approximately every thirty days.

66. During patient T.E.'s treatment period, Respondent prescribed him meloxicam, methadone, and/or oxycodone in excessive quantities.

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<sup>11</sup> Metformin is a legend drug but not a controlled substance. It is prescribed to treat type-2 diabetes.

67. During patient T.E.'s treatment period, Respondent prescribed him metformin, meloxicam, methadone, and/or oxycodone inappropriately and/or in inappropriate combinations.

68. During patient T.E.'s treatment period, Respondent regularly prescribed more than a 72-hour dose of controlled substances for chronic nonmalignant pain without documenting justification.

69. Most dates of service did not provide a physical examination that documented findings that warranted continuing or increasing opioid therapy.

70. Respondent failed to properly monitor, or failed to create and maintain documentation of monitoring, patient T.E.'s use of opioid medications.

71. Respondent did not obtain, or did not create and maintain a record of obtaining, a complete medical history for patient T.E.

72. During patient T.E.'s treatment period, Respondent failed to adequately assess or examine, or failed to create and maintain a record of assessing or examining, patient T.E.'s symptoms and progress.

73. Respondent failed to develop, or failed to create and maintain a record of developing, an appropriate treatment plan and documentation of the course of treatment for patient T.E.

74. Respondent failed to adequately, accurately, appropriately and/or timely diagnose patient T.E., or to create and maintain records of such diagnosis.

75. During patient T.E.'s treatment period, Respondent failed to consult with, or failed to create and maintain records of consulting with, other treating practitioner(s), including a specialist in mental health and/or pain management.

76. During patient T.E.'s treatment period, Respondent failed to address, or failed to create and maintain records of addressing, alternative non-opioid/interventional pain management treatment.

#### Facts Related to Patient J.D.B.

77. At all times material to this Administrative Complaint, J.D.B., a then-thirty-five-year-old male, was a patient of Respondent.

78. Between about August 15, 2013, and December 16, 2015 (patient J.D.B.'s treatment period), patient J.D.B. presented to Respondent with complaints of lower back pain and right lower extremity pain.

79. At patient J.D.B.'s initial visit, Respondent failed to conduct a complete history and physical examination.

80. During patient J.D.B.'s treatment period, Respondent regularly prescribed him temazepam<sup>12</sup> 15 mg #30; oxycodone 30 mg #135; and/or MS Contin<sup>13</sup> 30 mg #60 approximately every thirty days.

81. During patient J.D.B.'s treatment period, Respondent prescribed him temazepam, oxycodone and/or MS Contin in excessive quantities.

82. During patient J.D.B.'s treatment period, Respondent prescribed him temazepam, oxycodone and/or MS Contin inappropriately and/or in inappropriate combinations.

83. During patient J.D.B.'s treatment period, Respondent regularly prescribed more than a 72-hour dose of controlled substances for chronic nonmalignant pain without documenting justification.

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<sup>12</sup> Temazepam is prescribed to treat insomnia. According to Section 893.03(4), Florida Statutes, temazepam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States, and abuse of temazepam may lead to limited physical or psychological dependence relative to the substances in Schedule III.

<sup>13</sup> MS Contin is the brand name for a drug that contains morphine and is prescribed to treat pain. According to Section 893.03(2), Florida Statutes, morphine is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of morphine may lead to severe psychological or physical dependence.

84. Respondent failed to develop, or failed to create and maintain a record of developing, an appropriate treatment plan and documentation of the course of treatment for patient J.D.B.

85. Respondent's records do not justify the course of treatment for patient J.D.B.

86. Respondent failed to adequately, accurately, appropriately and/or timely diagnose patient J.D.B., or to create and maintain records of such diagnoses.

87. During patient J.D.B.'s treatment period, Respondent failed to consult with, or failed to create and maintain records of consulting with, other treating practitioner(s), including a specialist in mental health and/or pain management.

88. Respondent failed to follow up with patient J.D.B. after ordering an MRI after a motor vehicle accident in about June of 2015.

89. During patient J.D.B.'s treatment period, Respondent failed to address, or failed to create and maintain records of addressing, alternative non-opioid/interventional pain management treatment.

Section 459.015(1)(x)(1), Florida Statutes (2013 – 2015)

90. Section 459.015(1)(x), Florida Statutes (2013 – 2015), provides that, notwithstanding s. 456.072(2) but as specified in s. 456.50(2), committing medical malpractice as defined in s. 456.50, F.S., constitutes grounds for disciplinary action. Medical Malpractice is defined in Section 456.50(g), Florida Statutes (2013 – 2015), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure. For purposes of Section 459.015(1)(x), Florida Statutes (2013 – 2015), the Board shall give great weight to the provisions of Section 766.102, Florida Statutes (2013 – 2015), which provide that the prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

**Count One – Patient K.T.**

Violation of Section 459.015(1)(x), Florida Statutes (2014-2015)

91. Petitioner re-alleges and incorporates paragraphs one (1) through thirty-four (34), as if fully set forth herein.

92. As set forth above, Respondent fell below the prevailing professional standard of care in her treatment of patient K.T. in one or more of the following ways:

a. By failing to obtain a complete and comprehensive patient history for patient K.T., including complete, relevant prescription records;

b. By failing to perform a complete and comprehensive physical examination of patient K.T. at her initial visit;

c. By failing to perform adequate physical examinations at follow-up visits;

d. By failing to create an appropriate, individualized treatment plan for patient K.T.;

e. By failing to adequately, accurately, appropriately and/or timely diagnose patient K.T.;

f. By failing to follow up on specialized psychiatric consultations recommended for patient K.T.;

g. By prescribing inappropriate quantities, combinations, and/or dosages of controlled substances to patient K.T. without justification;

h. By failing to order specialized consultations for patient K.T. for alternative, non-opioid interventional pain management therapies; and/or

i. By failing to consult with other treating practitioner(s), including specialists in psychiatry, behavioral therapy, and/or pain management.

93. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2014-2015), in her treatment of patient K.T. by failing to meet the standard of care, as defined in Section 456.50(g), Florida Statutes (2014-2015), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

**Count Two – Patient J.J.**

Violation of Section 459.015(1)(x), Florida Statutes (2010 – 2011)

94. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and thirty-five (35) through forty-seven (47), as if fully set forth herein.

95. As set forth above, Respondent fell below the prevailing professional standard of care in her treatment of patient J.J. in one or more of the following ways:

- a. By failing to obtain a complete and comprehensive patient history for patient J.J.;
- b. By failing to develop and implement a comprehensive, individualized treatment plan for patient J.J.;
- c. By failing to address two (2) negative UDS with patient J.J.;
- d. By failing to develop and implement an overall comprehensive, individualized monitoring plan to ensure proper medication usage;
- e. By prescribing inappropriate quantities, combinations, and/or dosages of controlled substances to patient J.J. without justification;
- f. By failing to order specialized consultations for patient J.J. for alternative, non-opioid interventional pain management therapies; and/or
- g. By failing to consult with other treating practitioner(s), including specialists in psychiatry, behavioral therapy, and/or pain management.

96. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2010-2011), in her treatment of patient J.J. by failing to meet the standard of care, as defined in Section 456.50(g), Florida Statutes (2010-2011), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

**Count Three – Patient J.B.**

Violation of Section 459.015(1)(x), Florida Statutes (2011)

97. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and forty-eight (48) through sixty-two (62), as if fully set forth herein.

98. As set forth above, Respondent fell below the prevailing professional standard of care in her treatment of patient J.B. in one or more of the following ways:

- a. By failing to perform a complete and comprehensive physical examination of patient J.B. at the initial visit;
- b. By failing to develop and implement a comprehensive, individualized monitoring plan to ensure proper medication usage;
- c. By failing to adequately assess patient J.B.'s symptoms and progress;

d. By failing to adequately, accurately, appropriately and/or timely diagnose patient J.B.;

e. By prescribing inappropriate quantities, combinations, and/or dosages of controlled substances to patient J.B. without justification;

f. By failing to order specialized consultations for patient J.B. for alternative, non-opioid interventional pain management therapies; and/or

g. By failing to consult with other treating practitioner(s), including specialists in psychiatry, behavioral therapy, and/or pain management.

99. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2011), in her treatment of patient J.B. by failing to meet the standard of care, as defined in Section 456.50(g), Florida Statutes (2011), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

**Count Four – Patient T.E.**

Violation of Section 459.015(1)(x), Florida Statutes (2013-2015)

100. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and sixty-three (63) through seventy-six (76), as if fully set forth herein.

101. As set forth above, Respondent fell below the prevailing professional standard of care in her treatment of patient T.E. in one or more of the following ways:

- a. By failing to obtain a complete and comprehensive medical history for patient T.E.;
- b. By failing to perform a complete physical examination for patient T.E. on more than one visit;
- c. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain without justification;
- d. By failing to adequately assess patient T.E.'s symptoms and progress;
- e. By failing to adequately, accurately, appropriately and/or timely diagnose patient T.E.;
- f. By failing to develop an appropriate treatment plan for patient T.E.;

g. By prescribing inappropriate quantities, combinations, and/or dosages of controlled substances to patient T.E. without justification;

h. By failing to order specialized consultations for patient T.E. for alternative, non-opioid interventional pain management therapies; and/or

i. By failing to consult with other treating practitioner(s), including specialists in psychiatry, behavioral therapy, and/or pain management.

102. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2013-2015), in her treatment of patient T.E. by failing to meet the standard of care, as defined in Section 456.50(g), Florida Statutes (2013-2015), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

**Count Five – Patient J.D.B.**

**Violation of Section 459.015(1)(x), Florida Statutes (2013-2015)**

103. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and seventy-seven (77) through eighty-nine (89), as if fully set forth herein.

104. As set forth above, Respondent fell below the prevailing professional standard of care in her treatment of patient J.D.B. in one or more of the following ways:

- a. By failing to obtain a complete and comprehensive medical history for patient J.D.B.;
- b. By failing to perform a complete physical examination for patient J.D.B. at his initial visit;
- c. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain without justification;
- d. By failing to adequately, accurately, appropriately and/or timely diagnose patient J.D.B.;
- e. By failing to develop an appropriate treatment plan for patient J.D.B.;
- f. By prescribing inappropriate quantities, combinations, and/or dosages of controlled substances to patient J.D.B. without justification;
- g. By failing to order specialized consultations for patient J.D.B. for alternative, non-opioid interventional pain management therapies; and/or

h. By failing to consult with other treating practitioner(s), including specialists in psychiatry, behavioral therapy, and/or pain management.

105. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2013-2015), in her treatment of patient J.D.B. by failing to meet the standard of care, as defined in Section 456.50(g), Florida Statutes (2013-2015), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

Section 459.015(1)(t), Florida Statutes (2009-2012)

106. Section 459.015(1)(t), Florida Statutes (2009-2012), subjects a licensee to discipline, including suspension, for prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the osteopathic physician's professional practice. For purposes of this paragraph, it shall be legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best

interest of the patient and is not in the course of the physician's professional practice, without regard to his or her intent.

**Count Six – Patient K.T.**

Violation of Section 459.015(1)(t), Florida Statutes (2014-2015)

107. Petitioner re-alleges and incorporates paragraphs one (1) through thirty-four (34), as if fully set forth herein.

108. Respondent prescribed legend drugs, including controlled substances, other than in the course of her professional practice in treating patient K.T. in one or more of the following ways:

a. By prescribing legend drugs inappropriately to patient K.T., including by prescribing Xanax, Norco, methadone, meloxicam and/or gabapentin without appropriate, adequate examination of patient K.T.;

b. By prescribing legend drugs in excessive quantities to patient K.T., including by regularly prescribing 60 tablets of Xanax 1 mg, 150 tablets of Norco 10-325 mg, 60 tablets of methadone 5 mg, 30 tablets of meloxicam 15 mg, and/or 60 tablets of gabapentin 600 mg approximately every thirty days;

c. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain for patient K.T. without adequate justification;

d. By prescribing legend drugs in inappropriate quantities and/or combinations to patient K.T.; and/or

e. By prescribing legend drugs to patient K.T. not in patient K.T.'s best interests by failing to adequately monitor patient K.T.'s legend drug use.

109. Based on the foregoing, Respondent violated Section 459.015(1)(t), Florida Statutes (2014-2015), by prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the osteopathic physician's professional practice.

**Count Seven– Patient J.J.**

**Violation of Section 459.015(1)(t), Florida Statutes (2011-2015)**

110. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and thirty-five (35) through forty-seven (47), as if fully set forth herein.

111. Respondent prescribed controlled substances other than in the course of her professional practice in treating patient J.J. in one or more of the following ways:

- a. By prescribing legend drugs inappropriately to patient J.J. after two different UDS came back with results inconsistent with patient J.J.'s prescriptions;
- b. By prescribing legend drugs to patient J.J. without physical examinations supporting the continuous use of opioid therapies on a continuing basis;
- c. By prescribing opioids to patient J.J. on at least one visit when patient J.J. reported zero pain;
- d. By prescribing Xanax to patient J.J. on at least one visit when patient J.J. reported no anxiety;
- e. By prescribing legend drugs in excessive quantities to patient J.J., including by regularly prescribing 30 tablets of ondansetron 4 mg, 180 tablets of oxycodone 30 mg, 90 tablets of Percocet 10-325 mg, and/or 30 tablets of Xanax 2 mg approximately every thirty days;

f. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain for patient J.J. without adequate justification;

g. By prescribing legend drugs in inappropriate quantities and/or combinations to patient J.J.; and/or

h. By failing to adequately monitor patient J.J.'s legend drug use.

112. Based on the foregoing, Respondent violated Section 459.015(1)(t), Florida Statutes (2011-2015), by prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the osteopathic physician's professional practice.

**Count Eight – Patient J.B.**

Violation of Section 459.015(1)(t), Florida Statutes (2013-2015)

113. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and forty-eight (48) through sixty-two (62), as if fully set forth herein.

114. Respondent prescribed controlled substances other than in the course of her professional practice in treating patient J.B. in one or more of the following ways:

a. By prescribing legend drugs inappropriately to patient J.B., including by prescribing Flexeril, oxycodone, Percocet, and/or robaxin without appropriate, adequate examination of patient J.B.;

b. By prescribing legend drugs in excessive quantities to patient J.B., including by regularly prescribing 75 tablets of Flexeril 10 mg, 60 tablets of Robaxin-750, and/or 150 tablets of Percocet 10-325 mg approximately every thirty days;

c. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain for patient J.B. without adequate justification;

d. By prescribing legend drugs in inappropriate quantities and/or combinations to patient J.B.; and/or

e. By prescribing legend drugs to patient J.B. not in patient J.B.'s best interests by failing to adequately monitor patient J.B.'s legend drug use.

115. Based on the foregoing, Respondent violated Section 459.015(1)(t), Florida Statutes (2013-2015), by prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any

controlled substance, other than in the course of the osteopathic physician's professional practice.

**Count Nine – Patient T.E.**

Violation of Section 459.015(1)(t), Florida Statutes (2013-2015)

116. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and sixty-three (63) through seventy-six (76), as if fully set forth herein.

117. Respondent prescribed controlled substances other than in the course of her professional practice in treating patient T.E. in one or more of the following ways:

a. By prescribing legend drugs inappropriately to patient T.E., including by prescribing metformin, meloxicam, methadone, and/or oxycodone without appropriate, adequate examination of patient T.E. which supported the prescriptions;

b. By prescribing legend drugs in excessive quantities to patient T.E., including by regularly prescribing 30 tablets of metformin 500 mg, 30 tablets of meloxicam 15 mg, 90 tablets of methadone 10 mg, and/or 120 tablets of oxycodone 30 mg approximately every thirty days;

c. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain for patient T.E. without adequate justification;

d. By prescribing legend drugs in inappropriate quantities and/or combinations to patient T.E.; and/or

e. By prescribing legend drugs to patient T.E. not in patient T.E.'s best interests by failing to adequately monitor patient T.E.'s legend drug use.

118. Based on the foregoing, Respondent violated Section 459.015(1)(t), Florida Statutes (2013-2015), by prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the osteopathic physician's professional practice.

**Count Ten – Patient J.D.B.**

**Violation of Section 459.015(1)(t), Florida Statutes (2013-2015)**

119. Petitioner re-alleges and incorporates paragraphs one (1) through fifteen (15) and seventy-seven (77) through eighty-nine (89), as if fully set forth herein.

120. Respondent prescribed controlled substances other than in the course of her professional practice in treating patient J.D.B. in one or more of the following ways:

a. By prescribing legend drugs inappropriately to patient J.D.B., including by prescribing him temazepam, oxycodone, and/or MS Contin without appropriate, adequate examination of patient J.D.B.;

b. By prescribing legend drugs in excessive quantities to patient J.D.B., including by regularly prescribing 30 tablets of temazepam 15 mg, 135 tablets of oxycodone 30 mg, and/or 60 tablets of MS Contin 30 mg approximately every thirty days;

c. By prescribing more than a 72-hour dose of controlled substances for chronic non-malignant pain for patient J.D.B. without adequate justification;

d. By prescribing legend drugs in inappropriate quantities and/or combinations to patient J.D.B.; and/or

e. By prescribing legend drugs to patient J.D.B. not in patient J.D.B.'s best interests by failing to adequately monitor patient J.D.B.'s legend drug use.

121. Based on the foregoing, Respondent violated Section 459.015(1)(t), Florida Statutes (2013-2015), by prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the osteopathic physician's professional practice.

Section 459.015(1)(o), Florida Statutes (2009 – 2012)

122. Section 459.015(1)(o), Florida Statutes (2009 – 2012), subjects a licensee to discipline for failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician or the osteopathic physician extender and supervising osteopathic physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.

**Count Eleven – Patient K.T.**

Violation of Section 459.015(1)(o), Florida Statutes (2013-2015)

123. Petitioner re-alleges and incorporates paragraphs one (1) through thirty-four (34), as if fully set forth herein.

124. During patient K.T.'s treatment period, Respondent failed to keep adequate medical records in one or more of the following ways:

- a. By failing to create or maintain legible records;
- b. By failing to create or maintain records which justify the course of treatment of patient K.T.;
- c. By failing to create or maintain detailed physical examination results and/or notes, including progress updates;
- d. By failing to create or maintain records including comprehensive patient history;
- e. By failing to create or maintain records of all test results, including UDS and/or updated MRI test results; and/or
- f. By failing to create or maintain complete records of drugs prescribed, dispensed, or administered;
- g. By failing to create or maintain records and/or results of consultations; and/or

125. Based on the foregoing, Respondent violated Section 459.015(1)(o), Florida Statutes, (2013-2015), by failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician [who is] responsible for

rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient.

**Count Twelve – Patient J.J.**

Violation of Section 459.015(1)(o), Florida Statutes (2011-2015)

126. Petitioner re-alleges and incorporates paragraphs one (1) through fourteen (14) and thirty-five (35) through forty-eight (48), as if fully set forth herein.

127. During patient J.J.'s treatment period, Respondent failed to keep adequate medical records in one or more of the following ways:

- a. By failing to create or maintain legible records;
- b. By failing to create or maintain records which justify the course of treatment of patient J.J.;
- c. By failing to create or maintain detailed physical examination results and/or notes, including progress updates;
- d. By failing to create or maintain records including comprehensive patient history;
- e. By failing to create or maintain records of all test results, including UDS and/or updated MRI test results; and/or
- f. By failing to create or maintain records and/or results of consultations.

128. Based on the foregoing, Respondent violated Section 459.015(1)(o), Florida Statutes, (2011-2015), by failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician [who is] responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient.

**Count Thirteen – Patient J.B.**

Violation of Section 459.015(1)(o), Florida Statutes (2013-2015)

129. Petitioner re-alleges and incorporates paragraphs one (1) through fourteen (14) and forty-nine (49) through fifty-nine (59), as if fully set forth herein.

130. During patient J.B.'s treatment period, Respondent failed to keep adequate medical records in one or more of the following ways:

- a. By failing to create or maintain legible records;
- b. By failing to create or maintain records which justify the course of treatment of patient J.B.;
- c. By failing to create or maintain detailed physical examination results and/or notes, including progress updates;
- d. By failing to create or maintain records including comprehensive patient history;

e. By failing to create or maintain records of all test results, including UDS and/or updated MRI test results; and/or

f. By failing to create or maintain records and/or results of consultations.

131. Based on the foregoing, Respondent violated Section 459.015(1)(o), Florida Statutes, (2013-2015), by failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician [who is] responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient.

**Count Fourteen – Patient T.E.**

Violation of Section 459.015(1)(o), Florida Statutes (2013-2015)

132. Petitioner re-alleges and incorporates paragraphs one (1) through fourteen (14) and sixty (60) through seventy-two (72), as if fully set forth herein.

133. During patient T.E.'s treatment period, Respondent failed to keep adequate medical records in one or more of the following ways:

a. By failing to create or maintain legible records;

b. By failing to create or maintain records which justify the course of treatment of patient T.E.;

- c. By failing to create or maintain detailed physical examination results and/or notes, including progress updates;
- d. By failing to create or maintain records including comprehensive patient history;
- e. By failing to create or maintain records of all test results, including UDS and/or updated MRI test results; and/or
- f. By failing to create or maintain records and/or results of consultations.

134. Based on the foregoing, Respondent violated Section 459.015(1)(o), Florida Statutes, (2013-2015), by failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician [who is] responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient.

**Count Fifteen – Patient J.D.B.**

Violation of Section 459.015(1)(o), Florida Statutes (2013-2015)

135. Petitioner re-alleges and incorporates paragraphs one (1) through fourteen (14) and seventy-three (73) through eighty-three (83), as if fully set forth herein.

136. During patient J.D.B.'s treatment period, Respondent failed to keep adequate medical records in one or more of the following ways:

- a. By failing to create or maintain legible records;
- b. By failing to create or maintain records which justify the course of treatment of patient J.D.B.;
- c. By failing to create or maintain detailed physical examination results and/or notes, including progress updates;
- d. By failing to create or maintain records including comprehensive patient history or obtaining records from his prior treating pain clinic in Orlando, and/or prior prescription records;
- e. By failing to create or maintain records of all test results, including UDS and/or updated MRI test results; and/or
- f. By failing to create or maintain records and/or results of consultations.

137. Based on the foregoing, Respondent violated Section 459.015(1)(o), Florida Statutes, (2013-2015), by failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician [who is] responsible for

rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient.

### **Count Sixteen**

138. Petitioner re-alleges and incorporates paragraphs one (1) through eight (8), as if fully set forth herein.

139. Section 459.015(1)(pp), Florida Statutes (2015), provides that violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto, constitutes grounds for disciplinary action.

140. Section 459.0137(2)(i)1.-4., Florida Statutes, requires the designated physician of a pain management clinic to establish a quality assurance program that includes the following components: the identification, investigation and analysis of the frequency and causes of adverse incidents to patients; the identification of trends or patterns of incidents; measures to correct, reduce, minimize, or eliminate the risk of adverse incidents to patients; the documentation of these functions; and periodic review at least quarterly of such information by the designated physician.

141. Section 459.0137(2)(c), Florida Statutes, requires that a complete physical exam is performed by the physician, physician's assistant

or advanced practice registered nurse practitioner on the same day that the physician prescribes a controlled substance; and/or that the physician documents in the patient's record the reason for prescribing more than a 72-hour supply of controlled substances for the treatment of chronic non-malignant pain.

142. Respondent failed to meet the requirement(s) of sections 459.0137(2)(i) and/or (2)(c), as evidenced when NFTC failed the routine inspection conducted on or about October 22, 2015.

143. Based on the foregoing, Respondent violated section 459.015(1)(pp), Florida Statutes (2015), by violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.

*[Remainder of the page intentionally left blank.]*

WHEREFORE, Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this 10th day of May, 2018.**

Celeste Philip, MD, MPH  
Surgeon General and Secretary

*/s/ Ann L. Prescott*

Ann L. Prescott  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar # 0092974  
(850) 558-9886 Telephone  
(850) 245-4662 Facsimile

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: *Amy Carraway*

MAY 11 2018

DATE \_\_\_\_\_

/ALP

PCP: May 10, 2018

PCP Members: Moran (chair) & Hayden

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

**A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.**

**Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

# Charles Kim Friedman, D.O.

6640 78th Ave N., Suite A  
Pinellas Park, FL 33781

October 11, 2016

Department of Health, PSU  
c/o Abbason and Associates, Inc.  
127 W. Fairbanks Avenue #452  
Winter Park, FL 32789

Regarding: DOH v NLK 2015-28205

Dear Department of Health, Prosecution Services Unit,

This case involves alleged practice below standard of care.

Questions:

1. Do you know the Subject, the Complainant, and/or have direct knowledge of the circumstances surrounding this case?

No

2. Do you currently perform or have you performed within the last year, the examination/test/procedure/etc. or prescribe the medications that are at issue in this case?

Yes

Did you perform the examination/test/procedure/etc. or prescribed the medications that are issue in this case at the time the incident occurred?

Yes

3. Did the Subject meet the applicable standards of care outlined in the Florida Statutes in his/her examination, diagnosis, and treatment of the patient?

Please refer to the case summary below.

4. Did the Subject adequately assess the patient's complaints and symptoms?

No, see summary.

Was a complete assessment of the patient's condition completed to include appropriate lab testing, x-rays and examinations?

See summary.

Was a complete and proper history and physical examination documented by the Subject?

See Summary.

5. Was the Subject's diagnosis of the patient's condition appropriate, adequate, accurate, and timely?

No, see summary.

6. Did the patient's complaints/condition call for the use of specialized consultations for diagnosis and/or treatment? If so, did the Subject appropriately and timely refer the patient for such consultations? The patient's complaint called for a specialized consultation. The patients were not referred to such consultations in a timely manner.

7. Was the appropriate plan or treatment for the patient's condition identified and pursued by the Subject?

No, see summary.

8. Did the Subject prescribe, dispense, inject, or administer legend drugs or any substance to the patient that was inappropriate, in an inappropriate manner, or in excessive or inappropriate quantities?

The subject prescribed medication in an inappropriate manner. Please see below.

9. Do the medical records maintained by the Subject accurately and completely document and justify the course of treatment utilized in the care of the patient?

The subject did not document and justify the course of treatment utilized. The patient's history and physical examinations were incomplete. There are identified deficiencies within the medical records. Portions of the medical record were not legible. See below.

10. Do the billing records (if enclosed) for services provided reflect appropriate tests/testing?

Not applicable.

11. What other steps, if any, could Subject have taken to deal with this problem more effectively?

See below.

12. Please comment on Subject's response or expert opinion on behalf of Subject if included in the materials for your review.

Not applicable.

Summary/Conclusion:

PATIENT SUMMARIES:

Patient K.T., date of birth April 25, 1957.

K.T. is a 58-year-old female who was seen with a chief complaint of hip pain status post fracture in 2010 with failed surgical intervention. All information is obtained from the intake form. The patient states that she had a diabetic neuropathy. She also indicated she was under the care by her primary care physician for depression. On the date of intake, May 8, 2015, there was no intake history and physical examination. There was no indication that the intake form had been reviewed by the physician. The patient was prescribed opioid medication and seen in followup on June 5th. On June 5th, it was noted the patient to be wheelchair bound and unable to ambulate, although physical examination revealed a normal motor exam, reflex exam and sensory exam. The gait was noted to be normal, although the patient was noted to be wheelchair bound. There was no current active diagnosis. There were no physical findings that suggested or indicated opioid use by physical examination which was dictated as normal.

On July 3rd, the patient complained of anxiety. It was recommended by the physician that psychiatry evaluate the patient. Review of systems on the same date, it was stated there was no new anxiety. The examination was found to be completely normal including the patient's gait. There was also no active diagnosis. The patient was re-evaluated on August 28th. It was noted that her right leg was totally non-weightbearing,

and there was some edema about the right lower extremity. The patient was then seen in followup in September. There was discussion of a wheelchair. The patient was noted to be unable to stand with assistance. Right leg lower extremity revealed motor exam to be 0 to 1/5, reflexes were +1. There was a poor sensory exam. The lower extremity was noted to be edematous, cool to touch.

The physician failed to perform history and physical examination prior to prescribing opioids on the date May 8, 2015. Physical examinations performed were inconsistent, questioning their validity from a normal motor and a normal gait to a wheelchair-bound patient with 0 to 1/5+ motor. Although there was recommendation for psych evaluation with increasing complaints of anxiety, the physician continued to prescribe Xanax. There was no followup in the medical records indicating that the patient had been seen by psych. There was no indication that alternative therapies, including referral to a psychologist for cognitive behavioral therapy, antidepressives or mood stabilizers, were used in addition to anxiety medications such as Xanax. There were no urine drug screens performed within the case.

The patient is J.J., date of birth, April 24, 1955.

J.J. is a 56-year-old male who presented with a 20-year history of back and neck pain. The patient was seen in consultation on April 11, 2012, and appropriate physical and history examination was performed on the initial day of consultation. The patient was subsequently seen from May 9, 2012 until August 26, 2014, during which time there was no urine drug screen. There were 27 visits of handwritten notes with some areas being difficult to read; however, there is an incomplete physical examination performed throughout these dates of service that lacked findings that were supportive for continuing use of opioid therapy on a continuous basis.

On August 26, 2014, there was no exam generated at all. The patient completed a pain disability index which indicated there was no interference with activities of daily living as a result of their pain, further questioning the use of opioid therapy. At that session, inventory was evaluated as well as an anxiety inventory which was not supportive of the diagnosis of anxiety. The patient was continued on Xanax. There was no referral for counseling for cognitive behavioral therapy. There was no antidepressant use or referral to psychiatry. The patient was seen in September of 2014 where a change in the format of medical records was noted. Throughout the remainder of the chart, the medical records ranged from a normal musculoskeletal exam to services without musculoskeletal exam, none of which validated the use of continuous opioid therapy. There were no findings on any of the physical examinations other than initial history and physical in 2012 that substantiated indications for opioid therapy.

On two occasions, April 8, 2015 and November 17, 2015, two urine drug screens were obtained. The drug screens were abnormal. There was no evidence of benzodiazepine within the urine drug screens. These abnormal drug screens were not discussed or documented as being discussed within the medical records as to them being abnormal as

to the reason. There is no plan of care or action taken to address the abnormalities in the drug screens obtained.

Patient J.B., date of birth January 27, 1964.

J.B. is a 50-year-old HIV positive male status post L4-L5 fusion in 2001. Chief complaint was that of back and hip pain. He was known to be a forklift operator. He was initially seen taking oxycodone and hydrocodone. On the date of intake, there was no history and physical examination generated. There was no indication that the intake form was reviewed with the patient. There are no examinations which would invalidate the prescribing of opioid therapy. In addition, on the intake evaluation, the patient endorsed a history of cocaine use. Urine drug screen was not performed. The patient was seen in followup on November 6, 2014. There was an appropriate history and physical examination on that date which denoted a decrease in dorsiflexion, lower extremity weakness at +3 to -4/5. The patient was noted to be cane dependent and had an abnormal gait. The patient was seen in followup on December 11, 2014 and November 20, 2014. During these followup appointments, the patient's physical examination was noted to be completely normal including motor, reflexes, sensory and normal gait, although it had been noted in prior dates of service that the patient had lower extremity weakness, loss of dorsiflexion and an abnormal gait and was cane dependent. It was still documented that physical examinations were all normal. These physical examinations were inconsistent, and their validity is in question due to their inconsistencies. There is a notation that stated the 72-hour rule to cover the physician's prescribing medications, but the history and physical examinations were absent. The medical records were inconsistent and therefore did not justify the course of treatment rendered by the physician.

Patient T.E., date of birth, March 5, 1965.

T.E. is a 45-year-old male status post motor vehicle accident. He was initially evaluated by Dr. Ehrlich with complaints of lumbar disc disease since 2007. The patient was taking 45 mg of oxycodone. The patient was seen in followup on August 10, 2010, by Dr. NLK at which time the patient had subjective complaints of limited range of motion. The physician did note, "lots of muscle spasms." As a result, increased his opioids from 45 mg per day to 90 mg per day and added a muscle relaxant, Baclofen. The patient was not noted to have objective medical findings to indicate the necessity of increasing opioid therapy based on muscle pain. The patient was seen on September 7, 2010. Chief complaint was "lots of muscle spasm." The opioids were then increased once again to 120 mg per day. There were no other physical findings that indicated the necessity to increase opioid therapy based on myofascial pain or myofascial spasm.

From 2010 until 2014, reveals primarily handwritten notes that lack documentation for continuous opioid therapy based on findings on objective physical examination. During this period of time, while there was no basis in the medical records based on physical exam for elevating doses of opioid, we find the patient subsequently in 2014 on 350 mg of oxycodone a day in addition to 30 mg of methadone a day. There is a format change in the medical records in 2014. Most dates of service did not provide a physical

examination that documented findings that warranted continuing or increasing opioid therapy, although this was performed. The patient was seen for urine drug test on May 21, 2014, which is four years after the initiation of opioid therapy. Subsequent urine drug screens were performed on April 10, 2015, March 9, 2015, all were within normal limits.

Based on the above case, the physician failed to document physical findings that were indicative of indications for opioid therapy, failed to document physical findings that warranted continuing opioid therapy or increasing opioid therapy. The patient was not provided any adjunctive care or sent for further evaluation through physical therapy or any other modalities of care.

#### CONCLUSION/SUMMARY:

The subject failed to meet the required standard of care by the State of Florida and the standard of care met by Federal Law for prescribing opioid therapy. The physician primarily lacked objective findings on physical examinations when they were performed and prescribed opioids on frequent occasions without performing a physical examination.

Additional case, J.D.B, date of birth October 11, 1977. Date of consultation, August 15, 2013.

J.D.B. is a 35-year-old male who presented with a complaint of low back pain and right lower extremity pain. He was status post a dirt bike accident in 1999. He attempted physical therapy. He was employed as a landscaper. He complained of difficulty sleeping. During the initial date of consultation, there was no history and physical examination performed that is available in the electronic medical record. There is no documentation of objective findings establishing medical necessity for opioid therapy. The patient was subsequently seen in followup from August of 2014 through May of 2015. During that period of time, approximately nine months, lacked specific objective findings on physical examination to warrant continuous opioid therapy. The patient had been diagnosed with neuropathic pain. The physical examinations were limited. There were no documented neuromuscular exams. There were no supportive objective findings for the support of opioid use.

In June of 2015, the patient was in a motor vehicle accident, described as a rollover accident. It was noted that his lower extremity strength in the right side had decreased to 3 to 4/5. There was noted to be a right knee effusion. The physician had recommended MRIs of the shoulder, knee and lumbar region. The patient was subsequently seen in the medical records in followup in July, October, November and December, at which time all neuromuscular exams were documented as being normal. There was no followup as to the outcomes or whether the patient ever completed the MRIs ordered by the physician. The patient did not receive additional musculoskeletal exams to follow up on the new acute findings of lower extremity weakness.

The above medical opinion was based on the current availability of the medical records reviewed at the time of this dictation. If there are further medical records for review of these dates of services, this may alter the opinion of this reviewer.

If you have any further questions, please call (407) 766-0882 to schedule a telephone conference.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Kim Friedman". The signature is fluid and cursive, with a long horizontal stroke at the beginning.

Charles Kim Friedman, D.O.

**CURRICULUM VITAE**  
**Charles Kim Friedman, D.O.**

**GENERAL**

Date of Birth:  
Place of Birth:  
Citizenship:  
Language Spoken:  
Sex:  
NPI#:  
UPIN:  
Medicare#:  
Tax ID#:

**EDUCATION**

**Fellowship:**

University of Florida  
P.O. Box 100216  
Gainesville, FL 32610  
January 2012 – January 2013  
Specialty: Addiction Medicine

**Residency:**

University of Miami/ Jackson Memorial Hospital  
1611 N.W. 12<sup>th</sup> Avenue  
Miami, FL 33136  
July 1987 – June 1990  
Specialty: Anesthesiology

**Internship:**

Southeastern Medical Center  
2360 N.W. 36<sup>th</sup> Street  
Miami, FL 33142  
July 1986 - June 1987  
Specialty: Rotating Internship

**Medical School:**

Southeastern University  
1750 N.E. 167<sup>th</sup> Street  
North Miami, FL 33162  
August 1982 – June 1986  
Degree: D.O.

## **EDUCATION cont.**

**Undergraduate:** Florida International University  
3000 N.E. 151<sup>st</sup> Street  
North Miami, FL 33181  
August 1979 – May 1982  
Degree: Bachelor of Science in Biology

## **LICENSURE**

State of Florida (OS5789) January 10, 1990 – Present  
State of Hawaii (DOS1129) August 11, 2006 – Present

## **BOARD CERTIFICATIONS**

American Board of Anesthesiology (#21394) - September 25, 1992  
American Board of Anesthesiology – Subspecialty Pain Medicine (#21394) -  
November 1, 1996, Recertified October 6, 2007  
American Board of Addiction Medicine – December 8, 2012  
National Board of Osteopathic Medical Examiners (#157330) - July 1, 1989

## **OTHER CERTIFICATIONS**

The National Forum of Independent Pain Clinicians (January 2000)  
Nucleoplasty Certificate of Training (August 2001)  
Clinical Education Inc. (Interventional National Speaker/ Workshop Trainer)  
Advanced Cardiac Life Support (ACLS)

## **PRESENTATIONS**

|               |                                                                                                                                            |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| June 2015     | <i>Pain and Addiction</i> , 2015 Addiction Health Summit, Orlando, FL                                                                      |
| May 2013      | <i>Pain and Addiction</i><br>University of Florida, Florida Recovery Center                                                                |
| January 2013  | <i>Pain and Addiction Medicine in Family Practice</i> , Pinellas County<br>Osteopathic Medical Society Winter Seminar                      |
| July 2011     | <i>Continuing Educational Series</i> , Largo Medical Center                                                                                |
| February 2011 | <i>Pain Management: What Case Managers Need to Know</i> , Corvel<br>1.0 CEU – CCM, FL Adjuster, Nursing                                    |
| December 2010 | <i>Pain Management: What Occupational Health Nurses Need to Know</i> , West Coast Chapter of Occupational Nurses<br>1.0 CEU – CCM, Nursing |
| October 2010  | <i>IMEs, Case Management, &amp; Peer Review</i> , One Call Medical<br>Webinar<br>1.0 CEU – CCM, Nursing                                    |

## **PRESENTATIONS cont.**

|                |                                                                                                                                |
|----------------|--------------------------------------------------------------------------------------------------------------------------------|
| June 2010      | <i>Anatomic and Physiologic Basis of Pain</i> , West Coast Regional Case Managers' Association<br>1.0 CEU - CCM, CDMS, Nursing |
| January 2010   | <i>A New OMT Perspective</i> , Pinellas County Osteopathic Medical Society Winter Seminar                                      |
| December 2009  | <i>Pain Management</i> , St. Petersburg Bar Association<br>1.0 CLE - General                                                   |
| June 2009      | <i>Anatomic and Physiologic Basis of Pain</i> , Casa Loma<br>1.0 CEU – CCM, FL Adjuster, Nursing                               |
| September 2008 | <i>Anatomic and Physiologic Basis of Pain</i> , City of St. Petersburg<br>1.0 CEU – CCM, FL Adjuster, Nursing                  |
| July 2008      | <i>Pain Management</i> , Commercial Risk Management<br>1.0 CEU – CCM, FL Adjuster, Nursing                                     |
| March 2008     | <i>Anatomic and Physiologic Basis of Pain</i> , Coventry Workers' Compensation<br>1.0 CEU – CCM, FL Adjuster, Nursing          |
| December 2006  | <i>The Anatomy and Physiology of Pain</i> , St. Petersburg Bar Association<br>1.0 CLE - General                                |

## **PROFESSIONAL MEMBERSHIPS**

American Academy of Addiction Psychiatry  
American College of Occupational & Environmental Medicine  
American Medical Association  
American Osteopathic Association  
American Society of Addiction Medicine  
American Society of Interventional Pain Physicians  
Florida Academy of Pain Medicine  
Florida Medical Association  
Florida Osteopathic Association  
Florida Physicians Association  
Florida Society of Addiction Medicine  
Florida Society of Interventional Pain Physicians  
International Association for the Study of Pain  
International Spinal Injection Society  
North American Neuromodulation Society  
North American Spine Society  
Pinellas County Medical Society  
Pinellas County Osteopathic Medical Society

## **PROFESSIONAL EXPERIENCE**

Medical Director  
Recovery Resources of Florida  
8839 Bryan Dairy Rd., Suite 215  
Largo, FL 33777  
August 2013 - Present

Assistant Professor  
University of Florida  
College of Medicine  
Department of Psychology  
Division of Addiction Medicine  
January 2013 - Present

Founding Partner  
Medical Director  
Pain Relief Centers  
6640 78<sup>th</sup> Ave. North, Suite A  
Pinellas Park, FL 33781  
January 2002 – Present

Pain Management Physician  
Pain Relief Centers  
Seminole, FL  
March 1998 – December 2001

Pain Management Physician  
Pain Relief Centers  
Largo, FL  
May 1997 – March 1998

Medical Director of Pain Treatment Center  
Columbia University General Hospital  
Seminole, FL  
1994 - May 1997

Director of Anesthesia Services  
Columbia University General Hospital  
Columbia Metropolitan General Hospital  
Columbia Women's Medical Center  
Seminole, FL  
November 1991 – May 1997

**PROFESSIONAL EXPERIENCE cont.**

Chief of Anesthesia  
Columbia University General Hospital  
Seminole, FL  
November 1991 – May 1997

Humana Hospital South Broward  
Hollywood, FL  
Staff Anesthesiologist  
July 1990 – October 1991

Jackson Memorial Medical Center  
Miami, FL  
Staff Anesthesiologist  
June 1988 – July 1990

**HOSPITAL AFFILIATIONS**

Largo Medical Center  
201 14<sup>th</sup> Street SW  
Largo, FL 33774  
Interventional Pain Management Specialist  
Courtesy Privileges  
May 1997 - Present

Morton Plant Hospital  
300 Pinellas Street  
Clearwater, FL 33756  
Interventional Pain Management Specialist  
Active Privileges  
May 1998 - Present

Morton Plant Mease Hospital  
1840 Mease Drive  
Safety Harbor, FL 34695  
Interventional Pain Management Specialist  
Courtesy Privileges  
August 2000 - Present

Northside Hospital  
6000 49<sup>th</sup> Street North  
St. Petersburg, FL 33709  
Interventional Pain Management Specialist  
Associate Privileges  
January 2002 – January 2008

**HOSPITAL AFFILIATIONS cont.**

Sun Coast Hospital  
2025 Indian Rocks Road  
Largo, FL 33774  
Interventional Pain Management Specialist  
Courtesy Privileges  
August 1998 - Present

**OUTPATIENT CENTER AFFILIATIONS**

West Park Surgery Center  
6640 78<sup>th</sup> Avenue North, Suite B  
Pinellas Park, FL 33781  
Founder  
Medical Director of Surgical Services  
Active Privileges  
May 2005 - Present

Bardmoor Outpatient Center  
8787 Bryan Dairy Road  
Largo, FL 33777  
Interventional Pain Management  
Active Privileges  
May 1998 – Present

**OTHER AFFILIATIONS**

Owner  
Florida's West Coast Medical Billing  
P.O. Box 7048  
Seminole, FL 33775

**COVERING PHYSICIAN**

Thanh T. Le, M.D.  
Pain Relief Centers  
6640 78<sup>th</sup> Avenue North, Suite A  
Pinellas Park, FL 33781  
Phone: 727-518-8660  
Fax: 727-518-8662

## **REFERENCES**

Larry D. Horvath, D.O  
P.O. Box 20  
Largo, FL 33779  
Phone: 727-528-6100  
Fax: 727-528-7895

Larry J. Feinman, D.O.  
Largo Medical Center  
201 14<sup>th</sup> Street SW  
Largo, FL 33770  
Phone: 727-588-5800  
Fax: 727-588-5906

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

May 15, 2020

**PERSONAL AND CONFIDENTIAL – VIA ELECTRONIC MAIL ONLY**

Nancy Lee Kopitnik, D.O.  
7169 University Boulevard  
Winter Park, Florida 32792  
[nancykopitnik@earthlink.net](mailto:nancykopitnik@earthlink.net)

Re: DOH v. Nancy Lee Kopitnik, D.O.  
DOH Case Number 2015-28205

Dear Dr. Kopitnik:

The Department is in receipt of the signed and notarized Settlement Agreement in the above case. Please find enclosed a fully executed copy of the agreement for your files.

Our office is now making preparation to present the case at the next meeting of the Board of Osteopathic Medicine scheduled for **August 21, 2020, in Champions Gate, Florida**. The Board office will provide you with an additional notice about two weeks prior to the meeting.

Thank you for your attention and cooperation in this matter. Should you have any questions, please feel free to contact this office.

Sincerely,

*Geoffrey M. Christian*

Geoffrey M. Christian, Esq.  
Assistant General Counsel

GMC/rr

Enclosure: as stated in the text

**Florida Department of Health**

Office of the General Counsel – Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265  
Express Mail: 2585 Merchants Row BV, Suite 105, Tallahassee, FL 32399  
PHONE: (850) 245-4640 • FAX: (850) 245-4684

**FloridaHealth.gov**



## Christian, Geoffrey

---

**From:** Christian, Geoffrey  
**Sent:** Friday, May 15, 2020 11:25 AM  
**To:** nancykopitnik@earthlink.net  
**Cc:** Richardson, Rickey  
**Subject:** DOH v. Nancy Lee Kopitnik, D.O., DOH Case No. 2015-28205  
**Attachments:** 2020.05.15 letter-acknowledgement and notice kopitnik, nancy do 2015-28205.pdf; fully executed settlement agreement with exh. a kopitnik, nancy do 2015-28205.pdf

Hi Dr. Kopitnik,

Please find attached an acknowledgement and notice letter in connection with the above matter. This document is being sent by email only. Thanks again for your assistance and cooperation.

Best,  
Geoff

Geoffrey M. Christian, Esq.  
Assistant General Counsel  
Office of the General Counsel  
Prosecution Services Unit  
Florida Department of Health  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: 850-245-4661  
Facsimile: 850-245-4684  
E-mail: [Geoffrey.Christian@flhealth.gov](mailto:Geoffrey.Christian@flhealth.gov)

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Excellence: We promote quality outcomes through learning and continuous performance improvement.

Purpose: To protect the public through health care licensure, enforcement and information.

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N. L. Kopitnik, D.O., J.D., ABOS, AOBAM  
Board Certified General Surgery | Board Certified Addiction Medicine  
7169 University Blvd. Winter Park, FL 32792 | P - (407) 704 - 8878 | F - (407) 636 - 3086

May 11, 2020

Geoffrey M. Christian Esq.  
Assistant General Counsel  
Florida Department of Health  
4052 Bald Cypress Way Bin C65  
Tallahassee, Florida 32399-3265

2020 MAY 13 PM 2:05  
PRACTITIONER REGULATION  
LEGAL

Dear Mr. Christian;

I have enclosed the correspondence from the Health Law Firm, which indicated that a letter was mailed to both you and I on 3/25/2020, notifying me as well as you, that they were no longer representing me. I received no other correspondence, phone calls or emails detailing any discussion with you on my behalf.

To this end, I have accepted and signed the Settlement Agreement negotiated for me by my former attorney, Mr. Santos.

As I stated to you in the email, I have no more funds for representation, especially considering the Covid circumstances, and I hope you can work with me so that I can comply with the terms of the agreement as I represent myself..

I thank you in advance for your help resolving this.

Sincerely,



Nancy Lee Kopitnik, D.O.

Enclosures

**By APPOINTMENT:**  
37 N. ORANGE AVENUE, SUITE 500  
ORLANDO, FLORIDA 32801  
TELEPHONE: (407) 331-6620  
TELEFAX: (407) 331-3030

**By APPOINTMENT:**  
201 E. GOVERNMENT STREET  
PENSACOLA, FLORIDA 32502  
TELEPHONE: (850) 439-1001  
TELEFAX: (407) 331-3030

**By APPOINTMENT:**  
155 E. BOARDWALK DRIVE, SUITE 424  
FORT COLLINS, COLORADO 80525  
TELEPHONE: (970) 416-7456  
TELEFAX: (866) 203-1464



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**1101 DOUGLAS AVENUE, SUITE 1000**  
**ALTAMONTE SPRINGS, FLORIDA 32714**  
**TELEPHONE: (407) 331-6620**  
**TELEFAX: (407) 331-3030**  
**WWW.THEHEALTHLAWFIRM.COM**

May 11, 2020

**GEORGE F. INDEST III, J.D., M.P.A., LL.M.**  
FLORIDA, LOUISIANA, AND D.C.  
BOARD CERTIFIED BY THE FLORIDA  
BAR IN HEALTH LAW

**MICHAEL L. SMITH, R.R.T., J.D.**  
FLORIDA  
REGISTERED RESPIRATORY THERAPIST  
BOARD CERTIFIED BY THE FLORIDA  
BAR IN HEALTH LAW

**CAROLE C. SCHRIEFER, J.D.**  
FLORIDA, COLORADO, AND VIRGINIA

**LANCE O. LEIDER, J.D., LL.M.**  
FLORIDA

**ACHAL A. AGGARWAL, J.D.**  
FLORIDA

**AMANDA I. FORBES, J.D.**  
FLORIDA

**VIA E-MAIL & U.S. MAIL**

Geoffrey M. Christian, Esquire  
Assistant General Counsel  
Florida Department of Health  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265

**Re: Department of Health v. Nancy Lee Kopitnik, D.O.**  
**DOH Case No.: 2015-28205**  
**Our File No.: 2594/001**  
**NOTICE OF TERMINATION OF LEGAL REPRESENTATION**

Dear Mr. Christian:

This is to provide notice to the Department of Health that Michael L. Smith, The Health Law Firm, and I no longer represent Nancy Lee Kopitnik, D.O.

Please remove our names and addresses from the service list of any future documents or correspondence in this case.

Please feel free to contact Dr. Kopitnik directly going forward. Her contact information is:

Nancy Lee Kopitnik, D.O.  
Office Address:  
North Florida Treatment Centers, Inc.  
7169 University Blvd.  
Winter Park, Florida 32792  
Home Address:  
106 Pine Tree Lane  
Altamonte Springs, Florida 32714

Geoffrey M. Christian, Esquire  
Assistant General Counsel  
Florida Department of Health  
May 11, 2020  
- Page 2 -

---

Phone: (407) 459-6117  
E-mail: [nancykopitnik@earthlink.net](mailto:nancykopitnik@earthlink.net)

Sincerely,

**THE HEALTH LAW FIRM, P.A., by:**

A handwritten signature in black ink that reads "George F. Indest III". The signature is written in a cursive style with a prominent "G" and "I".

**GEORGE F. INDEST III, J.D., M.P.A., LL.M.**

Board Certified by The Florida Bar

in the Specialty of Health Law

**PRESIDENT & MANAGING PARTNER**

cc: Nancy Lee Kopitnik, D.O.

Michael L. Smith, Esquire

GFI/gi

S:\2500-2599\2594\001\320-Letters-Drafts & Finals\DOH-Christian-5.wpd

**BY APPOINTMENT:**  
37 N. ORANGE AVENUE, SUITE 500  
ORLANDO, FLORIDA 32801  
TELEPHONE: (407) 331-6620  
TELEFAX: (407) 331-3030

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TELEPHONE: (850) 439-1001  
TELEFAX: (407) 331-3030

**BY APPOINTMENT:**  
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FORT COLLINS, COLORADO 80525  
TELEPHONE: (970) 416-7456  
TELEFAX: (866) 203-1464



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TELEFAX: (407) 331-3030  
[WWW.THEHEALTHLAWFIRM.COM](http://WWW.THEHEALTHLAWFIRM.COM)**

May 11, 2020

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FLORIDA, LOUISIANA, AND D.C.  
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**MICHAEL L. SMITH, R.R.T., J.D.**  
FLORIDA  
REGISTERED RESPIRATORY THERAPIST  
BOARD CERTIFIED BY THE FLORIDA  
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**CAROLE C. SCHRIEFER, J.D.**  
FLORIDA, COLORADO, AND VIRGINIA

**LANCE O. LEIDER, J.D., LL.M.**  
FLORIDA

**ACHAL A. AGGARWAL, J.D.**  
FLORIDA

**AMANDA I. FORBES, J.D.**  
FLORIDA

**VIA E-MAIL & U.S. MAIL**

Geoffrey M. Christian, Esquire  
Assistant General Counsel  
Florida Department of Health  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265

**Re: Department of Health v. Nancy Lee Kopitnik, D.O.  
DOH Case No.: 2015-28205  
Our File No.: 2594/001**

**NOTICE OF TERMINATION OF LEGAL REPRESENTATION**

Dear Mr. Christian:

This is to provide notice to the Department of Health that Michael L. Smith, The Health Law Firm, and I no longer represent Nancy Lee Kopitnik, D.O.

Please remove our names and addresses from the service list of any future documents or correspondence in this case.

Please feel free to contact Dr. Kopitnik directly going forward. Her contact information is:

Nancy Lee Kopitnik, D.O.  
Office Address:  
North Florida Treatment Centers, Inc.  
7169 University Blvd.  
Winter Park, Florida 32792  
Home Address:  
106 Pine Tree Lane  
Altamonte Springs, Florida 32714

2020 MAY 14 PM 2:11  
PRACTITIONER REGULATION  
LEGAL

Geoffrey M. Christian, Esquire  
Assistant General Counsel  
Florida Department of Health  
May 11, 2020  
- Page 2 -

---

Phone: (407) 459-6117  
E-mail: [nancykopitnik@earthlink.net](mailto:nancykopitnik@earthlink.net)

Sincerely,

**THE HEALTH LAW FIRM, P.A., by:**



**GEORGE F. INDEST III, J.D., M.P.A., LL.M.**  
Board Certified by The Florida Bar  
in the Specialty of Health Law  
PRESIDENT & MANAGING PARTNER

cc: Nancy Lee Kopitnik, D.O.  
  
Michael L. Smith, Esquire

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ORLANDO FL 328

17 MAY 2009 1PM 5 1



Celebrating  
**50**



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Geoffrey M. Christian, Esquire  
Assistant General Counsel  
Florida Department of Health  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265

32399-326599



## Christian, Geoffrey

---

**From:** Shelly lobst <siobst@thehealthlawfirm.com>  
**Sent:** Monday, May 11, 2020 1:38 PM  
**To:** Christian, Geoffrey  
**Cc:** Michael L. Smith  
**Subject:** DOH Case No.: 2015-28205; Our File No.: 2594/001  
**Attachments:** 2020-05-11-DOH-Christian-5 (ltr to).pdf

Mr. Christian:

Please see the attached letter dated May 11, 2020.

Thank you,

*Shelly M. Jobst*

Shelly M. lobst  
Legal Assistant/Assistant Office Manager  
THE HEALTH LAW FIRM  
1101 Douglas Avenue, Suite 1000  
Altamonte Springs, Florida 32714  
Telephone: (407) 331-6620  
Telefax: (407) 331-3030  
E-mail: [siobst@thehealthlawfirm.com](mailto:siobst@thehealthlawfirm.com)

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## Christian, Geoffrey

---

**From:** nancykopitnik@earthlink.net  
**Sent:** Saturday, May 9, 2020 10:00 AM  
**To:** Christian, Geoffrey  
**Subject:** Dr. Kopitnik Settlement

Good Morning Mr. Christian;

I have been trying to put an end to this case for some time now. When Mr. Santos notified me in December that he was not going to remain in practice, I sought other counsel. I asked them to fine-tune the settlement agreement so that I could continue as a team physician for Vitas Hospice.

I have a team of 5 nurses, chaplain, social worker, and numerous CNAs . Our work is overseen by multiple medical directors and pharmacy staff. All the prescribing is done through our phones, and I cannot print on the phone. I have about 100 patients at any given time, so there many controlled substances I am responsible for on a given day. The orders are then approved by the pharmacy staff.

I was, and still am concerned that I can not produce all these records on the hospice patients. I want to keep this job. I asked both attorneys to clarify how I can accomplish this within the confines of the monitoring, but neither of them really understood my concerns.

My private practice is different. I can copy the electronic summary. All I have been asking for is a clarification concerning my Vitas work. I have been there several years, have very good annual reviews, and am already supervised by the medical directors.

Instead of clarifying this for me, my last attorneys started to prepare for a hearing that I cannot afford. They have charged me not only a 10,000 retainer, but another 26,000 for work on this case. I am out of money to hire another attorney. I called Mr. Santos in March and asked him to contact you as far as finishing the settlement. He was in quarantine after a Covid exposure, but said he would contact you.

The Health Law firm contacted me about a month ago, although it was a different partner. I explained that I wanted the case settled, and could he please clarify the monitoring. He appeared sympathetic, but required a payment prior to doing the letter to you. I paid 3000 that day. I have not received a copy of that letter, and so I do not know what he told you. I have requested a copy. Apparently, that same day, he withdrew from my case, although he had not told me that during the phone call, but stated that he would reduce the charge, and see if he could get the case settled.

I was waiting to see what the letter accomplished. I have no idea what it said. I only know that I am getting bills and collection notices from that firm weekly, and now emails as well, asking for payment of the entire 26,000\$.

I am only practicing part time, and part time working for Vitas. My average pay from Vitas is \$2000 biweekly. I am a single mother and the sole support of my family. I have no other income source, and the physical location of my private practice is closed. I m trying to switch to telemedicine.

I thought I would reach out to you rather than try to keep calling Mr. Santos. He did not return my last call. I will have to represent myself going forward. I am asking you to consider the importance of my work with Vitas to the vulnerable citizens of the State of Florida, and work out the monitoring on reasonable terms so that I can keep my job.

I thank you in advance for your time, and hope you can help me bring this to a resolution. I have lived with it hanging over me for almost 5 years and I am really worn-out worrying about it. I have wanted it settled for some time. Please help me do that.

Sincerely

N.L. Kopitnik

407-459-6117 phone

# TELEFAX COVER SHEET THE HEALTH LAW FIRM

**GEORGE F. INDEST III\***  
LICENSED IN FLORIDA, LOUISIANA  
AND THE DISTRICT OF COLUMBIA  
BOARD CERTIFIED BY THE FLORIDA  
BAR IN HEALTH LAW

**MICHAEL L. SMITH, J.D.\***  
LICENSED IN FLORIDA  
REGISTERED RESPIRATORY THERAPIST  
BOARD CERTIFIED BY THE FLORIDA  
BAR IN HEALTH LAW



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FORT COLLINS, COLORADO 80525  
TELEPHONE: (970) 416-7456**

**CAROLE C. SCHRIEFER, J.D.**  
LICENSED IN FLORIDA AND COLORADO  
REGISTERED NURSE\*  
(\*COLORADO) - (RETIRED)

**LANCE O. LEIDER, J.D.**  
LICENSED IN FLORIDA

**ACHAL A. AGGARWAL, J.D.**  
LICENSED IN FLORIDA

**MATTHEW R. GROSS, J.D., P.A.**  
LICENSED IN FLORIDA  
(OF COUNSEL)

**JOANNE KENNA, R.N., J.D.**  
(RETIRED)  
LICENSED IN FLORIDA  
REGISTERED NURSE\*  
(\*ILLINOIS) - (RETIRED)

2019 DEC 11 PM 1:24

RECEIVED  
LEGAL

Date: December 11, 2019

No. of Pages (incl. cover sheet): 6 Pages

TO: Geoffrey M. Christian, Esquire, Assistant General Counsel

Organization: Florida Department of Health

Our File No.: 2594/001

Case/Re: DOH v. Nancy Lee Kopitnik, D.O.  
DOH Case No.: 2015-28205

FAX NUMBER: (850) 245-4684

Sent By: Shelly Iobst

Remarks: Please see the attached letter dated December 11, 2019.

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TELEPHONE: (970) 416-7456  
TELEFAX: (866) 203-1464



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**TELEFAX: (407) 331-3030**  
[WWW.THEHEALTHLAWFIRM.COM](http://WWW.THEHEALTHLAWFIRM.COM)

December 11, 2019

GEORGE F. INDEST III, J.D., M.P.A., LL.M.  
FLORIDA, LOUISIANA, AND D.C.  
BOARD CERTIFIED BY THE FLORIDA  
BAR IN HEALTH LAW

MICHAEL L. SMITH, R.R.T., J.D.  
FLORIDA  
REGISTERED RESPIRATORY THERAPIST  
BOARD CERTIFIED BY THE FLORIDA  
BAR IN HEALTH LAW

CAROLE C. SCHRIEFER, J.D.  
FLORIDA, COLORADO, AND VIRGINIA

LANCE O. LEIDER, J.D., LL.M.  
FLORIDA

ACHAL A. AGGARWAL, J.D.  
FLORIDA

MATTHEW R. GROSS, J.D., P.A.  
FLORIDA  
(OF COUNSEL)

VIA TELEFAX & U.S. MAIL

CONFIDENTIAL

Geoffrey M. Christian, Esquire  
Assistant General Counsel  
Florida Department of Health  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Telefax: (850) 245-4684

Re: Department of Health v. Nancy Lee Kopitnik, D.O.  
DOH Case No.: 2015-28205; Our File No.: 2594/001  
**NOTICE OF REPRESENTATION & REQUEST FOR COPY OF  
DOH INVESTIGATIVE FILE**

2019 DEC 11 PM 4:24  
CONFIDENTIAL

Dear Mr. Christian:

The Health Law Firm has been retained to represent Nancy Lee Kopitnik, D.O., in the above referenced matter. Mr. Juan C. Santos, and the Chapman Law Group are no longer representing Dr. Kopitnik in the matter.

Please do not attempt to contact Dr. Kopitnik, her practice, or its employees except through our office.

As required by Section 120.62(1), Florida Statutes, please provide us with copies of any written statements made by our client. Also, please provide us with the written transcript of any oral statements made by our client.

We are also requesting a complete copy of the Department's investigative file in this matter. We are specifically requesting a copy of the report of investigation and the entire investigation file for this matter. The copy of the file should include, but not be limited to: medical records, summaries of interviews with witnesses, witness statements, receipts, investigator's notes, internal correspondence and memoranda, all notes, expert reviews, external correspondence sent or received, and anything and everything else that may be included in the file. We will, of course, agree to keep the matters contained therein confidential as required by law.

Geoffrey M. Christian, Esquire  
Assistant General Counsel  
Florida Department of Health

**CONFIDENTIAL**

December 11, 2019

- Page 2 -

---

Sincerely,

**THE HEALTH LAW FIRM, by:**



**MICHAEL L. SMITH**

Board Certified by The Florida Bar  
in the Specialty of Health Law

encls.: Authorization  
DOH Confidentiality Agreement

cc: Client

MLS/sj  
S:\2500-2599\2594\001\320-Letters-Drafts & Finals\DOH-Christian-1.wpd

**AUTHORIZATION TO REPRESENT AND  
FOR RELEASE OF DOCUMENTS AND INFORMATION**

**TO: Records Custodian of the Florida Department of Health (and any of its professional boards), the State of Florida, any of its agencies, and any contracting entity or reporting entity, with whom the foregoing contract or report to.**

I HEREBY REQUEST and authorize you to disclose to my legal counsel:

George F. Indest III  
The Health Law Firm  
1101 Douglas Avenue, Suite 1000  
Altamonte Springs, Florida 32714  
(or any other member/employee of this firm)

Any and all files on me including but not limited to the following:

- Licensure Files (including applications),
- Reports, Complaints or Investigations,
- Probable Cause Panel file and transcript, if any,
- Any and all other files or documents of any kind you may have on me,
- Any correspondence, memos or documents concerning the above.

THIS AUTHORIZATION also applies to the release of any and all records of any kind that my counsel may request on my behalf. I hereby expressly consent to the release of any Psychiatric/Mental Health Records, HIV/AIDS testing records, and Drug/Alcohol/Substance Abuse treatment or counseling records. I hereby expressly waive any privacy rights or any objection to the release of the information or documents described above that I may have pursuant to state or federal laws including but not limited to the Federal Privacy Act, The Buckley Amendment (Privacy in Education Act), Florida Public Records Act, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, or any other law for the sole and limited purpose of allowing my counsel to receive a copy of my records.

I authorize you to freely discuss this matter with my attorneys indicated above.

A photostatic or telefax copy of this Authorization for the Release of Documents and Information shall be considered as effective and valid as the original.

Signature:  / 12/10/19  
(Signature) date

Name (print): Nancy Lee Kopitnik, DO

Soc. Sec. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**NOTARIZATION**

STATE OF FLORIDA

COUNTY OF Seminole

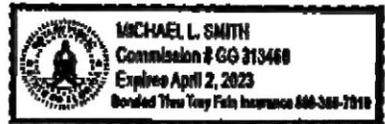
The foregoing instrument was acknowledged and signed by the person named above, before me on this 10<sup>th</sup> day of December, 2019 who is personally known to me or who provided proper identification, and who did/did not take an oath.

*Michael L. Smith*  
NOTARY PUBLIC

SEAL

Michael L Smith  
Printed Name

My Commission Expires: 4/2/2023



**Acknowledgment of and Agreement to Maintain Patient Confidentiality**

I, \_\_\_\_\_, am the Subject of an investigation by the Department of Health. As the Subject of such an investigation, I am entitled to inspect or receive a copy of the investigative report, including any expert witness report or patient records connected with the investigation pursuant to Section 456.073(10), Florida Statutes, if I agree in writing to maintain the confidentiality of any information received under this provision, until 10 days after probable cause is found, and to maintain the confidentiality of patient records pursuant to section 456.057, F.S. I was provided with a copy of section 456.072, F.S. and understand my duty to maintain the confidentiality of the patient's records that I received and or inspected.

I understand the cost associated with duplicating x-rays and I want ( ) do not want ( ) to receive a copy of any x-rays that are contained within the investigative file.

SIGNED this 10<sup>th</sup> day of December, 2019.

  
Printed Name: Nancy Lee Kopta, DO  
DOH Case No.: 2015-28205

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ on behalf of Subject,

Attorney Printed Name: \_\_\_\_\_  
Subject's Counsel of Record  
DOH Case No.: \_\_\_\_\_

By APPOINTMENT:  
37 N. ORANGE AVENUE, SUITE 500  
ORLANDO, FLORIDA 32801



"REPRESENTING HEALTHCARE PROVIDERS"  
RESPOND ONLY TO MAIN OFFICE:  
1101 DOUGLAS AVENUE, SUITE 1000  
ALTAMONTE SPRINGS, FLORIDA 32714  
TELEPHONE: (407) 331-6620  
TELEFAX: (407) 331-3030  
[WWW.THEHEALTHLAWFIRM.COM](http://WWW.THEHEALTHLAWFIRM.COM)

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FLORIDA

MATTHEW R. GROSS, J.D., P.A.  
FLORIDA  
(OF COUNSEL)

By APPOINTMENT:  
155 E. BOARDWALK DRIVE, SUITE 424  
FORT COLLINS, COLORADO 80525  
TELEPHONE: (970) 416-7456  
TELEFAX: (866) 203-1464

December 11, 2019

VIA TELEFAX & U.S. MAIL

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Geoffrey M. Christian, Esquire  
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As required by Section 120.62(1), Florida Statutes, please provide us with copies of any written statements made by our client. Also, please provide us with the written transcript of any oral statements made by our client.

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2019 DEC 13 PM 1:46

Geoffrey M. Christian, Esquire  
Assistant General Counsel  
Florida Department of Health

**CONFIDENTIAL**

December 11, 2019

- Page 2 -

---

Sincerely,

**THE HEALTH LAW FIRM, by:**



**MICHAEL L. SMITH**

Board Certified by The Florida Bar  
in the Specialty of Health Law

encls.: Authorization  
DOH Confidentiality Agreement

cc: Client

MLS/si  
S:\2500-2599\2594\001\320-Letters-Drafts & Finals\DOH-Christian-1.wpd

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I HEREBY REQUEST and authorize you to disclose to my legal counsel:

George F. Indest III  
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1101 Douglas Avenue, Suite 1000  
Altamonte Springs, Florida 32714  
(or any other member/employee of this firm)

Any and all files on me including but not limited to the following:

- Licensure Files (including applications),
- Reports, Complaints or Investigations,
- Probable Cause Panel file and transcript, if any,
- Any and all other files or documents of any kind you may have on me,
- Any correspondence, memos or documents concerning the above.

THIS AUTHORIZATION also applies to the release of any and all records of any kind that my counsel may request on my behalf. I hereby expressly consent to the release of any Psychiatric/Mental Health Records, HIV/AIDS testing records, and Drug/Alcohol/Substance Abuse treatment or counseling records. I hereby expressly waive any privacy rights or any objection to the release of the information or documents described above that I may have pursuant to state or federal laws including but not limited to the Federal Privacy Act, The Buckley Amendment (Privacy in Education Act), Florida Public Records Act, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, or any other law for the sole and limited purpose of allowing my counsel to receive a copy of my records.

I authorize you to freely discuss this matter with my attorneys indicated above.

A photostatic or telefax copy of this Authorization for the Release of Documents and Information shall be considered as effective and valid as the original.

Signature:  ; 12/10/19  
(Signature) date

Name (print): Nancy Lee Kapitnik, DO

Soc. Sec. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NOTARIZATION

STATE OF FLORIDA

COUNTY OF Seminole

The foregoing instrument was acknowledged and signed by the person named above, before me on this 10<sup>th</sup> day of December, 2019 who is personally known to me or who provided proper identification, and who did/did not take an oath.

Michael L Smith

NOTARY PUBLIC

SEAL

Michael L Smith

Printed Name

My Commission Expires: 4/2/2023



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I understand the cost associated with duplicating x-rays and I want ( ) do not want ( ) to receive a copy of any x-rays that are contained within the investigative file.

SIGNED this 10<sup>th</sup> day of December, 2019.

  
\_\_\_\_\_  
Printed Name: Nancy Lee Koprtnik, DO  
DOH Case No.: 2015-28205

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ on behalf of Subject,  
\_\_\_\_\_

\_\_\_\_\_  
Attorney Printed Name: \_\_\_\_\_  
Subject's Counsel of Record  
DOH Case No.: \_\_\_\_\_

 **THE**  
**HEALTH LAW FIRM®**

1101 DOUGLAS AVENUE, *suite 1000*  
ALTAMONTE SPRINGS, FLORIDA 32714

[www.TheHealthLawFirm.com](http://www.TheHealthLawFirm.com)



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Geoffrey M. Christian, Esquire  
Assistant General Counsel  
Florida Department of Health  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265

32399-3265 C004





STATE OF FLORIDA

DEPARTMENT OF HEALTH
INVESTIGATIVE REPORT



Office: Orlando – Area VII | Date of Complaint: 02/01/2016 | Case Number: 201528205
Subject: NANCY LEE KOPITNIK, D.O. | Source: DEPARTMENT OF HEALTH / INVESTIGATIVE SERVICES UNIT
Profession: Osteopathic Physician | License Number and Status: OS6229 Clear/Active
Related Case(s): 201529079 | Period of Investigation and Type of Report: 11/14/2018 – 12/03/2018 Supplemental 2
Alleged Violation: S.S. 456.057, F.S. 456.072(1)(k)(dd), F.S., 458.331(1)(g)(m)(t)(nn), F.S., 64B8-8.001(2)(g)(t)(nn), F.A.C., 64B8-9.003, F.A.C., 64B8-9.007, F.A.C.
Synopsis: This supplemental report is predicated upon receipt of the 11/14/2018 email communication received from JUAN C. SANTOS, Esquire with letter requesting a copy of the investigative file and the opportunity to submit a response (Exhibit S2-1).
EXHIBIT
S2-1 Letter from JUAN C. SANTOS, Esquire, pp. 2-3
S2-2 Email from JUAN C. SANTOS, Esquire, pp. 4
S2-3 Statement re Computer Problems, pp. 5
S2-4 Copy of Deposits and Credits, pp. 6-11
S2-5 Inspection Documents; Inspection Report pp. 12-15
Patient Records pp. 16-17
Server documents pp. 18-30
Patient Records pp. 31-38
Investigator/Date: 12/03/2018 | Approved By/Date: 12/10/2018
Marisol Allen, [Signature] | Ecila Williams, [Signature]
Medical Quality Assurance Investigator | Investigation Supervisor
Distribution: HQ/ISU | Page 1

## Allen, Marisol

---

**From:** Katherine Kalinowski <[kkalinowski@chapmanlawgroup.com](mailto:kkalinowski@chapmanlawgroup.com)>  
**Sent:** Wednesday, November 14, 2018 9:46 AM  
**To:** Allen, Marisol  
**Cc:** Juan Santos  
**Subject:** Case No.: 2015-28205 / Chapman File No.: 65.1944 (Letter of representation)  
**Attachments:** Letter of Rep, Response to LOI, 456 11-14-18.pdf

Good Morning:

Please find attached correspondence from Attorney Juan Santos regarding the above matter. Please file in your usual manner.

Thank you for your attention to this matter.

Sincerely,

Katherine Kalinowski

**KATHERINE I. KALINOWSKI** | Legal Assistant

"Providing superior legal services to all health care professionals at a reasonable and fair price!"

**Main Office:**

Sarasota: 6841 Energy Ct., Sarasota, FL 34240  
P: 941-893-3449  
F: 248-644-6324

**Other Offices:**

Miami: 1001 Brickell Bay Dr., Suite 1716, Miami, FL 33131  
Hollywood: 4000 Hollywood Blvd., Suite 555-S, Hollywood, FL 33021 (by appointment)  
Michigan: 1441 West Long Lake Rd., Suite 310, Troy, MI 48098  
Ohio: 470 Olde Worthington Rd., Suite 200, Westerville, OH 43082

Email: [kkalinowski@chapmanlawgroup.com](mailto:kkalinowski@chapmanlawgroup.com)

Web: [www.chapmanlawgroup.com](http://www.chapmanlawgroup.com)

#### Practice Areas

Administrative Law  
Correctional Law  
CMS Matters  
Criminal Defense  
DEA Matters  
Health Care Audits  
Health Care Employment Law  
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Medical Malpractice Defense  
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#### Florida Offices

6841 Energy Ct.  
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4000 Hollywood Blvd.  
Suite 555-S  
Hollywood, FL 33021  
T. (305) 712-7177

5201 Blue Lagoon Dr.  
8th Floor  
Miami, FL 33126  
T. (305) 712-7177  
\*By Appointment

#### Michigan Office

1441 West Long Lake Rd.  
Suite 310  
Troy, MI 48098  
T. (248) 644-6326  
F. (248) 644-6324

#### Idaho Office

950 W. Bannock St.  
Suite 1100  
Boise, ID 83702  
T. (208) 899-4398

#### Ohio Office

470 Olde Worthington Rd.  
Suite 200  
Westerville, OH 43082  
T. (614) 360-3848

November 14, 2018

*Via E-Mail*

Ms. Marisol Allen  
Florida Department of Health  
Investigative Services Unit  
400 W. Robinson Street, Suite S-532  
Orlando, FL 32001

RE: Letter of Representation  
Nancy Lee Kopitnik, M.D.  
Case No.: 2015-28205  
Chapman File No.: 65.1944

Dear Ms. Allen:

Chapman Law Group has been retained to represent Dr. Kopitnik in the aforementioned matter. I am requesting a copy of the investigative file and the opportunity to submit a response before this case is submitted to the probable cause panel. Please notify our office when this case is transferred to the Prosecution Services Unit. Please forward all correspondence to the undersigned.

Feel free to contact me at (305) 712-7177, or [JSantos@chapmanlawgroup.com](mailto:JSantos@chapmanlawgroup.com) if you have any questions.

Very truly yours,  
**Chapman Law Group**

*/s/ Juan C. Santos*

**Juan C. Santos, Esq., LL.M.**  
1001 Brickell Bay Drive, Suite 1716  
Miami, FL 33131  
(305) 712-7177  
[JSantos@ChapmanLawGroup.com](mailto:JSantos@ChapmanLawGroup.com)

JCS/kk

## Allen, Marisol

---

**From:** Katherine Kalinowski <kkalinowski@chapmanlawgroup.com>  
**Sent:** Wednesday, November 14, 2018 11:08 AM  
**To:** Allen, Marisol  
**Cc:** Juan Santos  
**Subject:** Case No.: 2015-28205 / Chapman File No.: 65.1944 (Status)  
**Attachments:** Statement re computer problems.pdf; Copy of deposits and credits.pdf; Inspection Documents.pdf

Good Morning:

We are aware that during the inspection there were some issues with the medical records of certain patients. Please find attached evidence that Dr. Kopitnik's e-system was experiencing problems.

Finally, we have attached important documents and information that should be reviewed prior to making a decision in this matter.

Thank you for your attention to this matter.

Sincerely,

Katherine Kalinowski

**KATHERINE I. KALINOWSKI** | Legal Assistant

"Providing superior legal services to all health care professionals at a reasonable and fair price!"

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Email: [kkalinowski@chapmanlawgroup.com](mailto:kkalinowski@chapmanlawgroup.com)

Web: [www.chapmanlawgroup.com](http://www.chapmanlawgroup.com)

## Re: More Amazing Charts Problems

---

**From:** Ernso Massillon <emassillon@startechconsult.com>  
**To:** "nancykopitnik@earthlink.net"  
**Subject:** Re: More Amazing Charts Problems  
**Date:** Nov 6, 2018 10:45 AM

---

Here's my notes below.

There was a network failure within the NFTC domain, Phone systems, internet, and power failure was one of the main culprit behind the network domain controller crashing, we had to rebuild the domain controllers, users, computers, passwords, security groups, group memberships, and this had occur as a result of environmental issues around the past hurricane, when that happen it causes problems with the system fans, capacitors, and power components in the system. Security updates to the server were not apply and firmware properly so this also lead to the network outages, because we were using a trial version of windows 2012 server. Active Directory Domain Services (AD DS) depends on network connectivity, name resolution, authentication and authorization, the directory database, so we couldn't scan any notes into any patient records at that time. While preventing a natural disaster is very difficult, a good continuity plan which includes mitigation measures will help us reduce or avoid losses. The second category are man-made disasters such as hazardous material spills, infrastructure failure , employee sabotage so we try to limit users from having full administrator rights on the domains.

**Steps taken to mitigate the network failure from never happening again.**

- UPS system in place to prevent network downtime,
- Purchase a license windows 2016 server to re-build the domain controller.
- Proactive 24/7 Network monitoring to spot early signs of failure.
- Reviews of any network changes monthly with my IT manager.
- Backup resolution is in place, in case a disaster strike.

Thank you,

Ernso  
Star Technology

On Nov 6, 2018, at 9:55 AM, "nancykopitnik@earthlink.net" <nancykopitnik@earthlink.net> wrote:

|  
|  
| Good Morning. Ernso, I need, for my lawyer, a brief statement of the issues that we faced with the computer system. I have been cited for missing one note on a patient the middle of September and need to provide documentation that the computer were shutting down. I think the note got lost, I know I did it. Please email this to me as soon as possible. many thanks Nancy

|  
|  
| -----Original Message-----

| From: Ernso Massillon  
| Sent: Oct 31, 2018 8:02 PM  
| To: "nancykopitnik@earthlink.net"  
| Subject: Re: More Amazing Charts Problems

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed  
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SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS  
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE  
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
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from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

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456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

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appropriate board.



STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------|
| Office: Orlando – Area VII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date of Complaint: 2/1/16                                                    | Case Number: 201528205 |
| Subject: NANCY LEE KOPITNIK, D.O.<br>601-C N. Bumby Avenue<br>Orlando, FL 32803*<br>(407) 704-8878 (W)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Source: DEPARTMENT OF HEALTH / INVESTIGATIVE SERVICES UNIT                   |                        |
| Profession: Osteopathic Physician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | License Number and Status: 6229/Clear, Active                                |                        |
| Related Case(s): 201529079                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Period of Investigation and Type of Report:<br>2/8/16 – 4/15/16 – FINAL      |                        |
| Alleged Violation: SS. 456.057, 456.072(1)(k)(dd), 458.331(1)(g)(m)(t)(nn) F.S., and Rules 64B8-8.001(2)(g)(t)(nn), 64B8-9.003, 64B8-9.007, F.A.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                        |
| <p>Synopsis: This investigation is predicated upon a Case Summary (Exhibit #1) based upon an internally generated complaint that during a routine inspection on 10/22/15 of NORTH FLORIDA TREATMENT CENTER, located at 601-C N. Bumby Avenue, Orlando, FL 32803, the inspection was failed. NANCY LEE KOPITNIK, D.O., the designated physician, was not performing a physical exam on one patient and prescribing controlled medication despite no exam and not indicating why she prescribed more than 72 hours of medication for all five records reviewed. A re-inspection was conducted on 12/18/15 which was failed due to patient records not properly documenting the medical necessity for providing greater than 72 hours of prescription medications.</p> <p>*KOPITNIK's NORTH FLORIDA TREATMENT CENTER moved from 601-C N. Bumby Avenue, Orlando, FL, 32803, to 7169 University Blvd, Winter Park, FL 32792. A new PMC license, #1654, was issued on 12/17/15 with no expiration date for the new location.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed?<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Responded?<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Patient Notification Completed?<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/LEIDS?<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board certified? Name of Board: American Society of Addiction Medicine, American Osteopathic Board of Surgery Date: Specialty: Certified in Addiction Psychiatry, Certified in Surgery</p> <p>Law Enforcement<br/> <input type="checkbox"/> Notified Date:<br/> <input type="checkbox"/> Involved Agency:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject represented by an attorney?<br/> Attorney information:</p> |                                                                              |                        |
| Investigator/Date:<br><br>Karen Sikes, 4/15/16<br>Investigation Specialist II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Approved By/Date:<br><br>Kelli Stansbury, 4/15/16<br>Investigator Supervisor |                        |
| Distribution: HQ/ISU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Page 1                                                                       |                        |

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\* Exhibits contain information which identifies patient(s) by name and are sealed pursuant to section 456.057(9)(a) Florida Statute.

## INVESTIGATIVE DETAILS

INTERVIEW OF MICHELLE YOUNG, RN, (Source)

DEPARTMENT OF HEALTH, MQA  
400 W. Robinson St., S-532  
Orlando, FL 32801  
(407) 245-0978 (W)

On 12/18/15, MICHELLE YOUNG, RN, Florida Department of Health Nurse, conducted a re-inspection of the five records at NORTH FLORIDA TREATMENT CENTER. She observed that all five records had physical examinations noted, and that all five records had the reasons noted for prescribing pain medications beyond 72 hours but the typed explanations were all similar. YOUNG pulled five more records at random, and stated that all five had physical exams, but three of the five records were deficient because they did not note the reason for prescribing beyond 72 hours. She said the re-inspection failed. YOUNG spoke with NANCY LEE KOPITNIK, D.O., the designated physician at NORTH FLORIDA TREATMENT CENTER, and explained to her that the re-inspection was failed, and that she needed to document the reasons for prescribing pain medication for more than 72 hours in all records. YOUNG reported that she had conducted the initial inspection on 10/22/15 and it was failed. She discovered that one out of five records reviewed had no documentation for conducting a complete physical examination yet controlled medication was prescribed, and that five out of five records reviewed had no documentation for the reason more than 72 hours of pain medication had been prescribed.

INTERVIEW OF JAE W. CHUNG, DEA Supervisory Special Agent, (Witness)

U.S. DOJ, Orlando District Office  
300 International Drive  
Healthrow, FL 32746  
(407) 333-7000 (W)  
(407) 509-3733 (cell)

On 2/3/16, SIKES met in person with Drug Enforcement Administration JAE W. CHUNG, Supervisory Special Agent at the DEA office. He advised that KOPITNIK is a "shady prescriber." One of his undercover agents advised that "OMAR" the manager went to jail. He indicated that there were no current DEA investigations at this time.

INTERVIEW OF NANCY LEE KOPITNIK, D.O., (Subject)

NORTH FLORIDA TREATMENT CENTER  
601-C N. Bumby Avenue  
Orlando, FL 32803  
(407) 704-8878 (W)  
License #: 6229

On 10/22/15, SIKES accompanied YOUNG for a pain management clinic inspection at NORTH FLORIDA TREATMENT CENTER, PMC license #1182, currently located at 601-C N. Bumby Avenue, Orlando, FL, 32803. Upon finding that one out of five patient records reviewed had no documentation for conducting a complete physical examination yet controlled medication was prescribed, and that five out of five records reviewed had no documentation for the reason more than 72 hours of pain medication had been prescribed, YOUNG spoke with KOPITNIK. KOPITNIK advised that she was unaware that she had to document in all cases on every exam since all of her patients' records noted it in the beginning of the charts. She said that she would correct this.

KOPITNIK admitted that she had prescribed a one month supply without examining one patient, JJ, in person, because he was working out of town and unable to return. SIKES and YOUNG returned for a re-inspection visit on 12/18/15, which was failed, and KOPITNIK advised she would correct the deficiencies. She was busy, stating she was in the process of packing and moving because her lease was up at the end of December 2015. The new address will be 7169 University Blvd, Winter Park, FL 32792. A new PMC license, #1654, was issued on 12/17/15 with no expiration date for the new location. She said the prior name of NORTH FLORIDA TREATMENT CENTER was Central Florida Wellness Clinic. KOPITNIK was concerned that she may not be able to move to the new address with the current failed inspection.

On 3/7/16, SIKES receive a written statement from KOPITNIK. On 4/8/16, SIKES left a voice mail for KOPITNIK, but as of this date she has not responded.

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**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

February 8, 2016

**CONFIDENTIAL TO:**

NANCY LEE KOPITNIK, D.O.  
7169 University Blvd  
Winter Park, FL 32792

Case Number: 201528205

Dear Dr. Kopitnik:

We are currently investigating the enclosed document received by the Department of Health. This investigation was initiated after it was determined that you may have violated the Osteopath Practice Act.

Within **45 days** of receiving this letter, you may:

- \* submit a **written response** to the address below; **or**
- \* call our office to schedule an **interview**.

Please provide a copy of your **curriculum vitae** and identify your **specialty** even if you choose not to submit a response. Include the above-referenced case number in any correspondence that you send.

Florida law requires that this case and all investigative information remain confidential until 10 days after the Probable Cause Panel has determined that a violation occurred or you give up the right to confidentiality. Therefore, the contents of the investigation cannot be disclosed to you or the general public. You may make a written request for a copy of the investigative file and it will be sent to you when the investigation is complete.

You are not required to answer any questions or give any statement, and you have the right to be represented by an attorney. It is not possible to estimate how long it will take to complete this investigation because the circumstances of each investigation differ.

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts. If you have any questions please call us at (407) 245-2792. In addition, if you have any concerns or suggestions about our complaint process, please fill-out our *Customer Concerns or Suggestions* form at [www.floridashealth.com/mqa/survey.html](http://www.floridashealth.com/mqa/survey.html).

Sincerely,

Karen Sikes  
Investigation Specialist II

Enclosures: Case Summary

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Enforcement  
400 West Robinson Street Suite S-532 • Orlando, Florida 32801  
PHONE: 407/245-0978 • FAX 407/317-7144

**www.FloridasHealth.com**

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**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
INVESTIGATIVE SERVICES  
INV440A - Pain Management Clinic**



INSPECTION AUTHORITY â€” SECTIONS 458.3265, 459.0137, 893.09 AND CHAPTER 456, FLORIDA STATUTES

File # 1367  
Insp # 3188

|                                                                |                         |                              |                                         |            |
|----------------------------------------------------------------|-------------------------|------------------------------|-----------------------------------------|------------|
| <b>NAME OF ESTABLISHMENT</b><br>NORTH FLORIDA TREATMENT CENTER |                         | <b>PERMIT NUMBER</b><br>1182 | <b>DATE OF INSPECTION</b><br>12/03/2014 |            |
| <b>DOING BUSINESS AS</b><br>CENTRAL FLORIDA WELLNESS CLINIC,   |                         |                              |                                         |            |
| <b>STREET ADDRESS</b><br>601-C NORTH BUMBY AVENUE              |                         |                              | <b>TELEPHONE #</b><br>407-704-8878      | <b>EXT</b> |
| <b>CITY</b><br>ORLANDO                                         | <b>COUNTY</b><br>ORANGE | <b>STATE/ZIP</b><br>FL/32803 |                                         |            |

**Additional Information**

**Physician Tracking**

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**AHCA Healthcare num**

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**License Relations**

**Designated Physician**

|                     |                |
|---------------------|----------------|
| KOPITNIK, NANCY LEE | License # 6229 |
|---------------------|----------------|

**Pain Clinic Owner**

|                     |                |
|---------------------|----------------|
| KOPITNIK, NANCY LEE | License # 6229 |
|---------------------|----------------|

**INV 440A - Pain Management Clinic**

**Pain Management Clinic Requirements**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| The pain-management clinic is registered with the department and the department has been notified of the designated physician. [458.3265(1)(a)2.; 459.0137(1)(a)2., F.S.]                                                                                                                                                                                                                                                                                                                                                       | Yes |
| The designated physician practices at the clinic location. [458.3265(1)(c); 459.0137(1)(c), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes |
| The clinic, including its grounds, buildings, furniture, appliances and equipment is structurally sound, in good repair, clean, and free from health and safety hazards. [458.3265(2)(h)1.; 459.0137(2)(h)1., F.S.]                                                                                                                                                                                                                                                                                                             | Yes |
| The clinic has evacuation procedures in the event of an emergency which includes provisions for the evacuation of disabled patients and employees, and has a written facility specific disaster plan which includes provisions for the protection of medical records and any controlled substances. [458.3265(2)(h)2., 3.; 459.0137(2)(h)2., 3., F.S.]                                                                                                                                                                          | Yes |
| The clinic is located and operated at a publicly accessible fixed location. [458.3265(2)(f)1.; 459.0137(2)(f)1., F.S.]                                                                                                                                                                                                                                                                                                                                                                                                          | Yes |
| Sign containing the clinic name, hours of operations and a street address is posted where viewable by the public. [458.3265(2)(f)1.a.; 459.0137(2)(f)1.a., F.S.]                                                                                                                                                                                                                                                                                                                                                                | Yes |
| Clinic has a publicly listed telephone number and a dedicated phone number to send and receive faxes with a fax machine that is operational twenty-four hours per day. [458.3265(2)(f)1.b.; 459.0137(2)(f)1.b., F.S.]                                                                                                                                                                                                                                                                                                           | Yes |
| Clinic has emergency lighting and communications; reception and waiting area; restroom; administrative area including room for storage of medical records, supplies and equipment; private patient examination room(s); and treatment room(s) if treatment is being provided to the patient. [458.3265(2)(f)1.c.-h.; 459.0137(2)(f)1.c.-h., F.S.]                                                                                                                                                                               | Yes |
| A printed sign disclosing the name and contact information of the clinic's Designated Physician and the names of all physicians practicing in the clinic, is located in a conspicuous place in the waiting room viewable by the public. [458.3265(2)(f)1.i.; 459.0137(2)(f)1.i., F.S.]                                                                                                                                                                                                                                          | Yes |
| Storage and handling of prescription drugs complies with Section 499.0121, Florida Statutes, Section 893.07, Florida Statutes, [458.3265(2)(f)1.j.; 459.0137(2)(f)1.j., F.S.]<br><i>No medications on site.</i>                                                                                                                                                                                                                                                                                                                 | Yes |
| The clinic maintains equipment and supplies to support infection prevention and control activities. The clinic identifies infection risks based on geographic location, community, and population served; the care, treatment and services it provides; and an analysis of its infection surveillance and control data. [458.3265(2)(g)1.; 2. 1.-3.; 459.0137(2)(g)1.; 2. 1.-3., F.S.]                                                                                                                                          | Yes |
| The clinic maintains written infection prevention policy and procedure that address the following: prioritized risks; limiting unprotected exposure to pathogens; limiting the transmission of infections associated with procedures performed in the clinic; and limiting the transmission of infections associated with the clinic's use of medical equipment, devices and supplies. [458.3265(2)(g)3. a.-d.; 459.0137(2)(g)3. a.-d., F.S.]<br><i>The facility will fax meeting minutes outline to meet the requirements.</i> | Yes |

**INV440A - Pain Management Clinic**  
**NORTH FLORIDA TREATMENT CENTER**

Insp # 3188

File # 1367

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Clinic has an ongoing quality assurance program that objectively and systematically monitors and evaluates quality and appropriateness of patient care, evaluates methods to improve patient care, identifies and corrects deficiencies within the facility, alerts the designated physician to identify and resolve recurring problems, and provides for opportunities to improve the facility's performance and to enhance and improve the quality of care provided to the public. [458.3265(2)(i); 459.0137(2)(i), F.S.]                                                                                                                                     | Yes |
| The designated physician has established a quality assurance program that includes the following components: the identification, investigation and analysis of the frequency and causes of adverse incidents to patients; the identification of trends or patterns of incidents; measures to correct, reduce, minimize, or eliminate the risk of adverse incidents to patients; the documentation of these functions; and periodic review at least quarterly of such information by the designated physician. [458.3265(2)(i)1.-4.; 459.0137(2)(i)1.-4., F.S.]<br><i>The facility will fax meeting minutes outline for QA program to meet the requirements.</i> | Yes |
| Designated physician reports all adverse incidents to the Department of Health as set forth in Section 458.351, Florida Statutes. [458.3265(2)(j)1.; 459.0137(2)(j)1., F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes |
| Designated physician reports quarterly to the Board of Medicine or Osteopathic Medicine in writing the number of new and repeat patients seen and treated at the clinic who are prescribed controlled substance medications for the treatment of chronic, non-malignant pain; the number of patients discharged due to drug abuse; the number of patients discharged due to drug diversion; and the number of patients treated at the pain clinic whose domicile is located somewhere other than in Florida. [458.3265(2)(j)2.a.-d.; 459.0137(2)(j)2.a.-d., F.S.]                                                                                               | Yes |
| Physician maintains control and security of prescription blanks and other methods for prescribing controlled substances and reports in writing any theft or loss of prescription blanks to the department within 24 hours. [458.3265(2)(d); 459.0137(2)(d), F.S.]                                                                                                                                                                                                                                                                                                                                                                                               | Yes |
| Physicians are in compliance with the requirements for counterfeit-resistant prescription blanks as defined in Section 893.065. [Sections 458.3265(2)(d); 459.0137(2)(d), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes |
| Dispensing is being performed in compliance with 465.0276, F.S. Only physicians licensed under chapter 458 and 459 are dispensing any medication. [Sections 458.3265(2)(b) and 459.0137(2)(b), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| Controlled substance biennial inventory conducted. [893.07(1)(a), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| There is no indication physicians have advertised the use, sale, or dispensing of any controlled substance appearing on any schedule in Chapter 893. [Section 458.331(1)(rr) and 459.015(1)(tt), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes |
| Effective January 1, 2012 all physicians have designated himself or herself as a controlled substance prescribing practitioner on the physician's practitioner profile. [456.44(2)(a), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes |
| All physicians practicing in this clinic have advised the Board, in writing, within 10 calendar days of beginning or ending his or her practice at this pain-management clinic. [458.3265(2)(e); 459.0137(2)(e), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes |
| All physicians practicing in this clinic meet the training requirements for physicians practicing in pain management clinics [64B8-9.0131; 64B15-14.0051, F.A.C.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes |
| At least one employee on premises is certified in basic life support. [458.3265(2)(h)4.; 459.0137(2)(h)4., F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes |

**Remarks:**

I have read and have had this inspection report and the violations if any explained, and the information given is true and correct to the best of my knowledge. This inspection is not deemed complete until patient records are reviewed and deemed in compliance with section 458.3265, 459.0137, and chapter 456, Florida Statutes. I understand that any action taken to correct violations shall be documented in writing by the owner or designated physician of the pain clinic and will be verified by follow up visits by the department personnel. [458.3265(3)(b), 459.0137(3)(b), F.S.]

Investigator/Sr. Pharmacist Signature:

YOUNG, MICHELLE



Date:12/3/2014

Representative:

Nancy Kopitnik



Date:12/3/2014



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
INVESTIGATIVE SERVICES  
WWW.DOH.STATE.FL.US  
PAIN MANAGEMENT CLINIC**



FILE# 1367

INSPECTION# 2657

Routine       Other

INSPECTION AUTHORITY – SECTIONS 458.3265, 459.0137, 893.09 AND CHAPTER 456, FLORIDA STATUTES

|                                                                |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
|----------------------------------------------------------------|--|--|-------------------------------------------------------------------------|--|-------------------------|-----------------------------------------|------------------------------|--|------|--|----------------|--|------------------------|--|------------|--|
| NAME OF ESTABLISHMENT<br><u>North Florida Treatment Center</u> |  |  | REGISTRATION NUMBER<br><u>1182</u>                                      |  |                         | DATE OF INSPECTION<br><u>10/11/2013</u> |                              |  |      |  |                |  |                        |  |            |  |
| DOING BUSINESS AS<br><u>Central Florida Wellness Center</u>    |  |  | TELEPHONE NUMBER<br><u>407-704-8878</u>                                 |  |                         | EXTENSION                               |                              |  |      |  |                |  |                        |  |            |  |
| FAX NUMBER<br><u>407-704-8879</u>                              |  |  | EMAIL ADDRESS                                                           |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| STREET ADDRESS<br><u>601-C North Bunby Ave</u>                 |  |  | CITY<br><u>Orlando</u>                                                  |  | COUNTY<br><u>Orange</u> |                                         | STATE ZIP<br><u>FL 32807</u> |  |      |  |                |  |                        |  |            |  |
| OWNERS NAME<br><u>Kopitnik, Nancy DO</u>                       |  |  | OWNERS DEA NUMBER OR AHCA HEALTH CARE CLINIC NUMBER<br><u>BK0426608</u> |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
|                                                                |  |  | START DATE                                                              |  | END DATE                |                                         | * BOARD CERTIFIED            |  | DATE |  | CERTIFYING ORG |  | REGISTERED TO DISPENSE |  | DISPENSING |  |
|                                                                |  |  |                                                                         |  |                         |                                         | YES NO                       |  |      |  |                |  | YES NO                 |  | YES NO     |  |
| DESIGNATED PHYSICIAN:<br><u>Kopitnik Nancy DO</u>              |  |  | <u>10/2010</u>                                                          |  |                         |                                         | ✓                            |  |      |  |                |  | ✓                      |  | ✓          |  |
| LICENSE #:<br><u>OS 6229</u>                                   |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| DEA #<br><u>BK0426608</u>                                      |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| REPORTED TO DEPT                                               |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| OTHER PHYSICIANS:                                              |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| 1                                                              |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| LICENSE #:                                                     |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| DEA #                                                          |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| REPORTED TO DEPT                                               |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| 2                                                              |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| LICENSE #:                                                     |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| DEA #                                                          |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| REPORTED TO DEPT                                               |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| 3                                                              |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| LICENSE #:                                                     |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| DEA #                                                          |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| REPORTED TO DEPT                                               |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| ALL PA OR ARNP                                                 |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
|                                                                |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| 1                                                              |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| 2                                                              |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| 3                                                              |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
|                                                                |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| LICENSE NUMBER                                                 |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
|                                                                |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| REGISTERED TO DISPENSE                                         |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
|                                                                |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
| DISPENSING                                                     |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |
|                                                                |  |  |                                                                         |  |                         |                                         |                              |  |      |  |                |  |                        |  |            |  |

\* Complete Training Requirement Check List if physicians are not board certified in specialties listed in rule (See question 24)



**STATE OF FLORIDA  
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PMC # 1182

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N/A | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 1. The pain-management clinic is registered with the department and the department has been notified of the designated physician. [458.3265(1)(a)2.; 459.0137(1)(a)2., F.S.]                                                                                                                                                                                                                                                                                                                                                                                          |     | ✓   |    |
| 2. The designated physician practices at the clinic location. [458.3265(1)(c); 459.0137(1)(c), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | ✓   |    |
| 3. The clinic, including its grounds, buildings, furniture, appliances and equipment is structurally sound, in good repair, clean, and free from health and safety hazards. [458.3265(2)(h)1.; 459.0137(2)(h)1., F.S.]                                                                                                                                                                                                                                                                                                                                                |     | ✓   |    |
| 4. The clinic has evacuation procedures in the event of an emergency which includes provisions for the evacuation of disabled patients and employees, and has a written facility specific disaster plan which includes provisions for the protection of medical records and any controlled substances. [458.3265(2)(h)2., 3.; 459.0137(2)(h)2., 3., F.S.]                                                                                                                                                                                                             |     | ✓   |    |
| 5. The clinic is located and operated at a publicly accessible fixed location. [458.3265(2)(f)1.; 459.0137(2)(f)1., F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | ✓   |    |
| 6. Sign containing the clinic name, hours of operations and a street address is posted where viewable by the public. [458.3265(2)(f)1.a.; 459.0137(2)(f)1.a., F.S.]                                                                                                                                                                                                                                                                                                                                                                                                   |     | ✓   |    |
| 7. Clinic has a publicly listed telephone number and a dedicated phone number to send and receive faxes with a fax machine that is operational twenty-four hours per day. [458.3265(2)(f)1.b.; 459.0137(2)(f)1.b., F.S.]                                                                                                                                                                                                                                                                                                                                              |     | ✓   |    |
| 8. Clinic has emergency lighting and communications; reception and waiting area; restroom; administrative area including room for storage of medical records, supplies and equipment; private patient examination room(s); and treatment room(s) if treatment is being provided to the patient. [458.3265(2)(f)1. c.-h.; 459.0137(2)(f)1. c.-h., F.S.]                                                                                                                                                                                                                |     | ✓   |    |
| 9. A printed sign disclosing the name and contact information of the clinic's Designated Physician and the names of all physicians practicing in the clinic, is located in a conspicuous place in the waiting room viewable by the public. [458.3265(2)(f)1.i.; 459.0137(2)(f)1.i., F.S.]                                                                                                                                                                                                                                                                             |     | ✓   |    |
| 10. Storage and handling of prescription drugs complies with Section 499.0121, Florida Statutes, Section 893.07, Florida Statutes, [458.3265(2)(f)1.j.; 459.0137(2)(f)1.j., F.S.]                                                                                                                                                                                                                                                                                                                                                                                     | ✓   |     |    |
| 11. The clinic maintains equipment and supplies to support infection prevention and control activities. The clinic identifies infection risks based on geographic location, community, and population served; the care, treatment and services it provides; and an analysis of its infection surveillance and control data. [458.3265(2)(g)1.;2. 1.-3.; 459.0137(2)(g)1.;2. 1.-3., F.S.]                                                                                                                                                                              |     | ✓   |    |
| 12. The clinic maintains written infection prevention policy and procedure that address the following: prioritized risks; limiting unprotected exposure to pathogens; limiting the transmission of infections associated with procedures performed in the clinic; and limiting the transmission of infections associated with the clinic's use of medical equipment, devices and supplies. [458.3265(2)(g)3. a.-d.; 459.0137(2)(g)3. a.-d., F.S.]                                                                                                                     |     | ✓   |    |
| 13. Clinic has an ongoing quality assurance program that objectively and systematically monitors and evaluates quality and appropriateness of patient care, evaluates methods to improve patient care, identifies and corrects deficiencies within the facility, alerts the designated physician to identify and resolve recurring problems, and provides for opportunities to improve the facility's performance and to enhance and improve the quality of care provided to the public. [458.3265(2)(i); 459.0137(2)(i), F.S.]                                       |     | ✓   |    |
| 14. The designated physician has established a quality assurance program that includes the following components: the identification, investigation and analysis of the frequency and causes of adverse incidents to patients; the identification of trends or patterns of incidents; measures to correct, reduce, minimize, or eliminate the risk of adverse incidents to patients; the documentation of these functions; and periodic review at least quarterly of such information by the designated physician. [458.3265(2)(i)1.-4.; 459.0137(2)(i)1.-4., F.S.]    |     | ✓   |    |
| 15. Designated physician reports all adverse incidents to the Department of Health as set forth in Section 458.351, Florida Statutes. [458.3265(2)(j)1.; 459.0137(2)(j)1., F.S.]                                                                                                                                                                                                                                                                                                                                                                                      |     | ✓   |    |
| 16. Designated physician reports quarterly to the Board of Medicine or Osteopathic Medicine in writing the number of new and repeat patients seen and treated at the clinic who are prescribed controlled substance medications for the treatment of chronic, non-malignant pain; the number of patients discharged due to drug abuse; the number of patients discharged due to drug diversion; and the number of patients treated at the pain clinic whose domicile is located somewhere other than in Florida. [458.3265(2)(j)2.a.-d.; 459.0137(2)(j)2.a.-d., F.S.] |     | ✓   |    |
| 17. Physician maintains control and security of prescription blanks and other methods for prescribing controlled substances and reports in writing any theft or loss of prescription blanks to the department within 24 hours. [458.3265(2)(d); 459.0137(2)(d), F.S.]                                                                                                                                                                                                                                                                                                 |     | ✓   |    |
| 18. Physicians are in compliance with the requirements for counterfeit-resistant prescription blanks as defined in Section 893.065. [Sections 458.3265(2)(d); 459.0137(2)(d), F.S.]                                                                                                                                                                                                                                                                                                                                                                                   |     | ✓   |    |
| 19. Dispensing is being performed in compliance with 465.0276, F.S. Only physicians licensed under chapter 458 and 459 are dispensing any medication. [Sections 458.3265(2)(b) and 459.0137(2)(b), F.S.]                                                                                                                                                                                                                                                                                                                                                              | ✓   |     |    |



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PMC # 1182

|                                                                                                                                                                                                                            |                                   |     |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----|-----|----|
| 20. Controlled substance biennial inventory conducted. [893.07(1)(a), F.S.]                                                                                                                                                |                                   | N/A | YES | NO |
| 21. There is no indication physicians have advertised the use, sale, or dispensing of any controlled substance appearing on any schedule in Chapter 893. [Section 458.331(1)(rr) and 459.015(1)(tt), F.S.]                 |                                   |     | ✓   |    |
| 22. Effective January 1, 2012 all physicians have designated himself or herself as a controlled substance prescribing practitioner on the physician's practitioner profile. [456.44(2)(a), F.S.]                           |                                   |     | ✓   |    |
| 23. All physicians practicing in this clinic have advised the Board, in writing, within 10 calendar days of beginning or ending his or her practice at this pain-management clinic. [458.3265(2)(e); 459.0137(2)(e), F.S.] |                                   |     | ✓   |    |
| 24. All physicians practicing in this clinic meet the training requirements for physicians practicing in pain management clinics [64B8-9.0131; 64B15-14.0051, F.A.C.]                                                      |                                   |     | ✓   |    |
| 25. At least one employee on premises is certified in basic life support. [458.3265(2)(h)4.; 459.0137(2)(h)4., F.S.]                                                                                                       |                                   |     | ✓   |    |
| NAME                                                                                                                                                                                                                       | LICENSE NUMBER                    |     | ✓   |    |
| 1. <u>Noelia Mendoza</u>                                                                                                                                                                                                   | <u>MA Exp 10/2015</u>             |     | ✓   |    |
| 2. <u>Omar Lorden</u>                                                                                                                                                                                                      | <u>Office Manager Exp 10/2015</u> |     | ✓   |    |
| 3.                                                                                                                                                                                                                         |                                   |     |     |    |
| 4.                                                                                                                                                                                                                         |                                   |     |     |    |

Time entered facility: 1400 1345 Showed credentials to: Noelia Mendoza

Remarks: Did not have copy of CPR card will FAX/Email copy

Copies fax 10/8/13

I have read and have had this inspection report and the violations if any explained, and the information given is true and correct to the best of my knowledge. This inspection is not deemed complete until patient records are reviewed and deemed in compliance with section 458.3265, 459.0137, and chapter 456, Florida Statutes. I understand that any action taken to correct violations shall be documented in writing by the owner or designated physician of the pain clinic and will be verified by follow up visits by the department personnel. [458.3265(3)(b), 459.0137(3)(b), F.S.]

[Signature]  
Owner or designated physician  
N.L. Kopitwill  
Print Name

10/1/2013  
Date

[Signature] OT 127  
Investigator/Sr. Pharmacist Signature/ID Number  
Benjamin Crislow/ARN



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| NAME OF ESTABLISHMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | REGISTRATION NUMBER | DATE OF INSPECTION |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----|--|
| North Florida Treatment Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1182                | 10/1/2013          |    |  |
| 1. Complete physical exam is performed by a physician, physician's assistant or advanced registered nurse practitioner on the same day that the physician prescribes a controlled substance. [458.3265(2)(c); 459.0137(2)(c), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N/A                 | YES                | NO |  |
| 2. Maintains accurate, current and complete records that are accessible and readily available for review and comply with the requirements of 456.44(3)(f), the applicable practice act, and applicable board rule. The medical records must include but are not limited to: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete medical history and physician examination, including history of drug abuse and dependence</li> <li><input checked="" type="checkbox"/> Diagnostic, therapeutic, and laboratory results</li> <li><input checked="" type="checkbox"/> Evaluations and consultations</li> <li><input checked="" type="checkbox"/> Treatment objectives</li> <li><input checked="" type="checkbox"/> Discussion of risks and benefits</li> <li><input checked="" type="checkbox"/> Treatments</li> <li><input checked="" type="checkbox"/> Medications, including date, type, dosage, and quantity prescribed</li> <li><input checked="" type="checkbox"/> Instructions and agreements</li> <li><input checked="" type="checkbox"/> Periodic reviews</li> <li><input checked="" type="checkbox"/> Results of any drug testing</li> <li><input checked="" type="checkbox"/> A photocopy of the patient's government-issued photo identification</li> <li><input type="checkbox"/> Duplicate of all written controlled substance prescriptions</li> <li><input checked="" type="checkbox"/> The physician's full name presented in a legible manner</li> </ul> |                     |                    |    |  |
| 3. Controlled substance prescriptions have the quantity of the drug prescribed in both textual and numerical format and are dated with the abbreviated month written out on the face of the prescription. [456.42(1), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                    |    |  |
| 4. A written individualized treatment plan has been developed for each patient with objectives used to determine treatment success. The physician adjusts drug therapy to the individual needs of each patient. Other treatment modalities are considered. Interdisciplinary nature of treatment plan is documented. [456.44(3)(b)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     | YES                |    |  |
| 5. The physician is documenting in the patient's record the reason for prescribing more than 72 hour supply of controlled substances for the treatment of chronic non-malignant pain. [458.3265(2)(c); 459.0137(2)(c), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     | YES                |    |  |
| 6. The physician has discussed the risks and benefits of the use of controlled substances and is using a written controlled substance agreement between the patient outlining the patient's responsibilities including, but not limited to: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Number and frequency of controlled substance prescriptions and refills</li> <li><input checked="" type="checkbox"/> Patient compliance and reasons for which drug therapy may be discontinued</li> <li><input checked="" type="checkbox"/> Agreement that controlled substances for the treatment of chronic nonmalignant pain shall be prescribed by a single treating physician unless otherwise authorized by the treating physician and documented in the medical record [456.44(3)(c), F.S.]</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     | YES                |    |  |
| 7. Patients are seen by the physician at regular intervals, not to exceed 3 months, to assess the efficacy of treatment. Continuation or modification of therapy depends on the physician's evaluation of the patient's progress. [456.44(3)(d)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | YES                |    |  |
| 8. Patients are referred as necessary for additional evaluation and treatment in order to achieve treatment objectives with special attention given to those patients at risk for misuse of medications and those in living arrangements that pose a risk for medication misuse or diversion. [456.44(3)(e), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     | YES                |    |  |
| 9. Patients with signs or symptoms of substance abuse are immediately referred to a board certified pain management physician, addiction medicine specialist, or a mental health addiction facility unless the physician is board-certified or board-eligible in pain management. [456.44(3)(g), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     | YES                |    |  |
| 10. Clear and complete medical justification for continued treatment with controlled substances and steps to ensure medically appropriate use of controlled substances is documented clearly and completely when continuing controlled substance prescribing while waiting consultant's report on patients showing signs or symptoms of substance abuse. [456.44(3)(g), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | YES                |    |  |
| 11. Physician is incorporating consultant's recommendation for continuing, modifying, or discontinuing controlled substance therapy into the treatment plan. [456.44(3)(g), F.S.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | YES                |    |  |



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PMC# 1182

Remarks:

#2 #3 Medical records did not have copies of prescriptions. Records did have summary printouts which did not have item #3. Discussed with physician and office manager item that need correcting.

OI 127

Records Reviewer Identification Number

10/1/2013

Date

I have read and have had this inspection report and the violations if any explained, and the information given is true and correct to the best of my knowledge. I understand that any action taken to correct violations shall be documented in writing by the owner or designated physician of the pain clinic and will be verified by follow up visits by the department personnel. [458.3265(3)(b), 459.0137(3)(b), F.S.]

[Signature]

Owner or designated physician

10/1/2013

Date

[Signature] OI 127

Investigator/Sr. Pharmacist Signature/ID Number

N. C. Kopitovsk

Print Name

Benjamin Czeslowicki RN



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
INVESTIGATIVE SERVICES  
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PMC # 1182 CENTRAL FLORIDA WELLNESS CLINIC

Remarks: Follow-up Inspection 5-23-12. Original Inspection 3-6-12.

- NANCY LEE KOPITNIK, D.O., is in compliance with required training.
- #4 EVACUATION plan now includes disabled patients.
- #12 Infectious prevention policy and procedures provided.
- #13 Quality Assurance program materials/documents provided.
- #14 See #13, monthly meetings being held (periodic reviews).
- Long Term Treatment Plan forms added to patient files.
- All Items in Compliance. Inspection Passed.

OI-100 Jeannette Cassano  
Records Reviewer/Identification Number

5/23/12  
Date

I have read and have had this inspection report and the violations if any explained, and the information given is true and correct to the best of my knowledge. I understand that any action taken to correct violations shall be documented in writing by the owner or designated physician of the pain clinic and will be verified by follow up visits by the department personnel. [458.3265(3)(b), 459.0137(3)(b), F.S.]

[Signature]  
Owner or designated physician

5/23/12  
Date

Jeannette Cassano, OI-100  
Investigator/Sr. Pharmacist Signature/ID Number

N.L. Kopitnik  
Print Name

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed  
from this document for security reasons**

**Scroll down to see the available pages or  
advance to the next document if all  
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS  
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE  
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

**DEPARTMENT OF HEALTH**  
**DIVISION OF MEDICAL QUALITY ASSURANCE**  
Bureau of Operations, Practitioner Reporting & Examination Services Unit  
Summary Narrative

Nancy Lee Kopitnik, D.O., – License Number: OS 6229

Date Action Taken:

September 12, 2011

**DOH Case Number: 2009-18594**

Allegation:

Allegations of failing to comply with a lawful order of the Board.

Action:

Pursuant to the Settlement Agreement entered with the licensee the following penalty was imposed by the Board: Letter of Concern; \$1,000 administrative fine; cost reimbursement in the amount of \$1,204.19; licensure suspension until all current and previous imposed fines and costs have been paid; and additional continuing education hours.

CP

Final Order No. DOH-11-2312-5-MQA  
FILED DATE - 9-12-2011  
Department of Health  
By: Melisa Nobles  
Deputy Agency Clerk

**STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE**

**DEPARTMENT OF HEALTH**

Petitioner,

vs.

Case No: 2009-18594

License No.: OS 6229

**NANCY LEE KOPITNIK, D.O.,**

Respondent.

\_\_\_\_\_ /

**FINAL ORDER ACCEPTING SETTLEMENT AGREEMENT**

This matter appeared before the Board of Osteopathic Medicine (hereinafter "Board") pursuant to Sections 120.569 and 120.57(4), Florida Statutes, at a duly-noticed public meeting on August 20, 2011, in Orlando, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit "A") entered into between the parties in this cause and incorporated by reference into this Final Order. The Department of Health (hereinafter "Petitioner") was represented by Tari Rossitto-Van Winkle, Assistant General Counsel, with the Department of Health. Nancy Lee Kopitnik, D.O., (hereinafter "Respondent") was present and was represented by Christopher Lyon, Esquire.

The Petitioner filed an Administrative Complaint against the Respondent on August 31, 2010, (attached hereto as Exhibit "B") and incorporated by reference into this Final Order.

Upon consideration of the Settlement Agreement, the documents submitted in support thereof, the arguments of the parties and otherwise being advised in the premises, the Board accepted the Settlement Agreement. Costs are assessed in the amount of **one**

**thousand two hundred four dollars and nineteen cents (\$1,204.19)** and payable within **one (1) year** from the filing date of this Final Order.

WHEREFORE, the Board hereby accepts the Settlement Agreement, settling all matters in this case consistent with the terms of the agreement between the parties, and Respondent is hereby ORDERED to abide by the terms of the Settlement Agreement. This Final Order shall be placed in and made part of the Respondent's official records.

This Final Order shall become effective upon filing with the Clerk for the Department of Health.

DONE AND ORDERED this 9 day of September, 2011.

**BOARD OF OSTEOPATHIC MEDICINE**



Anthony Jusevitch, Executive Director  
on behalf of **Anna Hayden, D.O.**, CHAIR

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **Certified U.S. Mail** to **Nancy Lee Kopitnik, D.O.**, 106 Pine Tree Lane, Altamonte Springs, FL 32714; **Christopher Lyon, Esq.**, 2600 Centennial Place, Suite 100, Tallahassee, FL 32308; and by interoffice mail to **Donna C. McNulty**, Assistant Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; and **Tari Rossitto-Van Winkle**, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin # C-65, Tallahassee, Florida 32399-3265, this 12 day of September 2011.



**Deputy Agency Clerk**

7011 1150 0001 4539 6743

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**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2009-18594**

**NANCY LEE KOPITNIK, D.O.,**

**RESPONDENT.**

---

**SETTLEMENT AGREEMENT**

Nancy Lee Kopitnik, D.O., referred to as the "Respondent," and the Department of Health, referred to as "Department" stipulate and agree to the following Agreement and to the entry of a Final Order of the Board of Osteopathic Medicine, referred to as "Board," incorporating the Stipulated Facts and Stipulated Disposition in this matter.

**STIPULATED FACTS**

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes, and Chapter 456, Florida Statutes, and Chapter 459, Florida Statutes.

2. At all times material hereto, Respondent was a licensed osteopathic physician in the State of Florida having been first issued license number OS 6229 on December 9, 1991.

3. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent with violations of Chapters 456 and/or 459, Florida Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit "A".

4. Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint for purposes of these proceedings only.

#### **STIPULATED CONCLUSIONS OF LAW**

1. Respondent admits that, in her capacity as a licensed osteopathic physician, she is subject to the provisions of Chapters 456 and 459, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of

Chapters 456 and/or 459, Florida Statutes, as alleged in the Administrative Complaint.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

**STIPULATED DISPOSITION**

1. **Letter of Concern** - The Board shall issue a Letter of Concern to the Respondent.

2. **Fine** - The Board of Osteopathic Medicine shall impose an administrative **fine of one thousand dollars and no cents (\$1,000.00)** against the license of Respondent, to be paid by Respondent to the Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer, within one (1) year from the date of filing of the Final Order accepting this Settlement Agreement. All fines shall be paid by certified funds or money order. The Board office does not have the authority to change the terms of payment of any fine imposed by the Board.

RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HER LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN THIRTEEN (13) MONTHS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.

3. **Reimbursement Of Costs** - Pursuant to Section 456.072, Florida Statutes, Respondent agrees to pay the Department for any and all costs incurred in the investigation and prosecution of this case. Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, and the Board's administrative cost directly associated with Respondent's probation, if any. **The current estimate of the Department's costs in this case is one thousand, one hundred, twenty-six dollars and ten**

**cents (\$1,126.10), but this amount will increase prior to the Board meeting where this Settlement Agreement is presented.**

All costs shall be paid by certified funds or money order. Respondent will pay costs to the Department of Health, Compliance Management Unit, Bin C76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer, within one (1) year from the date of filing of the Final Order in this cause. Any post-Board costs, such as the costs associated with probation, are not included in this Settlement Agreement.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HER LEGAL OBLIGATION AND RESPONSIBILITY, AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN THIRTEEN (13) MONTHS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH**

**WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.**

4. **Indefinite Suspension** – Upon the filing of the Final Order accepting this Settlement Agreement Respondent's license shall be indefinitely suspended until such time as Respondent pays the fine of **three thousand, four hundred, fifty dollars and no cents (\$3,450.00), and costs of seventy-five dollars and no cents (\$75.00)**, as previously required by the Citation Final Order in Case Number 2009-03800. Respondent will pay this fine and costs to the Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer. Following payment of this fine, Respondent shall be permitted to appear before the Board and petition the Board to lift the suspension provided that she is in compliance with all other requirements of this Settlement Agreement, and demonstrates that she can practice osteopathic medicine with reasonable skill and safety.

The Board shall retain jurisdiction to impose additional terms of reinstatement, including probation and the authority to reject Respondent's request.

5. **Continuing Education** - Within twelve (12) months of the date of the filing of a Final Order in this cause, Respondent shall attend four (4) hours of AOA Category 1-A continuing education courses, including two (2) hours of Professional and Medical Ethics and two (2) hours on Florida Laws. Respondent shall submit documentation in the form of certified copies of the receipts, vouchers, certificates, or other papers, documenting completion of these courses within thirteen (13) months of the entry of the Final Order in this matter. All such documentation shall be sent to: Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer regardless of whether some or any of such documentation was previously provided during the course of any audit or discussion with counsel for the Department. These hours shall be in addition to all those hours required for renewal of licensure for the biennial renewal periods. **Unless otherwise approved by the Board, said continuing education course shall consist of a formal, live lecture format.**

## **STANDARD PROVISIONS**

1. **Appearance**: Respondent is required to appear before the Board of Osteopathic Medicine at the meeting of the Board where this Settlement Agreement is considered.

2. **No Force or Effect Until Final Order** - It is expressly understood that this Settlement Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Settlement Agreement.

3. **Addresses** - Respondent must keep current residence and practice addresses on file with the Board. Respondent shall notify the Board within ten (10) days of any changes of said addresses.

4. **Future Conduct** - In the future, Respondent shall not violate Chapter 456, 459 or 893, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice medicine. Prior to signing this Settlement Agreement, the Respondent shall read Chapters 456, 459

and 893 and the Rules of the Board of Osteopathic Medicine, at Chapter 64B15, Florida Administrative Code.

5. **Violation of Terms Considered Violation of Settlement**

**Agreement** - It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to Chapters 456 and 459, Florida Statutes.

6. **Purpose of Settlement Agreement** - Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Settlement Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Settlement Agreement. Respondent agrees to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or

any of its members from further participation, consideration or resolution of these proceedings.

7. **No Preclusion of Additional Proceedings** - Respondent and the Department fully understand that this Settlement Agreement, and subsequent Final Order incorporating the same, will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached hereto as Exhibit "A".

8. **Waiver of Attorney's Fees and Costs** - Upon the Board's adoption of this Settlement Agreement, the parties hereby agree that with the exception of costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

9. **Waiver of Further Procedural Steps** - Upon the Board's adoption of this Settlement Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the

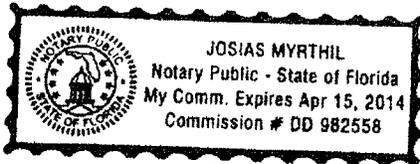
Settlement Agreement and the Final Order of the Board incorporating said Settlement Agreement.

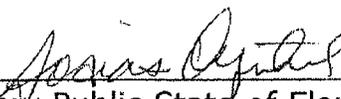
SIGNED this 15<sup>th</sup> day of August, 2011.

  
Nancy Lee Kopitnik, D.O.

Before me, personally appeared Nancy Lee Kopitnik, D.O., whose identity is known to me by Florida Drivers License (type of identification) and who, under oath, acknowledges that her signature appears above.

Sworn to and subscribed before me this 15<sup>th</sup> day of August, 2011.



  
Notary Public State of Florida  
Printed Name: Josias  
Commission No.: DD 982558  
Commission Expires: April 15, 2014

APPROVED this 17<sup>th</sup> day of August, 2001.

H. Frank Farmer, M.D., Ph.D.  
State Surgeon General  
Department of Health

BY: Tari Rossitto-Van Winkle  
Tari Rossitto-Van Winkle, R.N., J.D.  
Assistant General Counsel  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
(850) 245-4640 ext 8139  
FAX (850) 245-4684  
Florida Bar # 0613908

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2009-18594**

**NANCY LEE KOPITNIK, D.O.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, Nancy Lee Kopitnik, D.O., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 6229.

3. Respondent's address of record is 10146 Feather Ridge Drive, Weeki Wachee, Florida 34613.

4. On or about June 9, 2009, the Department filed a Non-Disciplinary Citation as a Final Order in case No. 2009-03800 which, among other things, required Respondent to pay an administrative penalty of Three Thousand, Four Hundred-Fifty dollars (\$3,450.00), plus administrative costs of Seventy-Five dollars (\$75.00), for a total amount due of Three Thousand, Five Hundred, Twenty-Five dollars (\$3,525.00), within 30 days from the date the citation became a final order, or not later than July 8, 2009.

5. Respondent has failed to pay the \$3,525.00 administrative penalty and costs as required by the June 9, 2009, Final Order.

6. Section 459.015(1)(g), Florida Statutes (2009), provides that violating any provision of chapter 459 or 456, or any rules adopted pursuant thereto, constitutes grounds for disciplinary action by the Board of Osteopathic Medicine.

6. Section 456.072(1)(q), Florida Statutes (2009), provides that violating a lawful order of the department or the board, constitutes grounds for disciplinary action by the Board of Osteopathic Medicine.

7. Respondent violated the Final Order of the Board of Osteopathic Medicine entered in DOH Case Number 2009-03800 by failing to pay the fine and costs by the date required by the Citation.

8. Based on the foregoing, Respondent has violated Section 459.015(1)(g), Florida Statutes (2009), by violating a lawful order of the department or board.

9. Based on the foregoing, Respondent has violated Section 456.072(1)(q), Florida Statutes (2009), by violating a lawful order of the department or board.

WHEREFORE, Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 27 day of August, 2010.

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General



Howard C. Holtzendorf  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar No. 0133928  
(850) 245-4640 extension 8114  
(850) 245-4684 FAX

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK Angel Sanders  
DATE AUG 31 2010

PCP: 8/26/10

PCP Members: *Morarn and Escher*

### **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

### **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

## Complaint Cost Summary

Complaint Number: 201528205

Subject's Name: KOPITNIK, NANCY LEE

|                             | ***** Cost to Date ***** |                   |
|-----------------------------|--------------------------|-------------------|
|                             | Hours                    | Costs             |
| <b>Complaint:</b>           | <b>1.50</b>              | <b>\$81.99</b>    |
| <b>Investigation:</b>       | <b>22.40</b>             | <b>\$1,469.41</b> |
| <b>Legal:</b>               | <b>31.50</b>             | <b>\$3,434.00</b> |
| <b>Compliance:</b>          | <b>0.00</b>              | <b>\$0.00</b>     |
|                             | *****                    | *****             |
| <b>Sub Total:</b>           | <b>55.40</b>             | <b>\$4,985.40</b> |
| <b>Expenses to Date:</b>    |                          | <b>\$0.00</b>     |
| <b>Prior Amount:</b>        |                          | <b>\$0.00</b>     |
| <b>Total Costs to Date:</b> |                          | <b>\$4,985.40</b> |



Department of Health

# License Verification

Printer Friendly Version

NORTH FLORIDA TREATMENT CENTER

License Number: PMC1654

Data As Of 5/15/2020

| License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners |
|---------------------|---------------------|-------------------------|---------------------------|
|---------------------|---------------------|-------------------------|---------------------------|

|                             |                                               |
|-----------------------------|-----------------------------------------------|
| Profession                  | Pain Management Clinic                        |
| License                     | PMC1654                                       |
| License Status              | CLEAR/                                        |
| License Expiration Date     |                                               |
| License Original Issue Date | 12/16/2015                                    |
| Address of Record           | 7169 UNIVERSITY BLVD<br>WINTER PARK, FL 32792 |
| Discipline on File          | No                                            |
| Public Complaint            | No                                            |

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License Number: PMC1654

Data As Of 5/15/2020

|                     |                     |                         |                           |
|---------------------|---------------------|-------------------------|---------------------------|
| License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners |
|---------------------|---------------------|-------------------------|---------------------------|

No secondary locations found.

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|---------------------|---------------------|-------------------------|---------------------------|

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

No Discipline Found

### Public Complaints

No Public Complaint Found

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[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:  
Division of Medical Quality Assurance  
Public Records  
4052 Bald Cypress Way, Bin C01  
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

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## NORTH FLORIDA TREATMENT CENTER

License Number: PMC1654

Data As Of 5/15/2020

- License Information
- Secondary Locations
- Discipline/Admin Action
- Supervising Practitioners

| Name                | Relationship                 | Profession            | License | Effective Date |
|---------------------|------------------------------|-----------------------|---------|----------------|
| KOPITNIK, NANCY LEE | DESIGNATED PHYSICIAN         | OSTEOPATHIC PHYSICIAN | 6229    | 12/16/2015     |
| KOPITNIK, NANCY LEE | PAIN MANAGEMENT CLINIC OWNER | OSTEOPATHIC PHYSICIAN | 6229    | 12/16/2015     |

Click on the License Number to view License Details for that Practitioner

[Back](#)

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## Department of Health

NANCY LEE KOPITNIK

License Number: OS6229

*Data As Of 5/14/2020*

**Important message regarding license expiration dates: As part of the response efforts to the Novel Coronavirus 2019 (COVID- 19), Governor Ron DeSantis extended the licensure renewal expiration date until May 31, 2020 for any health care practitioner with licensure renewal deadlines between March 21 and April 30, 2020. The license expiration date for Osteopathic Physicians is extended to May 31, 2020.**

Extended Expiration Date

05/31/2020

**Profession**

Osteopathic Physician

**License**

OS6229

**License Status**

CLEAR/ACTIVE

**Qualifications**

Dispensing Practitioner

**License Expiration Date**

3/31/2020

**License Original Issue Date**

12/09/1991

**Address of Record**

7169 UNIVERSITY

BOULEVARD

WINTER PARK, FL 32792

UNITED STATES

**Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)**

Yes

**Discipline on File**

Yes

**Public Complaint**

Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.



# License Verification

Printer Friendly Version

NANCY LEE KOPITNIK

License Number: OS6229

Data As Of 5/14/2020

**Important message regarding license expiration dates: As part of the response efforts to the Novel Coronavirus 2019 (COVID- 19), Governor Ron DeSantis extended the licensure renewal expiration date until May 31, 2020 for any health care practitioner with licensure renewal deadlines between March 21 and April 30, 2020. The license expiration date for Osteopathic Physicians is extended to May 31, 2020.**

[License Information](#)
[Secondary Locations](#)
[Discipline/Admin Action](#)
[Subordinate Practitioners](#)
[Practitioner Profile](#)

## Emergency Actions

No Emergency Actions Found

## Discipline Cases

| Name                | License | Profession      | City        | State | Case #    | Action Taken            |
|---------------------|---------|-----------------|-------------|-------|-----------|-------------------------|
| KOPITNIK, NANCY LEE | 6229    | OSTEOPATHIC PHY | WINTER PARK | FL    | 200918594 | OBLIGATION(S) SATISFIED |

## Public Complaints

| Name                | License | Profession            | City        | State | Case #    | Action Taken |
|---------------------|---------|-----------------------|-------------|-------|-----------|--------------|
| KOPITNIK, NANCY LEE | 6229    | OSTEOPATHIC PHYSICIAN | WINTER PARK | FL    | 200918594 | AC FILED     |
| KOPITNIK, NANCY LEE | 6229    | OSTEOPATHIC PHYSICIAN | WINTER PARK | FL    | 201528205 | AC FILED     |

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)



by also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:  
Division of Medical Quality Assurance

Public Records  
4052 Bald Cypress Way, Bin C01  
Tallahassee, FL 32399-3251



Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

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Search Services



NANCY LEE KOPITNIK

License Number: OS6229

|                                                              |                       |
|--------------------------------------------------------------|-----------------------|
| Profession                                                   | Osteopathic Physician |
| License Status                                               | CLEAR/ACTIVE          |
| Year Began Practicing                                        | 01/01/1986            |
| License Expiration Date                                      | 03/31/2020            |
| Controlled Substance                                         | Yes                   |
| Prescriber (for the Treatment of Chronic Non-malignant Pain) |                       |

### Primary Practice Address

NANCY LEE KOPITNIK  
7169 UNIVERSITY BOULEVARD  
WINTER PARK, FL 32792  
UNITED STATES

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [nancykopitnik@earthlink.net](mailto:nancykopitnik@earthlink.net)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State   | Profession  |
|---------|-------------|
| ALABAMA | OSTEOPATHIC |
| MAINE   | PHYSICIAN   |

### Education and Training

| Institution Name               | Degree Title | Dates of Attendance | Graduation Date |
|--------------------------------|--------------|---------------------|-----------------|
| WEST VIRGINIA SCHOOL OF OSTEOP | DO           |                     | 06/01/1981      |

## Other Health Related Degrees

This practitioner has completed the following other health related degrees:

| School/University        | City        | State/Country | Dates Attended From | Dates Attended To | Degree Title |
|--------------------------|-------------|---------------|---------------------|-------------------|--------------|
| FLORIDA STATE UNIVERSITY | TALLAHASSEE | FLORIDA       | 01/01/1992          | 01/01/1995        |              |

## Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

| Program Name    | Program Type | Specialty Area | Other Specialty Area | State or City | Country | Dates Attended From | Dates Attended To |
|-----------------|--------------|----------------|----------------------|---------------|---------|---------------------|-------------------|
| OHIO UNIVERSITY | INTERNSHIP   | OTHER          | GENERAL INTERNSHIP   | ***           | OHIO    | 01/01/1981          | 01/01/1982        |
| OHIO UNIVERSITY | RESIDENCY    | GS - SURGERY   |                      | ***           | OHIO    | 01/01/1982          | 07/01/1986        |

## Graduate Medical Education

The practitioner did not provide this mandatory information.

## Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

## Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

| Specialty Board                        | Certification            |
|----------------------------------------|--------------------------|
| AMERICAN OSTEOPATHIC BOARD OF SURGERY  | GS - SURGERY             |
| AMERICAN SOCIETY OF ADDICTION MEDICINE | P - ADDICTION PSYCHIATRY |

## Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F.S.,

from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.357, F.S.

## Proceedings & Actions

### Criminal Offenses

**The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.**

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

### Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

| Taken By                     | Date Of Action | Description of Disciplinary Action | Under Appeal |
|------------------------------|----------------|------------------------------------|--------------|
| FLORIDA DEPARTMENT OF HEALTH | 09/12/2011     | OBLIGATION(S) SATISFIED            | NO           |

**The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.**

### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

### Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

### Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

**Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

### Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

### Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

| Title                                              | Publication                                     | Date       |
|----------------------------------------------------|-------------------------------------------------|------------|
| WHOSE FAULT IS IT DOCTORS AREN'T SPECIAL ANY MORE? | MEDICAL ECONOMICS                               | 06/01/1992 |
| HEMANGIOPERICYTOMA OF THE BREAST                   | JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION | 06/01/1991 |

### Professional Web Page

This practitioner has not provided any professional web page information.

### Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

### Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation

ACTIVE LICENSE FLORIDA BAR

AMERICAN ACADEMY OF PAIN MANAGEMENT

AMERICAN BOARD OF ADDICTION MEDICINE

AMERICAN COLLEGE OF LEGAL MEDICINE-FELLOW

AMERICAN SOCIETY OF ADDICTION MEDICINE

FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2015-28205

NANCY LEE KOPITNIK, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Nancy Lee Kopitnik  
7169 University Boulevard  
Winter Park, FL 32792

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. You are **REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

**The purpose of the hearing is to consider a motion for: Settlement Agreement**

**Note:** Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you call in promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Sarah Corrigan at (850) 245-4444 or by e-mail at [Sarah.Corrigan@flhealth.gov](mailto:Sarah.Corrigan@flhealth.gov).

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at <http://floridasosteopathicmedicine.gov/meeting-information/>

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address(es) this 28<sup>th</sup> day of July 2020.

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

## MEMORANDUM

TO: Kama Monroe, JD, Executive Director, Board of Osteopathic Medicine  
 FROM: Corynn Alberto, Assistant General Counsel  
 RE: **Hearing - No Disputed Material Facts**  
 SUBJECT: DOH v. Bruce Stuart Rubinowicz, D.O.  
 DOH Case Number 2017-22792  
 DATE: June 5, 2020

CA

Enclosed you will find materials in the above-referenced case to be placed on the agenda for final agency action for the **August 21, 2020** meeting of the board. The following information is provided in this regard.

**Subject:** Bruce Stuart Rubinowicz, D.O.  
**Subject's Address of Record:** 3530 Mystic Pointe Drive, #1410  
 Aventura, FL 33180  
 (615) 300-8151 Telephone  
**Enforcement Address:** 3530 Mystic Pointe Drive, #1410  
 Aventura, FL 33180  
**Subject's License No:** 12349      **Rank:** OS  
**Licensure File No:** 11493  
**Initial Licensure Date:** 9/4/2013  
**License Status:** Delinquent  
**Board Certification:** American Board of Psychiatry and Neurology  
**Required to Appear:** No  
**Current PRN Contract:** No  
**Allegation(s):** Section 456.072(1)(ii), Florida Statutes (2017)  
 Section 459.015(1)(b), Florida Statutes (2017)  
**Prior Discipline:** None  
**Probable Cause Panel:** 10-24-18; Dr. Andriole and Ms. Jackson  
**Subject's Attorney:** Nicole Martell, Esquire  
 Dipietro Partners, Attorney at Law  
 901 East Las Olas Blvd, Ste. 202  
 Ft Lauderdale, FL 33301  
 954-712-3070 Telephone

**Complainant/Address:** Bruce Stuart Rubinowicz, D.O.  
3530 Mystic Pointe Drive, #1410  
Aventura, FL 33180

**Materials Submitted:** Memorandum to the Board  
Motion for Hearing Not Involving Disputed  
Issues of Material Fact and Final Order  
Administrative Complaint  
Election of Rights  
Final Investigative Report with Exhibits 1-3  
Motion to Assess Costs with Attachments

**Disciplinary Guidelines:**

Section 456.072(1)(ii), Florida Statutes (2017)

FIRST OFFENSE: Revocation and a fine of \$10,000.00, or in the case of application for licensure, denial of license.

Section 459.015(1)(b), Florida Statutes (2017)

FIRST OFFENSE: From imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in Florida to reprimand through suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken and an administrative fine ranging from \$1,000.00 to \$2,500.00.

**PRELIMINARY CASE REMARKS:**

This case involves a two-count administrative complaint. Count 1 charges Respondent with violating section 456.072(1)(ii), Florida Statutes (2017), by convicted of or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program. Count 2 charges Respondent with violating section 459.015(1)(b), Florida Statutes (2017), for having a license or the authority to practice osteopathic medicine revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions.

On or about November 1, 2017, in the United States District Court, Middle District of Tennessee, Respondent entered a plea of guilty to one count of Solicitation and Receipt of a Kickback, in violation of 42 United States Code ss. 1320a-7b(b). On or about March 7, 2018, the Tennessee Board entered an Agreed Order placing

Respondent's Tennessee license on probation for three years, requiring completion of continuing education courses, and imposing payment of costs and a fine of one thousand two hundred dollars (\$1,200.00).

CA/tgc

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**CASE NUMBER 2017-22792**

**BRUCE STUART RUBINOWICZ, D.O.,**

**RESPONDENT.**

\_\_\_\_\_ /

**MOTION FOR HEARING NOT INVOLVING  
DISPUTED ISSUES OF MATERIAL FACT AND FINAL ORDER**

Petitioner, Department of Health, by and through counsel moves the Board of Osteopathic Medicine to conduct a hearing not involving disputed issues of material fact, and as grounds therefore, Petitioner states:

1. On October 24, 2018, Petitioner filed an Administrative Complaint against the Respondent alleging that the Respondent violated section 456.072(1)(ii), Florida Statutes (2017) and section 459.015(1)(b), Florida Statutes (2017). Petitioner, by filing the Administrative Complaint, is seeking to discipline Respondent's license to practice OSTEOPATHIC MEDICINE, thereby affecting Respondent's substantial interests.

2. On or about June 5, 2020, Respondent executed and returned an Election of Rights form to the Department, in which Respondent indicated that there are no material facts in dispute.

3. There are no disputed issues of material fact to be resolved in this case.

4. Pursuant to section 120.57(2)(a)2, Florida Statutes, the Department is referring this case to the Board of Osteopathic Medicine for entry of a final order setting forth appropriate action on Respondent's license.

5. The Respondent has been advised by a copy of this motion that the Board will consider the investigative reports, as well as any oral or written communication from the Department on the issues of penalty in these matters.

WHEREFORE, Petitioner requests that this Honorable Board, after consideration of the record, and after allowing Respondent the opportunity to present oral and/or written evidence in mitigation of the Administrative Complaint, issue a final order concerning Respondent's license to practice osteopathic medicine in the state of Florida imposing whatever discipline upon Respondent's license that the Board deems appropriate.

DATED this 22<sup>nd</sup> day of June, 2020.

Respectfully submitted,

*Corynn Alberto*

---

Corynn Alberto  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar #68814  
(P) (850) 558-9843  
(F) (850) 245-4684  
(E) Corynn.Alberto@flhealth.gov

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished via certified mail to Respondent's counsel, Nicole Martell, Esquire, nicole@ddpalaw.com, this 22<sup>nd</sup> day of June, 2020.

*Corynn Alberto*

---

Corynn Alberto  
Assistant General Counsel

CA/tgc

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2017-22792**

**BRUCE RUBINOWICZ, D.O.,**

**RESPONDENT.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

COMES NOW Petitioner, Department of Health, by and through its undersigned counsel, and files this Complaint before the Board of Osteopathic Medicine against Respondent, Bruce Rubinowicz, D.O., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 12349.

3. Respondent's address of record is 3530 Mystic Pointe Drive, Aventura, Florida 33180.

4. At all times material to this complaint, Respondent holds and/or held a license to practice osteopathic medicine in the state of Tennessee.

5. The Tennessee Board of Osteopathic Examination (Tennessee Board) is the licensing authority for osteopathic physicians in Tennessee.

6. On or about November 1, 2017, in the United States District Court, Middle District of Tennessee, Respondent entered a plea of guilty to one count of Solicitation and Receipt of a Kickback, in violation of 42 United States Code ss. 1320a-7b(b).

7. On or about March 7, 2018, the Tennessee Board entered an Agreed Order placing Respondent's Tennessee license on probation for three years, requiring completion of continuing education courses, and imposing payment of costs and a fine of one thousand two hundred dollars (\$1,200.00).

### **COUNT I**

8. Petitioner realleges and incorporates paragraphs one (1) through seven (7) as if fully set forth herein.

9. Section 456.072(1)(ii), Florida Statutes (2017), provides that being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program, constitutes grounds for disciplinary action.

10. As set forth above, on or about November 1, 2017, in the United States District Court, Middle District of Tennessee, Respondent entered a plea of guilty to one count of Solicitation and Receipt of a Kickback, in violation of 42 United States Code ss. 1320a-7b(b).

11. Based on the foregoing, Respondent violated Section 456.072(1)(ii), Florida Statutes (2017), by being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program.

## **COUNT TWO**

12. Petitioner realleges and incorporates paragraphs one (1) through seven (7) as if fully set forth herein.

13. Section 459.015(1)(b), Florida Statutes (2017), provides that having a license or the authority to practice osteopathic medicine revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, constitutes grounds for disciplinary action.

14. As set forth above, on or about March 7, 2018, the Tennessee Board entered an Agreed Order placing Respondent's Tennessee license on probation for three years, requiring completion of continuing education courses, and imposing payment of costs and a fine of one thousand two hundred dollars (\$1,200.00).

15. Based on the foregoing, Respondent violated Section 459.015(1)(b), Florida Statutes (2017), by having a license or the authority to practice osteopathic medicine revoked, suspended, or otherwise acted against, including the denial of licensure, but the licensing authority of any jurisdiction, including its agencies or subdivisions.

WHEREFORE, Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a

reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this 24 day of October, 2018.**

Celeste Philip, MD, MPH  
Surgeon General and Secretary

*/s/ Philip A. Crawford*

Philip A. Crawford  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar No. 91378  
(850) 558-9829 Telephone  
(850) 245-4662 Facsimile  
Philip.Crawford@flhelath.gov

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
*Angel Sanders*  
CLERK  
DATE **OCT 24 2018**

/PAC

PCP: October 24, 2018

PCP Members: Dr. Andriole & Ms. Jackson

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

**A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.**

**Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

ELECTION OF RIGHTS

November 11, 2018

I received the Administrative Complaint on the following date: \_\_\_\_\_

Persons seeking a hearing on an Administrative Complaint must file a petition for hearing with the agency within 21 days of receipt of written notice of the Administrative Complaint pursuant to Rule 28-106.111(2), Florida Administrative Code.

Any person who receives written notice of an Administrative Complaint and who fails to file a written request for a hearing within 21 days waives the right to request a hearing on such matters pursuant to Rule 28-106.111(4), Florida Administrative Code.



PLEASE SELECT ONLY 1 OF THE 2 OPTIONS.

OPTION 1. \_\_\_\_\_ I do not dispute the allegations of material fact in the Administrative Complaint. I request a hearing be conducted pursuant to Section 120.57(2), Florida Statutes, where I will be permitted to appear, if I so choose, and submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. \_\_\_\_\_ I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to the requirement of Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE: If the Department does not receive your completed election of rights within 21 days of your receipt of the Administrative Complaint, your request for hearing will be denied.

Bruce Rubinowicz  
Respondent's Signature  
Address: 3530 Mystic Pointe Drive, #1410  
Aventura, FL 33180  
Lic. No.: OS12349  
Phone No.: 615-300-8151  
Fax No.: 620-679-1788  
Email: brucebino@hotmail.com

Nicole Martell  
Attorney/Qualified Representative\*  
Address: 901 E. Las Olas Blvd, Suite 202  
Ft. Lauderdale, Fl 33301  
Phone No.: 954-712-3070  
Fax No.: 954-337-3824  
Email: nicole@ddpalaw.com

as  
\*Qualified Representatives must file written requests to appear such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Corynn Alberto, Esquire, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 558-9843; FAX (850) 245-4684; TDD 1-800-955-8771; [corynn.alberto@flhealth.gov](mailto:corynn.alberto@flhealth.gov)

From: Nicole Martell [mailto:nicole@ddpalaw.com]  
Sent: Thursday, June 4, 2020 5:12 PM  
To: Alberto, Corynn <Corynn.Alberto@flhealth.gov>  
Cc: Corley, Teresa <Teresa.Corley@flhealth.gov>; Erin Breslin <paralegal3@ddpalaw.com>  
Subject: EOR Signed

Corynn,

Attached is Dr. Rubinowicz's election of rights. Please advise when you anticipate him being placed on the calendar for the board to hear his case.

Best,

Nicole Martell, Partner  
Nicole@ddpalaw.com  
954.712.3070 office | 954.337.3824 fax  
901 E. Las Olas Blvd. | Suite 202 | Ft. Lauderdale, FL 33301

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STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------|
| Office: Consumer Services Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date of Complaint: 12/20/2017                                                                         | Case Number: 2017-22792 |
| Subject: BRUCE S. RUBINOWICZ, D.O.<br>3530 Mystic Pointe Drive<br>Aventura, FL 33180<br>(615) 300-8151                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Source: BRUCE S. RUBINOWICZ, D.O.<br>3530 Mystic Pointe Drive<br>Aventura, FL 33180<br>(615) 300-8151 |                         |
| Profession: Osteopathic Physician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | License Number and Status: 12349 – CLEAR/ACTIVE                                                       |                         |
| Related Case(s): None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Period of Investigation and Type of Report: 12/28/17-02/22/18 FINAL                                   |                         |
| Alleged Violation: SS. 456.072(1)(c)(k)(x)(d), 459.015(1)(c)(g)(pp), F.S. Violate Statute / Rule of Board; Failure to perform legal obligation; Conviction related to profession; Failure to report violation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                         |
| <p>Synopsis: This investigation is predicated upon receipt of a self-report from RUBINOWICZ stating he was convicted of a crime in Tennessee. RUBINOWICZ states he was recently adjudicated in the Middle District of Tennessee for his participation in a kickback scheme. It is alleged RUBINOWICZ had minimal involvement in the improper scheme that took place in Tennessee but accepted responsibility for his wrongdoing. RUBINOWICZ entered into an agreement to plead guilty to one count of solicitation and receipt of a kickback to induce the referral of patients. The case was adjudicated on 11/01/17 resulting in him getting one year probation for his involvement (Ex. #1).</p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed?<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Responded?<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Patient Notification Completed?<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/LEIDS?<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board certified? Name of Board: Date:<br/> Specialty: </p> <p> Law Enforcement<br/> <input type="checkbox"/> Notified Date:<br/> <input type="checkbox"/> Involved Agency: </p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject represented by an attorney?<br/> Attorney information: Dipietro Partners, Attorney at Law, Attn: Jocelyn E. Exratty, Esq, located at 902 East Las Olas Blvd, Ste. 202, Ft Lauderdale, FL 33301. Phone Number: (954) 712-3070<br/> <b>*Requested a complete copy of the investigative file</b> </p> |                                                                                                       |                         |
| Investigator/Date:<br><br>Antoinette F. Carter HA 115 02/22/18<br>Government Analyst I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Approved By/Date:<br><br>Donna L. Howell<br>Senior Management Analyst II                              |                         |
| Distribution: CSU/PSU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Page 1                                                                                                |                         |

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\* Exhibits contain information which identifies patient(s) by name and are sealed pursuant to section 456.057(9)(a) Florida Statute.

\*\*\*This exhibit contains confidential records concerning reports of abuse, neglect or exploitation of the vulnerable adult, including reports made to the central abuse hotline, and is sealed pursuant to section 415.107(1), Florida Statutes

INVESTIGATIVE DETAILS

**STATEMENT OF BRUCE S. RUBINOWICZ, D.O. -- Source**

**Address of Record:** 3530 Mystic Pointe Drive  
Aventura, FL 33180  
(615) 300-8151

No additional information received.

**STATEMENT OF BRUCE S. RUBINOWICZ, D.O. -- Subject**

**Address of Record:** 3530 Mystic Pointe Drive  
Aventura, FL 33180  
(615) 300-8151

RUBINOWICS responded to this investigator, via his attorney, requesting a complete copy of the investigative file (Ex. #3).

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed  
from this document for security reasons**

**Scroll down to see the available pages or  
advance to the next document if all  
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS  
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE  
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the Healthiest State in the Nation

December 28, 2017

**CONFIDENTIAL**

Bruce Stuart Rubinowicz, D.O.  
3530 Mystic Pointe Drive 1410  
Aventura, FL 33180

Complaint #: 201722792

Dear Dr. Rubinowicz:

The Consumer Services Unit received the enclosed complaint. We have determined you may have violated the practice act regulating your profession. Therefore, we have opened an investigation. Please submit a written response within 45 days of receipt of this letter. Please include the complaint number 201722792 on any correspondence you provide to our office.

You may make a written request for a copy of the investigative file. This complaint and all investigative information will remain confidential until 10 days after the probable cause panel has determined a violation has occurred or you give up the right to confidentiality.

Sincerely,

Antoinette F. Carter  
Government Analyst I

*If you have any concerns or suggestions about our complaint process, please fill out our Customer Concerns or Suggestions form at <http://www.floridahealth.gov/licensing-and-regulation/enforcement/survey.html>.*

AC/mw  
Enclosure  
DOH-Form300

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Enforcement  
4052 Bald Cypress Way, Bin C-75 • Tallahassee, FL 32399-3275  
PHONE: (850) 245-4339 • FAX : (850) 488-0796



**Accredited Health Department**  
Public Health Accreditation Board

Exhibit #2  
Page #022

DOH Consumer Services

# DI PIETRO | PARTNERS

FEB 21 2018

Attorneys at Law

902 East Las Olas Boulevard • Suite 202 • Fort Lauderdale, FL 33301

DOH Consumer Services

Office (954) 712-3070 • Fax (954) 337-3824

[www.ddpalaw.com](http://www.ddpalaw.com)

FEB 21 2018

February 20, 2018

Sent via Fax and USPS

Antoinette F. Carter  
Government Analyst I  
Consumer Service Unit  
Division of Medical Quality Assurance  
4052 Bald Cypress Way, Bin C-75  
Tallahassee, FL 32399-3275  
Phone: (850) 245-4339  
Fax: (850) 488-0796

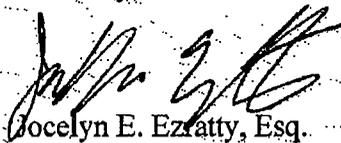
**Re: Letter of Representation and Written Request for Complete Investigative File on Bruce Stuart Rubinowicz, D.O.; Complaint Number: 2017-22792**

Dear Ms. Carter,

Our firm represents Dr. Bruce Stuart Rubinowicz in the current investigation of Complaint Number 2017-22792. We received a copy of the notice of investigation dated December 28, 2017. I am writing to you to make written request for the complete investigative file as well as to advise as to representation.

Please feel free to contact me should you have any questions or need any further information at (954) 712-3070 or [Jocelyn@ddpalaw.com](mailto:Jocelyn@ddpalaw.com).

Sincerely,



Jocelyn E. Ezratty, Esq.  
For the Firm

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NUMBER 2017-22792**

**BRUCE STUART RUBINOWICZ, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**MOTION TO ASSESS COSTS**  
**IN ACCORDANCE WITH SECTION 456.072(4)**

The Department of Health, by and through counsel, moves the Board of Osteopathic Medicine for entry of a Final Order assessing costs against Respondent for the investigation and prosecution of this case in accordance with Section 456.072(4), Florida Statutes (2019). As grounds therefore, the Petitioner states the following:

1. At its next regularly scheduled meeting, the Board of Osteopathic Medicine will take up for consideration the above-styled disciplinary action and will enter a Final Order.

2. Section 456.072(4), Florida Statutes (2019), states, in pertinent part, as follows:

In addition to any other discipline imposed through final order, or citation, entered on or after July 1, 2001, under this section or discipline imposed through final order, or citation, entered on or after July 1, 2001, for a violation of any practice act, the board, or the department when there is no board, shall assess costs related to the investigation and prosecution of the case. The costs related to the investigation and prosecution include, but are not limited to, salaries and benefits of personnel, costs related to the time spent by the attorney and other personnel working on the case, and any other expenses incurred by the department for the case. The board, or the department when there is no board, shall determine the amount of costs to be assessed after its consideration of an affidavit of itemized costs and any written objections thereto....

3. As evidenced in the attached affidavit (Exhibit A), the investigation and prosecution of this case has resulted in costs in the total amount of \$3,430.93, based on the following itemized statement of costs:

- a. Total costs for Complaints \$.81
- b. Total costs for Investigations \$115.95
- c. Total costs for Legal \$3,314.17
- d. Total costs for Compliance \$0.00
- e. Total costs for Expenses \$0.00

4. The attached outside attorney affidavit (Exhibit B) indicates a review of the file and a finding that the Department's attorney time in this case is reasonable and justifiable in the amount of \$3,430.93.

5. The attached Department attorney affidavit (Exhibit C) indicates that the Department's attorney determined that the number of hours expended in the prosecution of this case is recorded accurately, was incurred appropriately, and is reasonable for this type of case.

6. Upon review of the file, the Department contends that the costs associated with attorney time spent on this case are reasonable and justifiable.

7. Should Respondent file written objections to the assessment of costs, within ten (10) days of the date of this motion, specifying the grounds for the objections and the specific elements of the costs to which objections are made, Petitioner requests that the Board determine the amount of costs to be assessed based upon its consideration of the affidavit attached as Exhibit A and any timely-filed written objections.

8. Petitioner requests that the Board grant this motion and assess costs in the amount of \$3,430.93 as supported by competent, substantial evidence. This assessment of costs is in addition to any other discipline imposed by the Board and is in accordance with section 456.072(4), Florida Statutes (2019).

WHEREFORE, the Department of Health requests that the Board of Osteopathic Medicine enter a Final Order assessing costs against Respondent in the amount of \$3,430.93.

Respectfully submitted,

*Corynn Alberto*

---

Corynn Alberto  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar #68814  
(P) (850) 558-9843  
(F) (850) 245-4684  
(E) Corynn.Alberto@flhealth.gov

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished via certified mail to Respondent's counsel, Nicole Martell, Esquire, nicole@ddpalaw.com, this 22<sup>nd</sup> day of June 2020.

*Corynn Alberto*

---

Corynn Alberto  
Assistant General Counsel

CA/tgc

## AFFIDAVIT OF FEES AND COSTS EXPENDED

STATE OF FLORIDA  
COUNTY OF LEON:

**BEFORE ME**, the undersigned authority, personally appeared **SHANE WALTERS** who was sworn and states as follows:

- 1) My name is Shane Walters.
- 2) I am over the age of 18, competent to testify, and make this affidavit upon my own personal knowledge and after review of the records at the Florida Department of Health (the Department).
- 3) I am a Senior Management Analyst II (SMAII) for the Consumer Services and Compliance Management Unit for the Department. The Consumer Services Unit is where all complaints against Florida health care licensees (e.g., medical doctors, dentists, nurses, respiratory therapists) are officially filed. I have been in my current job position for more than one year. My business address is 4052 Bald Cypress Way, Bin C-75 Tallahassee, Florida 32399-3275.
- 4) As SMAII of the Consumer Services and Compliance Management Unit, my job duties include reviewing data in the Time Tracking System and verifying that the amounts correspond to the amounts in this affidavit. The Time Tracking System is a computer program which records and tracks the Department's costs regarding the investigation and prosecution of cases against Florida health care licensees.
- 5) As of today, DOH's total costs for investigating and prosecuting DOH case number(s) **2017-22792** (Department of Health v. **Bruce Stuart Rubinowicz, D.O.**) are **THREE THOUSAND FOUR HUNDRED THIRTY DOLLARS AND NINETY-THREE CENTS (\$3,430.93)**.
- 6) The costs for DOH case number **2017-22792** (Department of Health v. **Bruce Stuart Rubinowicz, D.O.**) is summarized in Exhibit 1 (Cost Summary Report), which is attached hereto.
- 7) The itemized costs and expenses for DOH case number **2017-22792** (Department of Health v. **Bruce Stuart Rubinowicz, D.O.**) is detailed in Exhibit 2 (Itemized Cost Report and Itemized Expense Report and receipts), which is attached to this document.
- 8) The itemized costs as reflected in Exhibit 2 are determined by the following method: DOH employees who work on cases daily are to keep track of their time in six-minute increments (e.g., investigators

and lawyers). A designated DOH employee in the Consumer Services Unit, Legal Department, and in each area office, inputs the time worked and expenses spent into the Time Tracking System. Time and expenses are charged against a state health care Board (e.g., Florida Board of Medicine, Florida Board of Dentistry, Florida Board of Osteopathic Medicine), and/or a case. If no Board or case can be charged, then the time and expenses are charged as administrative time. The hourly rate of each employee is calculated by formulas established by the Department. (See the Itemized Cost Report)

- 9) Shane Walters, first being duly sworn, states that he has read the foregoing Affidavit and its attachments and the statements contained therein are true and correct to the best of his knowledge and belief.

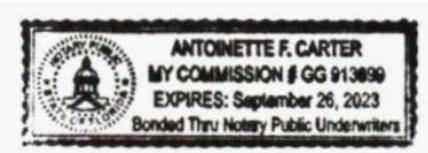
FURTHER AFFIANT SAYETH NOT.

*Shane Walters*

Shane Walters, Affiant

STATE OF FLORIDA  
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 8 day of June, 2020, by Antoinette F Carter.



*Antoinette F. Carter*

Signature of Notary Public  
Print, Type or Stamp Commissioned name of Notary Public  
My Commission Expires:

Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

## Complaint Cost Summary

Complaint Number: 201722792

Subject's Name: RUBINOWICZ, BRUCE STUART

|                             | ***** Cost to Date ***** |            |
|-----------------------------|--------------------------|------------|
|                             | Hours                    | Costs      |
| <b>Complaint:</b>           | 0.06                     | \$0.81     |
| <b>Investigation:</b>       | 1.90                     | \$115.95   |
| <b>Legal:</b>               | 30.40                    | \$3,314.17 |
| <b>Compliance:</b>          | 0.00                     | \$0.00     |
|                             | *****                    | *****      |
| <b>Sub Total:</b>           | 32.36                    | \$3,430.93 |
| <b>Expenses to Date:</b>    |                          | \$0.00     |
| <b>Prior Amount:</b>        |                          | \$0.00     |
| <b>Total Costs to Date:</b> |                          | \$3,430.93 |

Exhibit 1



\*\*\* CONFIDENTIAL \*\*\*

**Time Tracking System  
Itemized Cost by Complaint**

Complaint 201722792

Report Date 06/08/2020

Page 1 of 5

| Staff Code                       | Activity Hours | Staff Rate | Cost            | Activity Date | Activity Code | Activity Description                                         |
|----------------------------------|----------------|------------|-----------------|---------------|---------------|--------------------------------------------------------------|
| <b>CONSUMER SERVICES UNIT</b>    |                |            |                 |               |               |                                                              |
| HA115                            | 0.80           | \$61.03    | \$48.82         | 12/22/2017    | 77            | PREPARATION OF DESK INVESTIGATION SYNOPSIS                   |
| HA115                            | 1.00           | \$61.03    | \$61.03         | 02/22/2018    | 76            | REPORT WRITING                                               |
| HA23                             | 0.10           | \$61.03    | \$6.10          | 05/10/2018    | 4             | ROUTINE INVESTIGATIVE WORK                                   |
| HA224                            | 0.06           | \$13.43    | \$0.81          | 02/21/2019    | 25            | REVIEW CASE FILE                                             |
| <b>Sub Total</b>                 | <b>1.96</b>    |            | <b>\$116.76</b> |               |               |                                                              |
| <b>PROSECUTION SERVICES UNIT</b> |                |            |                 |               |               |                                                              |
| HLL123A                          | 0.10           | \$109.02   | \$10.90         | 02/26/2018    | 103           | REVIEW SUPPLEMENTAL REPORT                                   |
| HLL123A                          | 0.10           | \$109.02   | \$10.90         | 02/26/2018    | 61            | GENERAL INTAKE                                               |
| HLL135A                          | 0.10           | \$109.02   | \$10.90         | 03/09/2018    | 115           | CONTACT WITH INVESTIGATORS                                   |
| HLL135A                          | 0.10           | \$109.02   | \$10.90         | 03/12/2018    | 115           | CONTACT WITH INVESTIGATORS                                   |
| HLL135A                          | 0.80           | \$109.02   | \$87.22         | 03/12/2018    | 37            | REVIEW LETTER                                                |
| HLL135A                          | 0.10           | \$109.02   | \$10.90         | 04/10/2018    | 35            | TELEPHONE CALLS                                              |
| HLL135A                          | 0.40           | \$109.02   | \$43.61         | 04/10/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A                          | 0.20           | \$109.02   | \$21.80         | 04/10/2018    | 35            | TELEPHONE CALLS                                              |
| HLL135A                          | 0.20           | \$109.02   | \$21.80         | 04/13/2018    | 35            | TELEPHONE CALLS                                              |
| HLL135A                          | 0.20           | \$109.02   | \$21.80         | 04/13/2018    | 37            | REVIEW LETTER                                                |
| HLL135A                          | 0.20           | \$109.02   | \$21.80         | 04/13/2018    | 64            | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GE |
| HLL135A                          | 0.30           | \$109.02   | \$32.71         | 05/08/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A                          | 0.20           | \$109.02   | \$21.80         | 05/08/2018    | 70            | CONFERENCES WITH LAWYERS                                     |
| HLL135A                          | 0.20           | \$109.02   | \$21.80         | 05/08/2018    | 26            | PREPARE OR REVISE MEMORANDUM                                 |
| HLL135A                          | 0.40           | \$109.02   | \$43.61         | 05/18/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A                          | 0.30           | \$109.02   | \$32.71         | 05/18/2018    | 37            | REVIEW LETTER                                                |
| HLL135A                          | 0.20           | \$109.02   | \$21.80         | 05/18/2018    | 64            | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GE |
| HLL135A                          | 0.40           | \$109.02   | \$43.61         | 05/18/2018    | 28            | PREPARE OR REVISE ADMINISTRATIVE COMPLAINT                   |
| HLL135A                          | 0.20           | \$109.02   | \$21.80         | 05/18/2018    | 89            | PROBABLE CAUSE PREPARATION                                   |
| HLL135A                          | 0.10           | \$109.02   | \$10.90         | 05/18/2018    | 74            | MEETINGS WITH DEPARTMENT STAFF                               |
| HLL135A                          | 0.10           | \$109.02   | \$10.90         | 05/22/2018    | 74            | MEETINGS WITH DEPARTMENT STAFF                               |
| HLL135A                          | 0.10           | \$109.02   | \$10.90         | 05/22/2018    | 36            | PREPARATION OR REVISION OF LETTER                            |



**Time Tracking System  
Itemized Cost by Complaint**

Complaint 201722792

Report Date 06/08/2020

| Staff Code | Activity Hours | Staff Rate | Cost    | Activity Date | Activity Code | Activity Description                                         |
|------------|----------------|------------|---------|---------------|---------------|--------------------------------------------------------------|
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 05/22/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 05/22/2018    | 35            | TELEPHONE CALLS                                              |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 05/22/2018    | 88            | PROOFING AND SIGNING LETTERS                                 |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 06/14/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 06/14/2018    | 28            | PREPARE OR REVISE ADMINISTRATIVE COMPLAINT                   |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 06/14/2018    | 35            | TELEPHONE CALLS                                              |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 06/14/2018    | 36            | PREPARATION OR REVISION OF LETTER                            |
| HLL123A    | 0.20           | \$109.02   | \$21.80 | 06/14/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 06/18/2018    | 37            | REVIEW LETTER                                                |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 06/18/2018    | 41            | REVIEW PLEADING                                              |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 06/18/2018    | 74            | MEETINGS WITH DEPARTMENT STAFF                               |
| HLL135A    | 0.40           | \$109.02   | \$43.61 | 06/20/2018    | 38            | REVIEW DISCOVERY REQUESTS/RESPONSES                          |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 06/20/2018    | 88            | PROOFING AND SIGNING LETTERS                                 |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 07/18/2018    | 37            | REVIEW LETTER                                                |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 07/18/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 07/18/2018    | 74            | MEETINGS WITH DEPARTMENT STAFF                               |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 07/18/2018    | 89            | PROBABLE CAUSE PREPARATION                                   |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 07/18/2018    | 74            | MEETINGS WITH DEPARTMENT STAFF                               |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 07/18/2018    | 37            | REVIEW LETTER                                                |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 08/07/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 08/07/2018    | 36            | PREPARATION OR REVISION OF LETTER                            |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 08/07/2018    | 36            | PREPARATION OR REVISION OF LETTER                            |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 08/07/2018    | 64            | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GE |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 08/07/2018    | 88            | PROOFING AND SIGNING LETTERS                                 |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 08/07/2018    | 88            | PROOFING AND SIGNING LETTERS                                 |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 08/13/2018    | 37            | REVIEW LETTER                                                |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 08/13/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 08/13/2018    | 35            | TELEPHONE CALLS                                              |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 08/13/2018    | 28            | PREPARE OR REVISE ADMINISTRATIVE COMPLAINT                   |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 08/13/2018    | 74            | MEETINGS WITH DEPARTMENT STAFF                               |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 09/05/2018    | 37            | REVIEW LETTER                                                |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 09/05/2018    | 74            | MEETINGS WITH DEPARTMENT STAFF                               |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 09/26/2018    | 74            | MEETINGS WITH DEPARTMENT STAFF                               |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 09/26/2018    | 89            | PROBABLE CAUSE PREPARATION                                   |



**Time Tracking System  
Itemized Cost by Complaint**

Complaint 201722792

Report Date 06/08/2020

| Staff Code | Activity Hours | Staff Rate | Cost    | Activity Date | Activity Code | Activity Description                                         |
|------------|----------------|------------|---------|---------------|---------------|--------------------------------------------------------------|
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 09/26/2018    | 28            | PREPARE OR REVISE ADMINISTRATIVE COMPLAINT                   |
| HLL123A    | 0.10           | \$109.02   | \$10.90 | 10/23/2018    | 89            | PROBABLE CAUSE PREPARATION                                   |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 10/24/2018    | 29            | REVIEW ADMINISTRATIVE COMPLAINT                              |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 10/24/2018    | 89            | PROBABLE CAUSE PREPARATION                                   |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 10/24/2018    | 63            | PRESENTATION OF CASES TO PROBABLE CAUSE PANEL                |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 10/24/2018    | 68            | SIGNING CLOSING ORDERS, ADMINISTRATIVE COMPLAINTS AND REA    |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 10/25/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 10/25/2018    | 64            | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GE |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 10/25/2018    | 74            | MEETINGS WITH DEPARTMENT STAFF                               |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 10/26/2018    | 74            | MEETINGS WITH DEPARTMENT STAFF                               |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 10/31/2018    | 74            | MEETINGS WITH DEPARTMENT STAFF                               |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 10/31/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 10/31/2018    | 46            | LEGAL RESEARCH                                               |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 10/31/2018    | 64            | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GE |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 10/31/2018    | 40            | PREPARATION OF OR REVISION OF A PLEADING                     |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 11/07/2018    | 74            | MEETINGS WITH DEPARTMENT STAFF                               |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 11/07/2018    | 64            | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GE |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 11/07/2018    | 40            | PREPARATION OF OR REVISION OF A PLEADING                     |
| HLL135A    | 0.40           | \$109.02   | \$43.61 | 11/07/2018    | 90            | POST PROBABLE CAUSE PROCESSING                               |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 11/07/2018    | 88            | PROOFING AND SIGNING LETTERS                                 |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 12/06/2018    | 41            | REVIEW PLEADING                                              |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 12/06/2018    | 29            | REVIEW ADMINISTRATIVE COMPLAINT                              |
| HLL135A    | 0.50           | \$109.02   | \$54.51 | 12/06/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A    | 0.40           | \$109.02   | \$43.61 | 12/06/2018    | 35            | TELEPHONE CALLS                                              |
| HLL135A    | 0.40           | \$109.02   | \$43.61 | 12/06/2018    | 64            | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GE |
| HLL135A    | 0.20           | \$109.02   | \$21.80 | 12/07/2018    | 36            | PREPARATION OR REVISION OF LETTER                            |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 12/07/2018    | 88            | PROOFING AND SIGNING LETTERS                                 |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 12/07/2018    | 41            | REVIEW PLEADING                                              |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 12/07/2018    | 60            | MISCELLANEOUS                                                |
| HLL135A    | 0.10           | \$109.02   | \$10.90 | 12/10/2018    | 37            | REVIEW LETTER                                                |
| HLL135A    | 0.40           | \$109.02   | \$43.61 | 12/13/2018    | 25            | REVIEW CASE FILE                                             |
| HLL135A    | 0.30           | \$109.02   | \$32.71 | 12/13/2018    | 64            | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GE |
| HLL135A    | 0.50           | \$109.02   | \$54.51 | 01/18/2019    | 37            | REVIEW LETTER                                                |
| HLL135A    | 0.50           | \$109.02   | \$54.51 | 01/18/2019    | 25            | REVIEW CASE FILE                                             |



**Time Tracking System  
Itemized Cost by Complaint**

Complaint 201722792

Report Date 06/08/2020

| Staff Code | Activity Hours | Staff Rate | Cost     | Activity Date | Activity Code | Activity Description              |
|------------|----------------|------------|----------|---------------|---------------|-----------------------------------|
| HLL135A    | 0.50           | \$109.02   | \$54.51  | 01/18/2019    | 46            | LEGAL RESEARCH                    |
| HLL135A    | 0.20           | \$109.02   | \$21.80  | 03/22/2019    | 25            | REVIEW CASE FILE                  |
| HLL135A    | 0.20           | \$109.02   | \$21.80  | 03/22/2019    | 26            | PREPARE OR REVISE MEMORANDUM      |
| HLL137B    | 1.50           | \$109.03   | \$163.55 | 04/22/2019    | 25            | REVIEW CASE FILE                  |
| HLL137B    | 0.50           | \$109.03   | \$54.52  | 04/23/2019    | 25            | REVIEW CASE FILE                  |
| HLL137B    | 0.40           | \$109.03   | \$43.61  | 04/23/2019    | 46            | LEGAL RESEARCH                    |
| HLL137B    | 1.20           | \$109.03   | \$130.84 | 04/23/2019    | 30            | PREPARE AMENDED A/C               |
| HLL137B    | 0.10           | \$109.03   | \$10.90  | 04/23/2019    | 70            | CONFERENCES WITH LAWYERS          |
| HLL135A    | 0.20           | \$109.02   | \$21.80  | 04/24/2019    | 70            | CONFERENCES WITH LAWYERS          |
| HLL135A    | 0.20           | \$109.02   | \$21.80  | 04/24/2019    | 25            | REVIEW CASE FILE                  |
| HLL137B    | 0.30           | \$109.03   | \$32.71  | 04/24/2019    | 25            | REVIEW CASE FILE                  |
| HLL137B    | 0.30           | \$109.03   | \$32.71  | 04/24/2019    | 46            | LEGAL RESEARCH                    |
| HLL137B    | 1.00           | \$109.03   | \$109.03 | 04/24/2019    | 30            | PREPARE AMENDED A/C               |
| HLL137B    | 0.10           | \$109.03   | \$10.90  | 04/24/2019    | 70            | CONFERENCES WITH LAWYERS          |
| HLL137B    | 0.20           | \$109.03   | \$21.81  | 04/24/2019    | 36            | PREPARATION OR REVISION OF LETTER |
| HLL137B    | 0.10           | \$109.03   | \$10.90  | 04/29/2019    | 35            | TELEPHONE CALLS                   |
| HLL137B    | 0.40           | \$109.03   | \$43.61  | 04/30/2019    | 35            | TELEPHONE CALLS                   |
| HLL122A    | 0.20           | \$109.02   | \$21.80  | 04/30/2019    | 29            | REVIEW ADMINISTRATIVE COMPLAINT   |
| HLL137B    | 0.10           | \$109.03   | \$10.90  | 05/06/2019    | 37            | REVIEW LETTER                     |
| HLL137B    | 0.10           | \$109.03   | \$10.90  | 05/28/2019    | 37            | REVIEW LETTER                     |
| HLL137B    | 0.30           | \$109.03   | \$32.71  | 05/29/2019    | 25            | REVIEW CASE FILE                  |
| HLL137B    | 0.20           | \$109.03   | \$21.81  | 05/29/2019    | 26            | PREPARE OR REVISE MEMORANDUM      |
| HLL137B    | 0.10           | \$109.03   | \$10.90  | 05/30/2019    | 37            | REVIEW LETTER                     |
| HLL137B    | 0.20           | \$109.03   | \$21.81  | 05/31/2019    | 37            | REVIEW LETTER                     |
| HLL137B    | 0.40           | \$109.03   | \$43.61  | 05/31/2019    | 89            | PROBABLE CAUSE PREPARATION        |
| HLL122A    | 0.10           | \$109.02   | \$10.90  | 02/10/2020    | 25            | REVIEW CASE FILE                  |
| HLL122A    | 0.20           | \$109.02   | \$21.80  | 02/18/2020    | 35            | TELEPHONE CALLS                   |
| HLL122A    | 0.20           | \$109.02   | \$21.80  | 02/18/2020    | 25            | REVIEW CASE FILE                  |
| HLL122A    | 0.30           | \$109.02   | \$32.71  | 03/02/2020    | 35            | TELEPHONE CALLS                   |
| HLL122A    | 0.40           | \$109.02   | \$43.61  | 03/11/2020    | 60            | MISCELLANEOUS                     |
| HLL122A    | 0.30           | \$109.02   | \$32.71  | 03/12/2020    | 60            | MISCELLANEOUS                     |
| HLL122A    | 0.10           | \$109.02   | \$10.90  | 03/13/2020    | 70            | CONFERENCES WITH LAWYERS          |
| HLL122A    | 0.10           | \$109.02   | \$10.90  | 03/26/2020    | 60            | MISCELLANEOUS                     |
| HLL122A    | 0.20           | \$109.02   | \$21.80  | 03/30/2020    | 60            | MISCELLANEOUS                     |



**Time Tracking System  
Itemized Cost by Complaint**

Complaint 201722792

Report Date 06/08/2020

| Staff Code       | Activity Hours | Staff Rate | Cost              | Activity Date | Activity Code | Activity Description     |
|------------------|----------------|------------|-------------------|---------------|---------------|--------------------------|
| HLL122A          | 0.10           | \$109.02   | \$10.90           | 03/31/2020    | 70            | CONFERENCES WITH LAWYERS |
| <b>Sub Total</b> | <b>30.40</b>   |            | <b>\$3,314.17</b> |               |               |                          |

|                   |                   |
|-------------------|-------------------|
| <b>Total Cost</b> | <b>\$3,430.93</b> |
|-------------------|-------------------|



\*\*\* C O N F I D E N T I A L \*\*\*

**Time Tracking System**  
**Itemized Expense by Complaint**  
Complaint                      201722792

Report Date: 06/08/2020

Page 1 of 1

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| <b>Staff Code</b> | <b>Expense Date</b> | <b>Expense Amount</b> | <b>Expense Code</b> | <b>Expense Code Description</b> |
|-------------------|---------------------|-----------------------|---------------------|---------------------------------|
|-------------------|---------------------|-----------------------|---------------------|---------------------------------|

---

**SubTotal**  
**Total Expenses**

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

DOH CASE NO. 2017-22792

v.

BRUCE RUBINOWICZ, D.O.,

Respondent.

---

AFFIDAVIT OF OUTSIDE ATTORNEY REGARDING COSTS

Daniel R. Russell, being duly sworn on oath, deposes and says:

1. I am an attorney at law duly authorized to practice in the State of Florida and have been active in the practice of law in Florida since March 21, 2009. My Curriculum Vitae is attached as Exhibit 1 hereto.

2. I am personally familiar with the fees usually and customarily awarded to attorneys for legal services in administrative proceedings of the kind and nature of the captioned case.

3. I am familiar with Rule 4-1.5(b) of the Rules Regulating the Florida Bar, and have taken such into consideration in forming my opinion in this matter, the factors set forth therein for the determination of reasonable attorney's fees.

4. I am also familiar with, and have considered in forming my opinion in this matter, the Florida Supreme Court in the case of *Florida Patient's Compensation Fund vs. Rowe*, 472 So.2d 1145 (Fla. 1985) relating to the determination of reasonable attorney's fees.

5. I have reviewed the file of the Department of Health (the Department) in relation to this case.

6. I have reviewed the Department's "Time Tracking System Itemized Cost by Complaint" for the case referenced herein, which is among the attachments to the Motion to Assess Costs. I have only reviewed and analyzed the time entries for the Prosecution Services Unit.

7. Based on my review of these documents, it is my understanding that the Department is seeking to recover \$3,314.17 for its attorney time and other costs related to the prosecution of this case.

8. Based on the above, and on my years in legal practice and my experience in this area of legal practice, it is my opinion that the hourly rates for the Department's prosecuting attorneys used in this case are within or below the reasonable and customary range for attorney time spent on cases of this type.

9. Based on the above, and on my years in legal practice and my experience in this area of legal practice, it is my opinion that the total number of attorney hours for which the Department of Health seeks recovery in this case is within the range of time customarily spent on cases of this type and is a reasonable total number of attorney hours for this case.

10. Based on the above, and on my years in legal practice and my experience in this area of legal practice, it is my opinion that the total amount of costs sought to be recovered for attorney time and other costs of prosecution in this case is a reasonable amount in a case of this type.

11. It is my understanding that the Department is moving to recover a total of \$3,314.17 in attorney time and costs in relation to this case.

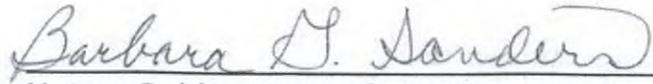
12. Based on the above, and on my years in legal practice and my experience in this area of legal practice, it is my opinion that items of expense are reasonable for a case of this type, and that the total amount

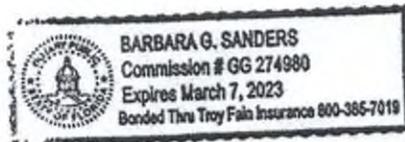
of expenses sought to be recovered in this case is a reasonable amount for a case of this type.

  
\_\_\_\_\_  
Daniel R. Russell

STATE OF FLORIDA  
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me by means of physical appearance, this 9th day of June 2020, by Daniel R. Russell, Esq.

  
\_\_\_\_\_  
Notary Public, State of Florida  
Printed Name: Barbara G. Sanders  
Commission No.: GG 274980  
Commission Expires: 03-07-2023



**Daniel Ryan Russell**  
292 Thornberg Drive, Tallahassee, FL32312  
(850) 425-7804 drussell@deanmead.com

**Experience:**

**Dean Mead, Of Counsel**

- Primary areas of practice focuses on civil and administrative litigation, government relations, healthcare regulation and gaming law.
- Recognized as a “Rising Star” by Florida Super Lawyers, 2019

**Jones Walker LLP, Partner**

- Primary areas of practice focused on civil, administrative and federal litigation, government relations, healthcare regulation and gaming law.

**State of Florida, Department of the Lottery, General Counsel**

- Responsible for all legal and regulatory affairs of the Florida Lottery, which employed approximately 500 people and generated nearly \$5.5 billion in annual gross revenue.
- In accordance with the Department’s emergency rulemaking authority, managed the drafting and publication of new rules for each lottery game, of which around six are published each month.
- Responsible for personally handling bid protests, administrative, state and federal litigation, and all other legal matters for the Department.
- Spearheaded the Department’s “Retailer Integrity Program” and supervised ten sworn law enforcement officers.

**Jones Walker LLP, Associate**

- Primary areas of practice include gaming and pari-mutuel law in the civil and administrative courts with a primary focus on administrative litigation, real estate and condominium law, labor and employment law, and legislative affairs for various industries.

**Pennington, Moore, Wilkinson, Bell & Dunbar, Associate**

- Primary areas of practice included gaming and pari-mutuel law, real estate, and employment law.
- Gaming practice included regulatory representation of multiple slot machine manufacturers and a Florida-based pari-mutuel facility with horse racing, slot machine and cardroom operations before the Florida Department of Business and Professional Regulation (DBPR) and Florida Legislature.

**Gulfstream Park Racing & Casino, General Counsel**

- Responsible for the legal, compliance, regulatory and risk management operations at Gulfstream’s horse racing, cardroom and slot machine facility. Part of a management team that oversaw a \$20 million revenue growth over two years.
- Managed more than 100 pieces of active litigation and the distribution of an annual political and government affairs budget of approximately \$200,000.
- Advised Gulfstream through a year-long bankruptcy proceeding and worked with multiple vendors, including independent contractors, on matters of contract re-negotiations and collections.
- Completed collective bargaining agreements with Gulfstream’s two active unions.
- Managed workers’ compensation claims and day-to-day labor relations issues for more than 800 employees.

**Education:** **Florida State University College of Law**, Juris Doctorate  
**University of Florida**, Bachelor of Science, Journalism

**Licenses:** **Florida Bar**, member in good standing and admitted to practice law in the State of Florida.

**Publications:**

**“Misprinted Lottery Tickets and the Disappointment of a Non-Winning Ticket,”** American Gaming Lawyer, Fall 2015.

**“Fraud and Ticket Brokering: A Dilemma for Public Lotteries,”** American Gaming Lawyer, Spring 2015.

**“Frequent Jackpot Winners: Lucky Players or Scammers?,”** Casino Lawyer Magazine, Fall 2014.

**“The Legal Status of Gambling in America’s Senior Communities,”** Marquette Elder’s Advisor: Vol. 8: Iss. 2, Article 5.

**“The History of Internet Cafes and the Current Approach to Their Regulation”** UNLV Gaming Law Journal: Vol. 3: Iss. 2, Article 5.

**Lectures:** **“Modernization of Regulated Lotteries in America, What’s Next?”** Global Gaming Expo, Fall 2018

**“State Actions to Prevent/Cease Illegal Gambling,”** February 2016, ABA Gaming Law Minefield.

**“Florida Lottery: What’s Next?,”** January 2016, Florida Gaming Congress.

**“Lotteries Seeking Growth Opportunities,”** January 2016, National Council of Legislators from Gaming States

**State Law Resources**, Featured Presenter, Fall 2012, Discussed the nationwide expansion of the Internet café industry at the State Law Resources annual conference before attorneys from more than 40 jurisdictions around the U.S.

**Florida Gaming Summit**, Panelist, Spring 2012, Discussed Florida’s Public Policy as it relates to gaming and pari-mutuels.

**Florida State University College of Law**, Guest Lecturer, Fall 2010 - 2012, Gambling and Pari-Mutuel Law course. Presented information related to State and Federal gaming law issues.

**Keiser University**, Guest Lecturer, Fall 2009, White Collar Crimes course. Provided a detailed legal history of fraud and white-collar crimes in Florida.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NUMBER 2017-22792**

**BRUCE STUART RUBINOWICZ, D.O.,**

**Respondent.**

\_\_\_\_\_ /

**AFFIDAVIT OF ATTORNEY CORYNN ALBERTO IN SUPPORT OF AN  
ASSESSMENT FOR ATTORNEY TIME COSTS**

Before me, the undersigned authority, personally appeared, Corynn Alberto, who upon first being duly sworn on oath, deposes and says:

1. I am an attorney at law duly authorized to practice in the State of Florida and have been active in the practice of law in Florida since 2009.
2. I have worked as an attorney in the Prosecution Services Unit of the Department of Health for the State of Florida and in that capacity I have prosecuted the captioned case. I am sometimes identified in documents relating to the recording of my time by the code HLL122A.

3. I have reviewed the file in this case and the Itemized Cost Report attached to Exhibit A of the Motion to Assess Costs in Accordance with section 456.072(4), Florida Statutes.

4. Based on all of the above, I have determined that the number of hours I expended in the prosecution of this case is recorded accurately, was incurred appropriately, and is reasonable for this type of case.

DATED this 22<sup>nd</sup> day of **June** 2020.

Corynn Alberto  
Corynn Alberto  
Assistant General Counsel  
Florida Bar Number 68814  
DOH Prosecution Services Unit  
4052 Bald Cypress Way Bin-C-65  
Tallahassee, Florida 32399-3265  
(850) 558-9843  
(850) 245-4684 FAX  
Corynn.Alberto@flhealth.gov

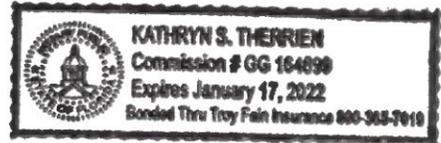
STATE OF FLORIDA  
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 22<sup>nd</sup> day of June, 2020, by Corynn Alberto.



Signature of Notary Public  
Print, Type or Stamp Commissioned name of Notary Public

My Commission Expires:



Personally Known  OR Produced Identification N/A

Type of Identification Produced N/A

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

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STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2017-22792

BRUCE STUART RUBINOWICZ, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Nicole Martell, Esq.  
Dipietro Partners, Attorney at Law  
901 East Las Olas Blvd., Suite 202  
Ft. Lauderdale, Florida 33301

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. You client is **NOT REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1 866 899 4679 and the access code is 793-180-125.

**The purpose of the hearing is to consider a motion for: Informal Hearing**

**Note:** Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you call in promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Sarah Corrigan at (850) 245-4444 or by e-mail at [Sarah.Corrigan@flhealth.gov](mailto:Sarah.Corrigan@flhealth.gov).

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at <http://floridasosteopathicmedicine.gov/meeting-information/>

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address(es) this 28<sup>th</sup> day of July 2020.

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2017-22792

BRUCE STUART RUBINOWICZ, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Bruce Stuart Rubinowicz, D.O.  
3530 Mystic Pointe Drive, 1410  
Aventura, FL 33180

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. You are **NOT REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1 866 899 4679 and the access code is 793-180-125.

**The purpose of the hearing is to consider a motion for: Informal Hearing**

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A copy of the agenda may be obtained a week prior to the meeting by visiting our website at <http://floridasosteopathicmedicine.gov/meeting-information/>

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address(es) this 28<sup>th</sup> day of July 2020.

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**From:** [Peace, Christa](#)  
**To:** ["nicole@ddpalaw.com"](mailto:nicole@ddpalaw.com)  
**Subject:** Notice of Hearing  
**Date:** Tuesday, July 28, 2020 11:57:58 AM  
**Attachments:** [Bruce Rubinowicz aor.pdf](#)  
[Bruce Rubinowicz atty.pdf](#)

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Greetings,

Your client's request for an Informal hearing will be heard at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. Your client is not required to attend this meeting. Please see the attached correspondence.

Thanks,

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCPR  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



**Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the **Healthiest State** in the Nation

**Values:** Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

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***PLEASE NOTE:*** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

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456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

CONFIDENTIAL AND EXEMPT MATERIALS

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10)(a)All patient records obtained by the department and any other documents  
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**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2018-14830

ALEXANDRU BURDUCEA, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Alexandru Burducea, D.O.  
1562 1<sup>st</sup> Avenue Apt. 243  
Manhattan, NY 10028

**PLEASE TAKE NOTICE** that a disciplinary hearing will be heard before the Board of Osteopathic Medicine on Friday, August 21, 2020, commencing at 9:00 a.m. You are **NOT REQUIRED** to be present at this meeting. This hearing will take place by video conference <https://global.gotomeeting.com/join/793180125> or you may call-in to attend the meeting. The conference number is 1-866-899-4679 and the access code is 793-180-125.

**The purpose of the hearing is to consider a motion for: Voluntary Relinquishment**

**Note:** Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you call in promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Sarah Corrigan at (850) 245-4444 or by e-mail at [Sarah.Corrigan@flhealth.gov](mailto:Sarah.Corrigan@flhealth.gov).

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at <http://floridasosteopathicmedicine.gov/meeting-information/>

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address(es) this 28<sup>th</sup> day of July 2020.

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**Mission:**

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DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2018-14830

ALEXANDRU BURDUCEA, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Allen R. Grossman, Esq.  
Grossman, Furlow & Bayo, L.L.C  
2022 Raymond Diehl Road, #2  
Tallahassee, FL 32308-3881

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STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,  
PETITIONER,

VS.

CASE NO: 2018-14830

ALEXANDRU BURDUCEA, D.O.  
RESPONDENT.

**NOTICE OF HEARING**

TO: Alexandru Burducea, D.O.  
300 Arleigh Road  
Douglaston, New York 11363

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Board of Osteopathic Medicine

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**DOH/PROSECUTOR'S REPORT**  
**BOARD OF OSTEOPATHIC MEETING**  
**Meeting Date August 21, 2020**

TO: Kama Monroe, Executive Director  
FROM: Sarah Corrigan, Assistant General Counsel  
DATE: August 10, 2020  
RE: Current Open / Pending Osteopathic Cases

---

**Case Inventory:**

|                                           |          |
|-------------------------------------------|----------|
| Cases under legal review:                 | 36 (-2)  |
| Cases with probable cause recommendation: | 8 (-18)  |
| Cases where PC has been found:            | 14 (-10) |
| Cases in holding status:                  | 1 (+/-0) |
| Cases awaiting a Final Order:             | 0 (+/-0) |
| Cases agendaed for Board:                 | 14 (+6)  |
| Cases in Emergency Action Unit:           | 0 (+/-0) |
| Cases pending before DOAH:                | 2 (-1)   |
| Cases on Appeal:                          | 0 (+/-0) |
| Total Cases open/active in PSU:           | 108 (-3) |

**Year and Older Case Inventory**

| <b>Year</b> | <b>May 2020</b> | <b>August 2020</b> | <b>+/-</b> |
|-------------|-----------------|--------------------|------------|
| 2012        | 3               | 3                  | 0          |
| 2013        | 3               | 3                  | 0          |
| 2014        | 3               | 2                  | -1         |
| 2015        | 1               | 1                  | 0          |
| 2016        | 9               | 7                  | -2         |
| 2017        | 8               | 8                  | 0          |
| 2018        | 16              | 16                 | 0          |
| 2019        | 6               | 18                 | +12        |

**Total Number of Cases Older Than One Year: 58 (+9)**

**Thank you. The Department is continuing to move forward with its goal of reducing the number of cases older than one year. At this time, the Department requests that the Board entertain a motion to allow us to continue to prosecute all cases which are older than one year.**

# FLORIDA | Board of Osteopathic Medicine

June 22, 2020



**DRAFT MEETING MINUTES**  
**Board of Osteopathic Medicine**  
**Teleconference Business Meeting**  
**June 22, 2020**  
**1:00 p.m.**

The meeting was called to order by Dr. Joel Rose, Chair, at approximately 1:00 p.m.

Those present for all or part of the meeting included the following:

**MEMBERS PRESENT:**

Joel B. Rose, DO, Chair  
Sandra Schwemmer, DO, Vice-Chair  
Anna Hayden, DO  
Bridget Bellingar, DO.  
Valerie Jackson, Consumer Member  
Michelle R. Mendez, DO

**BOARD STAFF PRESENT:**

Kama Monroe, Executive Director  
Carol Taylor, Program Administrator

**PROSECUTION SERVICES ATTORNEYS:**

None

**BOARD COUNSEL**

Donna McNulty, Board Counsel  
Nancy Murphy, Paralegal

**COURT REPORTER:**

For the Record Reporting  
(850) 222-5491

**OTHERS PRESENT:**

None

*Please note that the meeting minutes reflect the actual order that agenda items were discussed during the meeting and may differ from the agenda outline.*

Executive Director Kama Monroe announced that the governor signed SB218 on June 20, 2020. As a result, thirty-two (32) agenda items previously on the agenda, agenda items 5-37, were licensed and removed from the agenda. Individuals on the call for agenda items 5-37 were informed that they did not need to remain on the call.

Board counsel, Donna McNulty provided an advisement to the applicants, appearing before the board, that they have an obligation to be truthful in their representations and failure to do so could result in discipline.

## **APPLICANTS**

### **APPLICANTS FOR OSTEOPATHIC MEDICINE RESIDENT REGISTRATIONS**

**TAB 1:** Crystal Coleman, D.O., File #6082

Applicant was present. Applicant was not represented by counsel.

**Action Taken:** After discussion, Dr. Hayden moved to approve the application. Dr. Bellingar seconded the motion. Motion carried.

**TAB 2:** Jared Herman, D.O. File #6636

Applicant was present. Applicant was represented by Parker Eastin.

**Action Taken:** After discussion, Dr. Hayden moved to approve the application after thoughtful review of the documentation provided by Dr. Jeffrey Danziger. Dr. Bellingar seconded the motion. Motion carried.

**TAB 3:** Kyle Risos, D.O., File #7574

Applicant was present. Applicant was not represented by counsel.

Applicant waived ninety-day requirement for board to act on the record.

Dr. Polles, a representative of the Professionals Resource Network (PRN) provided information to the applicant and offered to speak to his residency program on his behalf.

**Action Taken:** After discussion, Dr. Schwemmer moved to continue the item for six months to allow the applicant time to obtain a PRN evaluation and submit it for review by the board chair and for the board to delegate authority to the board chair to review the evaluation and either approve or require attendance at the next board meeting. Dr. Hayden seconded the motion. Motion carried.

## **RULE DISCUSSION**

**TAB 38:** Rule 64B15-13.001 Continuing Education for Biennial Renewal

After discussion:

Motion: by Dr. Schwemmer, seconded by Dr. Bellingar, to proceed with rulemaking. Motion carried.

Motion: by Dr. Hayden, seconded by Dr. Schwemmer, that the proposed changes will not make an adverse impact on small business and proposed changes would not directly or indirectly increase regulatory costs to any entity including the government in excess of \$200,000.00 in aggregate in Florida within one year after the implementation of the rule. No SERC is needed, and no legislative ratification is needed. Motion carried.

Motion: by Dr. Schwemmer, seconded by Dr. Mendez to find that a violation of this rule or any part of this rule would not be considered a minor violation. Motion carried.

Motion: by Dr. Rose, seconded by Dr. Mendez to not add a sunset provision to this rule as the modification to the rule is only effective for one biennial period. Motion carried.

**TAB 39: Rule 64B8-31.003/64B15-7.003 (AA Applications)**

Motion: by Dr. Schwemmer, seconded by Dr. Bellingar, to table. Motion carried.

**TAB 40: Rule 64B8-30.003/64B15-6.003 (PA Applications)**

Motion: by Dr. Schwemmer, seconded by Dr. Hayden, that the proposed language in Rule 64B15-6.003 proceed with rulemaking pending the bill being signed into law. Motion carried.

Motion: by Dr. Hayden, seconded by Dr. Schwemmer, that the proposed changes will not make an adverse impact on small business and proposed changes would not directly or indirectly increase regulatory costs to any entity including the government in excess of \$200,000.00 in aggregate in Florida within one year after the implementation of the rule. No SERC is needed, and no legislative ratification is needed. Motion carried.

Motion: by Dr. Schwemmer, seconded by Dr. Rose to not add a sunset provision to this rule. Motion carried.

**TAB 41: Rules 64B8-30.005/64B15-6.0035 (PA licensure renewal and reactivation).**

Board Chair, Joel Rose took a moment prior to addressing tab 41 to thank several individuals for their assistance in getting SB218 signed into law. He further reminded board members of the upcoming Board of Pharmacy Joint Committee meeting on June 25, 2020 and asked that members provide any comments to the board office.

Motion: by Dr. Schwemmer, seconded by Dr. Hayden, to table agenda item 41. Motion carried.

**ADJOURN**

Motion: by Dr. Hayden, to adjourn the meeting.

Seconded by: Dr. Mendez.

Meeting adjourned at 1:54 pm.

**Next Meeting: August 21, 2020**

**9 a.m.**

**Teleconference**

# FLORIDA | Board of Osteopathic Medicine

June 9, 2020



**DRAFT MEETING MINUTES**  
**Board of Osteopathic Medicine**  
**Teleconference Business Meeting**  
**June 9, 2020**  
**1:00 p.m.**

The meeting was called to order by Dr. Joel Rose, Chair, at approximately 1:00 p.m.

Those present for all or part of the meeting included the following:

**MEMBERS PRESENT:**

Joel B. Rose, DO, Chair  
Sandra Schwemmer, DO, Vice-Chair  
Anna Hayden, DO  
Michelle R. Mendez, DO  
Bridget Bellinger, DO.

**MEMBERS ABSENT**

Valerie Jackson, Consumer Member

**COURT REPORTER:**

For the Record Reporting  
(850) 222-5491  
Julie Pulver

**OTHERS PRESENT:**

Jessica Sapp, Board of Pharmacy Executive Director  
Claudia Kemp, Board of Medicine Executive Director  
Ed Tellachea, Board of Medicine Board Counsel  
David Fynn, Board of Pharmacy Board Counsel  
Dr. Terkonda, Board of Medicine  
Dr. Gupta, Board of Medicine  
Dr. London, Board of Medicine  
Dr. Mesaros, Board of Pharmacy

**BOARD STAFF PRESENT:**

Kama Monroe, Executive Director  
Carol Taylor, Program Administrator

**BOARD COUNSEL**

Donna McNulty, Board Counsel  
Nancy Murphy, Paralegal

*Please note that the meeting minutes reflect the actual order that agenda items were discussed during the meeting and may differ from the agenda outline*

## **TAB 1: Discussion of Board of Pharmacy's Draft Rules Related to HB389 Informational Materials for Review for Discussion**

Board Chair, Dr. Joel Rose, called the meeting to order and welcomed all attendees.

Program Administrator, Carol Taylor, noted that the purpose of the meeting was to discuss House Bill 389 (HB 389). Dr. Rose provided a brief overview of HB 389 and the items the board would discuss.

Dr. Rose asked for volunteers from the Osteopathic board who would be interested in serving as the board's second member of the joint committee with the Board of Pharmacy and the Board of Medicine. He also stated that he would serve as the first member. The first Joint Committee meeting is scheduled for June 25, 2020.

Dr. Bellinger nominated Dr. Mendez to serve as the second member of the Joint Committee. Dr. Hayden seconded the nomination. The nomination passed.

Direction was given to the board to provide any comments or questions they might have, following the meeting, to the Board of Osteopathic Medicine board office.

Discussion ensued with input from the board and meeting attendees. Discussion included the desire from an attendee, that there be a single standard of care that is no less than the standard currently in place. There was a further desire that the term "interactive computer based" when discussing a course, be better defined. Several questions and comments arose during discussion of Rule 64B16-0035. A desire to see in rule something that specifies what modification entails was conveyed. Discussion regarding the Collaborative Agreement resulted in much input from all present, including concerns with HIPAA compliance. Board of Pharmacy board counsel noted HIPAA concerns would be further discussed at the June 25<sup>th</sup> joint meeting. In discussion of test and treat, there was concern that movement forward should be in a safe and responsible manner. Much discussion entailed regarding concerns with sharing of information, records, and a failure to specify which board when referencing the board. This discussion generated much input and many concerns.

Direction was again provided for osteopathic physicians to provide comments or questions to Board of Osteopathic Medicine board office and for medical physicians to provide comments or questions to Board of Medicine board staff.

A Joint Committee Meeting with representation from the Board of Osteopathic Medicine, Board of Pharmacy and Board of Medicine is scheduled for June 25, 2020.

### **ADJOURN**

Motion: by Dr. Hayden, to adjourn the meeting.  
Meeting adjourned at 2:00 pm.

### **ADJOURN**

**Next Meeting: June 22, 2020  
Teleconference**

# FLORIDA | Board of Osteopathic Medicine

May 15, 2020



**DRAFT MEETING MINUTES**  
**Board of Osteopathic Medicine**  
**Teleconference Business Meeting**  
**May 15, 2020**  
**9:00 a.m.**

The meeting was called to order by Dr. Joel Rose, Chair, at approximately 9:06 a.m.

Those present for all or part of the meeting included the following:

**MEMBERS PRESENT:**

Joel B. Rose, DO, Chair  
Sandra Schwemmer, DO, Vice-Chair  
Anna Hayden, DO  
Bridget Bellinger, DO.  
Valerie Jackson, Consumer Member  
Michelle R. Mendez, DO

**BOARD STAFF PRESENT:**

Kama Monroe, Executive Director  
Carol Taylor, Program Administrator  
Christa Peace, RSIII

**PROSECUTION SERVICES ATTORNEYS:**

Allison Dudley, Chief Legal Counsel  
Sarah Corrigan, Assistant General Counsel  
Gerald Henley, Assistant General Counsel  
Corynn Alberto, Assistant General Counsel  
Jamal Burke, Assistant General Counsel  
Andrew Perrin, Assistant General Counsel

**BOARD COUNSEL**

Donna McNulty, Board Counsel  
Nancy Murphy, Paralegal

**COURT REPORTER:**

For the Record Reporting  
(850) 222-5491

**OTHERS PRESENT:**

None

*Please note that the meeting minutes reflect the actual order that agenda items were discussed during the meeting and may differ from the agenda outline.*

## APPLICANTS

### APPLICANTS FOR FULL LICENSURE

TABs 20 through 69, 71, 72, and 107 through 109 were reviewed as a group by consent agreement.

|                                                         |                     |
|---------------------------------------------------------|---------------------|
| TAB 20: Scott Douglas Piette, D.O., File #16754         | "Good Cause" review |
| TAB 21: Matthew Bakos, D.O., File #16734                | "Good Cause" review |
| TAB 22: Kourosh Kahkeshani, D.O., File #16658           | "Good Cause" review |
| TAB 23: Justin Monroe Christensen, D.O., File #16561    | "Good Cause" review |
| TAB 24: Julie R. Skettini, D.O., File #16662            | "Good Cause" review |
| TAB 25: Allyson Paige Hansen, D.O., File #16714         | "Good Cause" review |
| TAB 26: Kenyanita Ellis, D.O., File #16749              | "Good Cause" review |
| TAB 27: Charles Joseph Blay, D.O., File #16717          | "Good Cause" review |
| TAB 28: Ana Maria Rivas, D.O., File #16904              | "Good Cause" review |
| TAB 29: Ashley Bedner, D.O., File #16694                | "Good Cause" review |
| TAB 30: Elie Crystal, D.O., File #16918                 | "Good Cause" review |
| TAB 31: Allyson Elizabeth Trillo, D.O., File #16760     | "Good Cause" review |
| TAB 32: Emily Lais Emmet, D.O., File #16555             | "Good Cause" review |
| TAB 33: Lauren Friedman, D.O., File #16295              | "Good Cause" review |
| TAB 34: James Distin, D.O., File #16799                 | "Good Cause" review |
| TAB 35: Liliya Gersaymchuk, D.O., File #16642           | "Good Cause" review |
| TAB 36: Nicholas Francis Lambert, D.O., File #16621     | "Good Cause" review |
| TAB 37: Racheal Johnson, D.O., File #16587              | "Good Cause" review |
| TAB 38: James Devin Stephenson, D.O., File #16595       | "Good Cause" review |
| TAB 39: Annemarie Jin Boland, D.O., File #16798         | "Good Cause" review |
| TAB 40: Ashmit Deo Bhatt, D.O., File #16545             | "Good Cause" review |
| TAB 41: Christopher Ryan Murphy, D.O., File #16917      | "Good Cause" review |
| TAB 42: Corissa McKenzie, D.O., File #16696             | "Good Cause" review |
| TAB 43: Jon Michael Bodner, D.O., File #16463           | "Good Cause" review |
| TAB 44: Paul Anthony Marsiglia, D.O., File #16122       | "Good Cause" review |
| TAB 45: Joseph Mosley, D.O., File #16680                | "Good Cause" review |
| TAB 46: Kyle Tyler Sherrod, D.O., File #16793           | "Good Cause" review |
| TAB 47: Lee Barker, D.O., File #16806                   | "Good Cause" review |
| TAB 48: Lisette Pola, D.O., File #16673                 | "Good Cause" review |
| TAB 49: Nicole Amanda Ross, D.O., File #16785           | "Good Cause" review |
| TAB 50: Patrisha Marie Shelly, D.O., File #16794        | "Good Cause" review |
| TAB 51: Amy Lynn Wilson, D.O., File #16928              | "Good Cause" review |
| TAB 52: Andre Armando Abadin, D.O., File #16589         | "Good Cause" review |
| TAB 53: Andrea Edward, D.O., File #16720                | "Good Cause" review |
| TAB 54: Darby Martin, D.O., File #16535                 | "Good Cause" review |
| TAB 55: Joseph David Love, D.O., File #16897            | "Good Cause" review |
| TAB 56: Lauren Alexis Jindia, D.O., File #16677         | "Good Cause" review |
| TAB 57: Nicholas Marburger, D.O., File #16709           | "Good Cause" review |
| TAB 58: Patrick Begley, D.O., File #16618               | "Good Cause" review |
| TAB 59: Rosemary Savage, D.O., File #16639              | "Good Cause" review |
| TAB 60: Sunil Bhairo, D.O., File #16675                 | "Good Cause" review |
| TAB 61: Zachary Newcomer, D.O., File #16655             | "Good Cause" review |
| TAB 62: Michael Andres Carranza, D.O., File #16783      | "Good Cause" review |
| TAB 63: Alison Lynn Brantley Ubrandt, D.O., File #16706 | "Good Cause" review |
| TAB 64: Andrew Little, D.O., File #16823                | "Good Cause" review |
| TAB 65: Evan Joseph Lindbergh, D.O., File #16315        | "Good Cause" review |
| TAB 66: Jacquelyn Rae Smith, D.O., File #13914          | "Good Cause" review |
| TAB 67: Taylor Camile Kann, D.O., File #16865           | "Good Cause" review |

|                                                              |                     |
|--------------------------------------------------------------|---------------------|
| <b>TAB 68:</b> Matthew Ritch, D.O., File #16487              | “Good Cause” review |
| <b>TAB 69:</b> Jerin George, D.O., File #16384               |                     |
| <b>TAB 71:</b> Nicholas William McAlister, D.O., File #16637 | “Good Cause” review |
| <b>TAB 72:</b> Kristy Michelle Huffman, D.O., File #16977    | “Good Cause” review |
| <b>TAB 107:</b> Anastasia Olegovna Kurta, D.O., File #16839  | “Good Cause” review |
| <b>TAB 108:</b> Mark James Johnson, D.O., File #16814        | “Good Cause” review |
| <b>TAB 109:</b> Lauren Patricia Allen, D.O., File #16764     | “Good Cause” review |

**Action Taken:** After discussion, Dr. Hayden moved to accept the good cause shown for Tabs 20 through 69, 71, 72, and 107 through 109 and approve the applications. Dr. Bellinger seconded the motion. Motion carried.

## **DISCIPLINARY CASES**

### **WITHDRAWN VOLUNTARY RELINQUISHMENTS**

**WITHDRAWN TAB 1:** VR-01 Jacob Matthew McClean, D.O., 2019-26585 (MT)

This matter was withdrawn.

### **SETTLEMENT AGREEMENTS**

**TAB 3:** SA-02 Varnesh Ramesh Patel, D.O., Case #2016-29915

*PCP: Moran/Janson*

Respondent was present. Respondent was represented by counsel Michael LeRoy.

Corynn Alberto represented the Department and presented the case to the Board. Allegations of the Administrative Complaint: violation of Section 459.015(1)(x), Florida Statutes (2012), for committing medical malpractice; violation of Section 459.015(1)(t), Florida Statutes (2012), for prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the physician’s professional practice; and Section 459.015(1)(o), Florida Statutes (2012), for failing to keep legible medical records that identify the licensed osteopathic physician or the osteopathic physician extender and supervising osteopathic physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient.

The terms of the settlement agreement are: Appearance; Reprimand: fifteen thousand dollar (\$15,000.00) fine to be paid within thirty days from the date of the filing of the Final Order; and reimbursement of costs for the investigation and prosecution of this case in the amount of two thousand nine hundred and fifteen dollars and seventy-five cents (\$2915.75) but not to exceed four thousand nine hundred and fifteen dollars and seventy-five cents (\$4915.75) to be paid within thirty days from the filing of the Final Order; completion of a FMA Laws and Rules course, or board approved equivalent; completion of the UF drug prescribing course, or board approved equivalent; completion of a FMA sponsored medical records course, or board approved equivalent; and completion of five hour Risk Management Course; all CMEs to be taken within thirty days of filing of Final Order; and Probation of License with conditions.

After discussion:

Motion: by Dr. Hayden, seconded by Dr. Schwemmer, to reject the settlement agreement. Motion passed unanimously.

After reconsideration:

The board offered a counter-offer to the settlement which included the terms of the original agreement with the following amendments: the fine and costs in paragraphs two and three are due within twelve months of

the filing of the Final Order: the costs set forth in paragraph three are three thousand four hundred ninety-one dollars and thirty-seven cents (\$3491.37); the continuing education set forth in paragraphs four through seven can be completed via distance learning format if approved by the board chair; paragraph eight, subsection g(1)(2) is modified to reflect the required quarterly reports of the Respondent and monitor are to be submitted to the board chair via the board's compliance monitor; and paragraph eight, subsection (h)(1) is modified to replace the first sentence with the following: "Review 100% of Respondent's patient records who have been prescribed Schedule II through IV controlled substances, excluding buprenorphine for the purpose of treatment of opioid use disorder, for the purpose of ascertaining whether Respondent is appropriately prescribing controlled substances." Respondent shall have fourteen days from the filing of the Final Order to accept.

Motion: by Dr. Hayden, seconded by Dr. Bellingar, to extend the counteroffer to the Respondent. Motion passed unanimously.

**TAB 4: SA-03 Janet S. Pettyjohn, D.O., Case #2013-18131 & 2018-08911**

*PCP: Andriole & Janson & Andriole & Hayden*

Respondent was present. Respondent was not represented by counsel.

Dr. Hayden was recused due to participation on the probable cause panel.

Dr. Bellingar disclosed knowing Dr. Pettyjohn, but indicated for the record she could be impartial in her review of this matter.

Jamal Burke represented the Department and presented the case to the Board. Allegations of the Administrative Complaint: violation of Section 459.015(1)(x), Florida Statutes (2011-2013), for committing medical malpractice; violation of Section 459.015(1)(t), Florida Statutes (2011-2013), for prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the physician's professional practice; and violation of Section 459.015(1)(o), Florida Statutes (2011-2013), for failing to keep legible medical records that identify the licensed osteopathic physician or the osteopathic physician extender and supervising osteopathic physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient.

The terms of the settlement agreement are: Appearance; Letter of Concern; fifteen thousand dollar (\$15,000.00) fine to be paid within one hundred eighty days from the date of the filing of the Final Order; and reimbursement of costs for the investigation and prosecution of this case in the amount of seven thousand five hundred sixty two dollars and two cents (\$7562.02) to be paid within one hundred eighty days from the date of the filing of the Final Order; Respondent's practice shall be permanently restricted from Prescribing/Ordering any substances listed in Schedules 1-IV; completion of a board approved medical records course within one year from the date of the filing of the Final Order.

After discussion:

Motion: by Dr. Schwemmer, seconded by Dr. Bellingar, to reject the settlement agreement. Motion passed unanimously.

After consideration:

The board offered a counter-offer to the settlement which included the terms of the original agreement with the following amendments: all references to the "Board's Probation Committee" shall be changed to the "Board"; the fine and costs in paragraphs two and three are due within twelve months of the filing of the Final Order: the practice restriction paragraph deleted and rewritten to include, but not be limited to,

practice shall be restricted from Prescribing/Ordering any substances listed in Schedule II, Respondent may petition and is required to appear before the Board to lift the controlled substance restriction after demonstrating to the Board successful completion of the University of Florida Drug Course, or a Board-approved equivalent. The continuing education can be completed via distance learning format; Respondent's license shall be placed on Probation with conditions immediately following the lifting of the controlled substance restriction; the records course in paragraph five can be completed via distance learning format. Respondent shall have fourteen days from the filing of the Final Order to accept.

Motion: by Dr. Mendez, seconded by Dr. Bellingar, to extend the counteroffer to the Respondent. Motion passed unanimously.

**TAB 5: SA-04 Juan Carlos Castaneda, D.O., 2019-24828 (AP)**

*PCP: Moran & Hayden*

Respondent was present. Respondent was represented by counsel Jonathan Meltz.

Dr. Hayden was recused due to participation on the probable cause panel.

Andrew Perrin represented the Department and presented the case to the Board. Allegations of the Administrative Complaint: violation of Section 456.072(1)(x), Florida Statutes (2018), for failing to report to the board, in writing, within thirty days of entering a plea of nolo contendere to a crime.

The terms of the settlement agreement are: Appearance; Letter of Concern; two thousand dollar (\$2000.00) fine to be paid within thirty days from the filing of the Final Order; and reimbursement of costs for the investigation and prosecution of this case in the amount of two thousand eight hundred and one dollars and forty-four cents (\$2801.44) but not to exceed four thousand eight hundred and one dollars and forty-four cents (\$4801.44) to be paid within thirty days from the filing of the Final Order; and document completion of a board approved laws and rules course within one year of filing of the Final Order.

The settlement agreement was verbally amended to reflect the fine and costs in paragraphs two and three are to be paid within twelve months of the filing of the Final Order; and the laws and rules course in paragraph four can be taken, via distance learning format if approved by the board. Additionally, the reference to the appropriations committee is changed to the board.

The costs are three thousand eight hundred sixty-nine dollars and eight-four cents (\$3,869.84).

Respondent accepted the verbal amendment on the record.

After discussion:

Motion: by Dr. Bellingar, seconded by Dr. Mendez, to accept the settlement agreement as verbally amended. Motion passed unanimously.

**TAB 6: SA-05 Bruce H. Grossinger, D.O., 2016-26465 (SC)**

*PCP: Moran & Hayden*

Respondent was present. Respondent was represented by qualified representative, James Kutz.

Motion: by Dr. Bellingar, seconded by Dr. Schwemmer, to approve the motion for James Kutz to appear before the board as Dr. Grossinger's qualified representative in this matter.

Dr. Hayden was recused due to participation on the probable cause panel.

Sarah Corrigan represented the Department and presented the case to the Board. Allegations of the

Administrative Complaint: violation of Section 459.015(1)(b), Florida Statutes (2016), by having a license or the authority to practice osteopathic medicine revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions.

The terms of the settlement agreement are: Appearance; letter of concern; one thousand dollar (\$1000.00) fine to be paid within thirty days from the filing of the Final Order; and reimbursement of costs for the investigation and prosecution of this case in the amount of eight hundred and six dollars and ninety-four cents (\$806.94) not to exceed two thousand eight hundred and six dollars and ninety-four cents (\$2806.94) to be paid within thirty days from the filing of the Final Order.

The costs for the investigation and prosecution of the case are one thousand thirty-five dollars and eighty-seven cents (\$1035.87).

After discussion:

Motion: by Dr. Bellingar, seconded by Dr. Mendez, to accept the settlement agreement. Motion passed unanimously.

**Dr. Bellingar was excused from the remainder of the meeting.**

**TAB 2:** SA-01 Tara N. Dennis, D.O., 2019-12921 (GCH)

*PCP: Moran & Bellingar*

Respondent was present. Respondent was represented by counsel Dennis Cassidy.

Dr. Bellingar was recused due to participation on the probable cause panel.

Gerald Henley represented the Department and presented the case to the Board. Allegations of the Administrative Complaint: violation of Section 459.015(1)(t), Florida Statutes (2018), for prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the physician's professional practice; violation of Section 459.015(1)(m), Florida Statutes (2018), for making deceptive, untrue, or fraudulent representations in or related to the practice of osteopathic medicine or employing a trick or scheme in or related to the practice of osteopathic medicine; violation of Section 459.015(1)(u), Florida Statutes (2018), for prescribing or dispensing any medicinal drug appearing on any schedule set forth in chapter 893 by the osteopathic physician for himself or herself unless such drug is prescribed for the osteopathic physician by another practice authorized to prescribe medicinal drugs; and violation of Section 459.015(1)(kk), Florida Statutes (2018), for improperly interfering with an investigation or with any disciplinary proceeding.

The terms of the settlement agreement are: Appearance; Reprimand: ten thousand dollar (\$10,000.00) fine to be paid within four years from the date of the filing of the Final Order; and reimbursement of costs for the investigation and prosecution of this case in the amount of three thousand seven hundred sixty five dollars and thirty cents (\$3765.30) to be paid within four years from the date of the filing of the Final Order; completion of a two hour FOMA-Prescribing Controlled Substances course and a five hour course in Medical Ethics for Physicians; Suspension of Licensure until Respondent undergoes an evaluation by the Professional Resource Network (PRN) and complies with any and all terms and conditions imposed by PRN as a result of said evaluation; Probation with conditions.

Costs for the investigation and prosecution of the case are two thousand fifty-eight dollars and twelve cents (\$2058.12).

Motion: by Dr. Hayden, seconded by Dr. Mendez, to reject the settlement agreement. Motion passed unanimously.

After consideration:

The board offered a counter-offer to the settlement which included the terms of the original agreement with the following amendments: all references to the "Board's Probation Committee" shall be changed to the "Board"; The entities in paragraph three providing the CME in the first sentence are replaced as follows: "The Respondent shall enroll in and successfully complete courses in University of Florida – Prescribing Controlled Substances Course (2 hours) and the Florida Medical Association's Medical Ethics for Physicians (5 hours); the CME can be completed via distance learning; and the suspension language in paragraph three and four will be replaced to state: These paragraphs are replaced with the following SUSPENSION language: "Respondent's license to practice osteopathic medicine in the State of Florida is hereby SUSPENDED until such time as she demonstrates the ability to practice osteopathic medicine with reasonable skill and safety. Such demonstration of skill and safety shall include an evaluation by the Professionals Resource Network, Inc. (PRN). The Respondent shall appear before the Board with said PRN evaluation, and the Board shall make the determination of whether the Respondent is safe to practice osteopathic medicine with reasonable skill and safety. The Board retains jurisdiction in this matter to impose terms and conditions upon reinstatement of Respondent's license, including but not limited to, a period of probation with said terms and conditions to be set at the time of reinstatement."

Motion: by Dr. Hayden, seconded by Dr. Mendez, to extend the counteroffer to Respondent. Motion passed.

Dr. Dennis accepted the counteroffer on the record.

#### **WITHDRAWN INFORMAL HEARING**

**WITHDRAWN TAB 7:** IH-01 Christopher Devine, D.O., 2018-15888 (CS)  
*PCP: Andriole & Hayden*

This matter was withdrawn.

#### **WITHDRAWN DETERMINATION OF WAIVER**

**WITHDRAWN TAB 8:** DOW-01 Bradley Bastow, D.O., 2017-09882 (CS)  
*PCP: Andriole & Hayden*

This matter was withdrawn.

#### **TAB 9 - PROSECUTION SERVICES REPORT**

Sarah Corrigan presented the prosecution services report. Ms. Corrigan requested the Board consider allowing PSU to continue to prosecute cases that are a year and older.

Motion: by Dr. Hayden, seconded by Dr. Mendez, to allow PSU to continue prosecuting cases one year and older. Motion carried.

#### **REVIEW AND APPROVAL OF MINUTES**

**TAB 10:** April 20, 2020 Teleconference Meeting Minutes

Motion: by Dr. Hayden, seconded by Dr. Schwemmer, to accept the minutes.  
Motion carried.

**TAB 11:** March 25, 2020 Teleconference Meeting Minutes

Motion: by Dr. Hayden, seconded by Dr. Schwemmer, to accept the minutes.  
Motion carried.

**TAB 13:** November 15, 2019 Meeting Minutes

Motion: by Dr. Hayden, seconded by Dr. Schwemmer, to accept the minutes.  
Motion carried.

**TAB 12:** February 28, 2020 Meeting Minutes

Motion: by Dr. Hayden, seconded by Dr. Schwemmer, to accept the minutes.  
Motion carried.

## **PROBATION AND COMPLIANCE REVIEW**

### **PETITION FOR TERMINATION OF PROBATION**

**Withdrawn TAB 14:** Scott David Yagger, D.O., Case #2012-14325

This matter was withdrawn from the agenda.

### **REQUEST FOR MODIFICATION OF FINAL ORDER**

**TAB 15:** Katie Erin Drake, D.O., Case #2017-03630

Licensee was present.

Licensee presented her request.

Motion: by Dr. Hayden, seconded by Dr. Mendez, to approve the request to for licensee take the California drug course as a substitute for the UF course identified in the Final Order and to allow her to take the risk management course via distance learning. Motion carried.

## **PETITION OF TERMINATION OF LICENSURE CONDITION**

**TAB 16:** Ty Reso Anderson, D.O., File #14603

Licensee was present. Licensee was represented by attorney, Ed Bayo, Esq.

Mr. Bayo presented Dr. Anderson's petition to the board. The petition requested the lifetime PRN monitor agreement required by the Notice of Intent to License with Conditions filed in 2018 be terminated.

After discussion:

Motion: by Dr. Hayden, seconded by Dr. Mendez, to continue the petition to the next regularly scheduled board meeting. Motion carried.

## **REQUIRED APPEARANCE FOR SECOND YEAR OF PROBATION**

**TAB 18:** Ty Reso Anderson, D.O., File #14603

Licensee was present.

Motion: by Dr. Schwemmer, seconded by Dr. Hayden, to accept appearance as satisfaction of required appearance for second year of probation. Motion carried.

## **REQUEST FOR APPROVAL OF MONITOR**

**TAB 17:** Ty Reso Anderson, D.O., File #14603

Licensee was present. Licensee's temporary monitor Dr. McAlister was present.

Motion: by Dr. Hayden, seconded by Dr. Mendez, to permanently approve Dr. McAlister as monitor for Dr. Anderson. Motion carried.

## PETITION FOR EXTENSION OF TIME TO PASS COMVEX

**TAB 19** Holly Beth Healey, D.O., File #15964

Applicant was present.

After discussion:

Motion: by Dr. Schwemmer, seconded by Dr. Hayden, to approve Dr. Healey's request for an extension of time to pass the COMVEX, and to exceed the extension date to pass the COMVEX to June 15, 2021.

## APPLICANTS

### APPLICANTS FOR FULL LICENSURE

**TAB 70:** Raj Vishnagara, D.O., File #16562

Applicant was present. Applicant was not represented by counsel

**Action Taken:** After discussion, Dr. Schwemmer moved to approve the application. Dr. Mendez seconded the motion. Motion carried.

**TAB 73:** Lee L. Gibson, D.O., File #16543

Applicant was present. Applicant was not represented by counsel.

After discussion: Applicant did not complete requirements of previous Final Order. Applicant to complete requirements prior to issuance of license.

**Action Taken:** After discussion, Dr. Schwemmer moved to issue a Notice to Approve License with the Condition that prior to issuance of license the applicant satisfies the two outstanding requirements from previous Final Order within six months; the continuing education can be completed via long distance learning. Dr. Hayden seconded the motion. Motion carried.

**TAB 74:** Lynn Buchanan, D.O., File #16593

Applicant was present. Applicant was not represented by counsel

**Action Taken:** After discussion, Dr. Hayden moved to approve the application. Dr. Schwemmer seconded the motion. Motion carried.

**TAB 75:** Reuven Ha Cohen, D.O., File #16230

Applicant was present. Applicant was not represented by counsel

**Action Taken:** After discussion, Dr. Schwemmer moved to deny the application based on actions taken in other jurisdictions, California, New York, and Illinois. Dr. Hayden seconded the motion. Motion carried.

### APPLICANTS FOR OSTEOPATHIC MEDICINE RESIDENT REGISTRATIONS

**TAB 76:** Carroll Niles Phillips, File #7268

Applicant was present. Applicant was not represented by counsel

**Action Taken:** After discussion, Dr. Hayden moved to approve the application. Dr. Schwemmer seconded the motion. Motion carried.

**TAB 77:** Shaan Deepak Sadhwani, D.O., File #7251

Applicant was present. Applicant was not represented by counsel

**Action Taken:** After discussion, Dr. Hayden moved to approve the application conditioned upon receipt of a copy of diploma. Dr. Schwemmer seconded the motion. Motion carried.

**TAB 78:** Adam Ebrahim Shahsavari, D.O., File #7167  
Applicant was present. Applicant was not represented by counsel.

Dr. Jacobs appeared for PRN and provided an update.

After discussion:  
Applicant waived the ninety-day requirement for the board to act on the application on the record.

**Action Taken:** After discussion, Dr. Schwemmer moved to table the application for six months, the board delegates authority to the chair to review the PRN evaluation and any recommendations and compliance thereof; if everything is satisfactory to the board chair, the chair may approve the application; if there are any concerns the application will be brought back to the full board for review. Dr. Hayden seconded the motion. Motion carried.

## **RATIFICATION OF LICENSURE**

**TAB 79:** 1901 - Osteopathic Physician licenses issued 2.1.2020 through 4.30.20  
Motion: by Dr. Rose, seconded by Dr. Schwemmer, to ratify the 188 full license numbers 16551 through 16738, issued 2.1.2020 through 4.30.20. Motion carried.

**TAB 80:** 1902 - Osteopathic Resident Initial Registrations issued 2.1.2020 through 4.30.20  
Motion: by Dr. Rose, seconded by Dr. Schwemmer, to ratify the 21 resident registration numbers 6935 through 6955, issued 2.1.2020 through 4.30.20. Motion carried.

**TAB 81:** 1901 - Osteopathic Physician licenses issued 11.1.2019 through 1.31.2020.  
Motion: by Dr. Rose, seconded by Dr. Schwemmer, to ratify the 123 resident registration numbers 16428 through 16550, issued 11.1.2019 through 1.31.2020. Motion carried.

**TAB 82:** 1902 - Osteopathic Resident Initial Registrations issued 11.1.2019 through 1.31.2020  
Motion: by Dr. Rose, seconded by Dr. Schwemmer, to ratify the 5 resident initial registration numbers 6930 through 6934, issued 11.1.2019 through 1.31.2020. Motion carried.

## **GENERAL DISCUSSION**

**TAB 83:** 1917- Osteopathic Physician Expert Witness certificate issued 2.1.2020 through 4.30.20  
(*information purposes only*)

**TAB 84:** Approved CE Providers issued 2.1.2020 through 4.30.20 (*informational purposes only*)

TABs 83 & 84 were placed on the agenda for informational purposes only. No action taken.

**TAB 85:** Final AAOE Briefing Book May 2, 2020

**TAB 86:** FSMB HOD Book Final 2020

Dr. Rose reported the Federation recently met by Zoom meeting, in which he participated. The meeting materials and the delegation handbook were provided for the board's perusal. He noted that the Osteopathic profession was well represented.

Executive Director, Kama Monroe provided an update on current training registrations issued.

**TAB 87:** Letter from Governor DeSantis-OFARR  
Board counsel reviewed the letter with the board, providing specific information regarding the sunset provisions portion.

After discussion:

Motion: by Dr. Schwemmer, seconded by Dr. Mendez, to delegate authority to the board chair to work with board counsel on a response to the governor's requests. Motion carried.

## **PUBLIC COMMENT**

There was no public comment.

## **BOARD COUNSEL REPORT - Donna McNulty, Esq.**

### **TAB 88: RULES REPORT**

May 2020 Rules Report

April 2020 Rules Report

March 2020 Rules Report

The rules reports were included on the agenda for the board's information. The board had no questions.

## **RULE DISCUSSION**

### **TAB 89: Rule 64B15-13.001 Continuing Education for Biennial Renewal**

This item was a roll over from February meeting specifically to discuss the Prevention of Medical Errors requirement for the biennial renewal as required by statute.

Motion: by Dr. Hayden, seconded by Dr. Schwemmer, to approve the proposed substitution of language: striking surgical complications/errors and pre-operative evaluations, including obtaining informed consent from paragraph (4)(d) and inserting failure to accurately diagnose cause of back and leg pain. Motion carried.

Motion: by Dr. Hayden, seconded by Dr. Schwemmer, that the proposed changes will not make an adverse impact on small business and proposed changes would not directly or indirectly increase regulatory costs to any entity including the government in excess of \$200,000.00 in aggregate in Florida within one year after the implementation of the rule. No SERC is needed, and no legislative ratification is needed. Motion carried.

Motion: by Dr. Schwemmer, seconded by Dr. Hayden to find that a violation of this rule or any part of this rule would not be considered a minor violation. Motion carried.

Motion: by Dr. Schwemmer, seconded by Dr. Hayden to not add a sunset provision to this rule as the rule is required by statute.

## **APPLICATIONS**

**TAB 90:** Rule 64B15-12.003 Application for Full Licensure

**TAB 92:** Rule 64B15-12.005 Application for Limited License

**TAB 93:** Rule 64B15-12.009 Application for Osteopathic Medical Faculty Certificate

**TAB 94:** Rule 64B15-12.010 Osteopathic Physician Application for Temporary Certificate for Practice in Area of Critical Need

**TAB 95:** Rule 64B15-12.011 Osteopathic Physician Application for Temporary Certificate for Active Duty Military and Veterans Practicing in Areas of Critical Need

**TAB 96:** Rule 64b15-22.004 Application for Initial & Renewal of Registration as Resident/Intern/Fellow Osteopathic Physician in Training

Executive director, Kama Monroe informed the board that the applications were on the agenda with updates for implementation for upcoming bills. Two bills that contain changes to allow ACGME internships. Additionally, changes need to be made regarding student loan history.

Board counsel, Ms. McNulty noted that the governor had not yet signed the bills in question and stated that the action requested at the instant meeting would be to open the rules for development and if the governor signs the bills, the board could move forward. Open for rule development, then move with rule notice once signed.

Motion: by Dr. Rose, seconded by Dr. Schwemmer, to open rule development for Rules 64B15-12.003, 64B15-12.005, 64B15-12.009, 64B15-12.010, 64B15-12.011, and 64B15-22.004, with rule notice to occur once the bill is signed.

Board counsel requested any public comment. There was no public comment.

Motion: by Dr. Hayden, seconded by Dr. Schwemmer, that the proposed changes will not make an adverse impact on small business and proposed changes would not directly or indirectly increase regulatory costs to any entity including the government in excess of \$200,000.00 in aggregate in Florida within one year after the implementation of the rule. No SERC is needed, and no legislative ratification is needed. Motion carried.

Motion: by Dr. Schwemmer, seconded by Dr. Mendez to find that a violation of this rule or any part of this rule would not be considered a minor violation. Motion carried.

Motion: by Dr. Schwemmer, seconded by Dr. Mendez to not add a sunset provision to this rule as the rule is required by statute to protect the citizens of the state of Florida.

Dr. Hayden agreed to serve as board expert for board staff during the updating applications process.

**TAB 91: Rule 64B15-16.002 Procedure**

Motion: by Dr. Hayden, Dr. Schwemmer, seconded to repeal Rule 64B15-16.002 contingent upon the signing of SB118 by the governor.

Motion: by Dr. Hayden, seconded by Dr. Schwemmer, that the proposed changes will not make an adverse impact on small business and proposed changes would not directly or indirectly increase regulatory costs to any entity including the government in excess of \$200,000.00 in aggregate in Florida within one year after the implementation of the rule. No SERC is needed, and no legislative ratification is needed. Motion carried.

**EXECUTIVE DIRECTOR REPORT - Kama Monroe, J.D., Executive Director**

**TAB 97: Legislative Update**

Executive director, Kama Monroe provided a legislative update to the board.

607 regarding the autonomous practice of nursing requires appointment by the chair of two individuals from the board who have worked with nurse practitioners. Rose and Mendez will serve on the committee.

**TAB 98: BOARD CHAIR REPORT – Joel D. Rose, DO**

The board chair expressed his gratitude to everyone for participating in the meeting. He indicated a desire to use GoTo Meeting in future.

Dr. Rose provided topics for future discussion.

Ms. Janson was recognized for her service on the board. She will be recognized later.

**TAB 99: COMMITTEE MEETING UPDATES - Joel Rose, D.O.**

**Anesthesiology Assistants Committee**

There was a meeting.

**Council on Physician Assistants Committee**

There has been a change to the composition of the council, which must go to the governor.

**Boards of Medicine and Osteopathic Medicine's Physician Certification Pattern Review Panel**

**Boards of Medicine and Osteopathic Medicine's Joint Committee on Medical Marijuana**

**Joint Office Surgery Committee**

**Joint Board Acute Pain Rule Committee**

**Telemedicine Subcommittee**

**Multi-Board Joint Committee on Controlled Substances**

There were not updates for the above committees/councils

**Pharmacist Prescribing Joint Committee**

**Pharmacy Controlled Substances Standards Committee**

As it relates to the Board of Pharmacy, an update was provided regarding HB 389.

**LIAISON REPORTS**

**TAB 100: BUDGET LIAISON REPORT – Anna Hayden, DO**

- a. Revenue Report
- b. Expenditures

There was an inquiry regarding the artificial intelligence expenditure. An update was provided regarding ELI.

An opinion was voiced that the funds will probably be swept next year.

**TAB 101: UNLICENSED ACTIVITY LIAISON REPORT – Sandra Schwemmer, DO**

Comments were made regarding recent changes including the expansion of pharmacists and nurse practitioner allowable tasks and the need for good communication with primary care physicians.

**TAB 102: HEALTHY WEIGHT LIAISON REPORT – Bridget Bellingar, DO**

Dr. Bellingar was no longer present to provide update.

**TAB 103: Legislative Liaison: Joel Rose, DO**

Nothing new.

**TAB 104: OLD BUSINESS**

There was no old business.

**NEW BUSINESS**

**TAB 105: FLDOH Renewal Ready Course**

Ms. Monroe provided a summary.

**TAB 106: Criminal History Matrix**

Motion: by Dr. Hayden, seconded by Dr. Mendez to approve the matrix. Motion carried.

## **ADJOURN**

Motion: by Dr. Bellingar, to adjourn the meeting.

Seconded by: Dr. Schwemmer.

Meeting adjourned at 1:35 pm.

**Next Meeting: June 22, 2020**

**1 p.m.**

**Teleconference**

DRAFT

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
BOARD OF OSTEOPATHIC MEDICINE

IN RE:

Petition for Declaratory Statement of  
Florida Osteopathic Medical Association, Inc.,  
RONALD JOSEPH RENUART SR, D.O., Florida  
Society of the American College of Osteopathic  
Family Physicians, Inc., The Florida Medical  
Association, The Florida Academy of  
Family Physicians, Inc., The Florida  
Chapter of the American Academy of  
Pediatrics, Inc., The Florida Chapter of the  
American College of Physicians, Inc., and  
The Florida Society of Dermatologists and  
Dermatologic Surgeons, Inc.

Case No. \_\_\_\_\_

\_\_\_\_\_ /

**PETITION FOR DECLARATORY STATEMENT**

Petitioners, the Florida Osteopathic Medical Association, Inc. ("FOMA"), RONALD JOSEPH RENUART, SR. D.O., The Florida Society of the American College of Osteopathic Family Physicians ("FSACOF"), The Florida Medical Association, Inc. ("FMA"), and The Florida Academy of Family Physicians, Inc. ("FAFP"), The Florida Chapter of the American Academy of Pediatrics, Inc. ("FCAAP"), The Florida Chapter of the American College of Physicians, Inc. ("FCACP"), and The Florida Society of Dermatologists and Dermatologic Surgeons, Inc. ("FSDDS"), by and through undersigned counsel and pursuant to Section 120.565, Florida Statutes, and Chapter 28-105, Florida Administrative Code, petition the Florida Board of Osteopathic Medicine for a Final Order setting forth a declaratory statement on the facts and law presented herein:

1. Petitioner the Florida Osteopathic Medical Association (FOMA) is a Florida-based professional trade organization comprised of nearly 7,500 Florida osteopathic physicians, each of whom practices medicine, including the prescription and administration of aesthetic fillers, and would be entrusted with providing the supervision required by the Petition. The FOMA acts on behalf of its members by representing their common interests before the various governmental entities of the State of Florida, including the Department of Health and the Board of Osteopathic Medicine.
2. FOMA's address, phone number and facsimile number are as follows:  
2544 Blairstone Pines Drive, Tallahassee, FL 32301  
(850) 878-7363; Facsimile: (850) 942-7538

Email: [admin@foma.org](mailto:admin@foma.org)

3. Petitioner FOMA legal counsel's name, address, phone number, facsimile number, and email are Jason Winn, Esq., 2709 Killarney Way, Suite 4, Tallahassee FL 32309. (850) 222-7199. Facsimile (850) 222-1562. Email: [jwinn@jwinnlaw.com](mailto:jwinn@jwinnlaw.com).
4. Petitioner Ronald Joseph Renuart, Sr., D.O., is an osteopathic physician licensed in Florida. Dr. Renuart, routinely performs pelvic examinations on his patients.
5. Petitioner FSACOFPP is a professional association dedicated to serving over 400 osteopathic physicians in Florida, located at 2544 Blairstone Pines Drive, Tallahassee, FL 32301; (850) 907-6851. The FSACOFPP acts on behalf of its members by representing their common interests before the various governmental entities of the State of Florida.
6. Petitioner FMA is a professional association dedicated to the service and assistance of Doctors of Medicine and Doctors of Osteopathic Medicine in Florida, located at 1430 Piedmont Dr. E., Tallahassee, FL 32308. The office telephone number is (850) 224-6496 and the facsimile number is (850) 222-8827. For purposes of this petition, the email address of the FMA is [jscott@flmedical.org](mailto:jscott@flmedical.org). The FMA is organized and maintained for the benefit of the approximately 25,000 licensed Florida physicians who comprise its membership. One of the primary purposes of the FMA is to act on behalf of its members by representing their common interests before the various governmental entities of the State of Florida, including the Department of Health and its Boards.
7. Petitioner, The Florida Academy of Family Physicians, Inc. ("FAFP"), is a Florida-based trade organization comprised of approximately 3,300 Florida physicians, each of whom specializes in Family Medicine. As a result, members of the FAFP routinely engage in pelvic examinations, as that term is defined in F.S. 456.051. FAFP's address, phone number and facsimile number are as follows: 13241 Bartram Park Road, Unit 1321, Jacksonville, FL 32258-5229. The office telephone number is (904) 338-4825. For purposes of this petition, the email address of the FAFP is [jmillson@fafp.org](mailto:jmillson@fafp.org). The FAFP routinely participates in advocacy efforts on behalf of its members in matters concerning the rights and obligations of physicians, including issues legislation and rules affecting its members.
8. Petitioner, The Florida Chapter of the American Academy of Pediatrics, Inc. ("FCAAP"), is a Florida-based trade organization comprised of Florida physicians, each of whom specializes in Pediatrics. As a result, members of the FCAAP routinely engage in pelvic examinations, of newborns and minors as that term is defined in F.S. 456.051. FCAAP's address, phone number and facsimile number are as follows: 119 S. Monroe Street, #200, Tallahassee, FL 32301. The telephone number is (850) 572-8495. The email address is: [doug.bell@mhdfirm.com](mailto:doug.bell@mhdfirm.com). The FCAAP routinely participates in advocacy efforts on behalf of its members in matters concerning the rights and obligations of physicians, including issues legislation and rules affecting its members.
9. Petitioner, The Florida Chapter of the American College of Physicians, Inc. ("FCACP"), is a Florida-based trade organization comprised of approximately

7,000 Florida physicians, each of whom specializes in Internal Medicine. As a result, members of the FCACP routinely engage in pelvic examinations, as that term is defined in F.S. 456.051. FCACP's address, phone number and facsimile number are 2410 Ormsby Circle West, Jacksonville, FL 32210. The telephone is (904) 355-0800. Email address is [dmoerings@floridachapteracp.org](mailto:dmoerings@floridachapteracp.org). The FCACP routinely participates in advocacy efforts on behalf of its members in matters concerning the rights and obligations of physicians, including issues legislation and rules affecting its members.

10. Petitioner, The Florida Society of Dermatologists and Dermatologic Surgeons, Inc. ("FSDDS"), is a Florida-based trade organization comprised of approximately 530 Florida physicians, each of whom is board certified in Dermatology. As a result, members of the FSDDS routinely engage in pelvic examinations, of newborns and minors as that term is defined in F.S. 456.051. FSDDS's address, phone number and facsimile number are as follows: 6134 Poplar Bluff Road, Suite 101, Peachtree Corners, GA 30092. The telephone number is (904) 880-0023 Facsimile: (305) 422-3327. The Email address is: [fsdds@att.net](mailto:fsdds@att.net). The FSDDS routinely participates in advocacy efforts on behalf of its members in matters concerning the rights and obligations of physicians, including issues regarding the interpretation of legislation and regulations.
11. The legislation eliciting this Petition is Section 3 of Florida Senate Bill 698, codified as Section 456.51, Florida Statutes. This legislation, which became effective on July 1, 2020, prohibits health care practitioners, medical students, or any other students receiving training as a health care practitioner from performing a pelvic examination on a patient (in most instances) without the written consent of the patient or the patient's legal representative.
12. A substantial number of members of the Association Petitioners perform "pelvic examinations" or portions of "pelvic examinations" as that term is now defined in section 456.51, Florida Statutes, on their patients, or, perform examinations that may or may not be considered a pelvic examination under s. 456.51, Florida Statutes. These members, including Dr. Renuart, are substantially affected by section 456.51, Florida Statutes as failure to comply with the written consent requirement may result in disciplinary action by the Board.
13. The written consent requirement imposed by s. 456.51, Florida Statutes, has created a tremendous amount of uncertainty for Dr. Renuart and other physicians in Florida as to whether the medical care provided to a patient in various circumstances constitutes a "pelvic examination" under the new law. The new law defines "pelvic examination" as "the series of tasks that comprise an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using any combination of modalities, which may include, but need not be limited to, the health care provider's gloved hand or instrumentation." The law does not specifically provide that a "pelvic examination" includes examinations performed on male patients. The original intent of Section 3 of SB 698, which was originally filed as SB 1470 before being added to SB 698, was to require express consent

before a pelvic examination is performed on an anesthetized or unconscious female patient. See *Lauren Book seeks protections for women, vulnerable students as 2020 Session nears* <https://floridapolitics.com/archives/315123-book-women-students-2020-session-nears>. A pelvic examination, as understood in the medical community, is performed on female patients as part of a regular checkup, or if the patient is experiencing symptoms such as unusual vaginal discharge or pelvic pain, and involves an examination of the female patient's vulva, vagina, cervix, ovaries, uterus, rectum and pelvis for any abnormalities. See Mayo Clinic website at <https://www.mayoclinic.org/tests-procedures/pelvic-exam/about/pac-20385135>.

14. Given the legislative intent, the common understanding of the term "pelvic examination" among the medical community, and the fact that s. 456.51, Florida Statutes, does not specifically include or exclude a pelvic examination on a male patient, Petitioners request a declaratory statement that Dr. Renuart is not required by s. 456.51, Florida Statutes, to obtain the written consent of a male patient prior to performing a genital or rectal examination on a male patient.
15. Petitioners are also uncertain as to what exactly constitutes a "pelvic examination." While the term is defined as the "series of tasks that comprise an examination" of certain parts of the anatomy, the law does not indicate whether the mere touching of or looking at the listed parts of the anatomy in the process of performing a medical procedure or other routine care or treatment also constitutes a "pelvic examination." The term "examination" is generally defined as "an investigation or inspection made for the purpose of diagnosis." *The American Heritage Medical Dictionary Copyright 2007, 2004 by Houghton Mifflin Company*. The Petitioners assert that a medical procedure that is performed on the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs for any purpose other than diagnostic purposes<sup>1</sup> does not constitute a "pelvic examination," and thus the written consent required by s. 456.51, Florida Statutes, should not apply.
16. Petitioners therefore request a declaratory statement that when Dr. Renuart performs a surgical procedure on the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs of a patient (such as a circumcision, vasectomy, etc.), or touches the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs for non-diagnostic purposes (such as the insertion of a catheter, rectal wound care, taking a rectal temperature, cleansing the pelvic area after a diaper change, etc.), or touches the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs as part of a diagnostic procedure of tissue or organs not involving the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs (such as barium enemas, voiding cystourethrograms, rectal administration of contrast for CTs and

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<sup>1</sup> The same would be true when cleansing as part of changing a diaper or bandage, inserting or caring for various types of catheters, applying a fecal incontinence bag, application of barrier cream, wound care in the area of the rectum or genitals, bathing a patient, taking a rectal temperature, insertion of a catheter tip for a barium enema or shaving the pelvic area in preparation for surgery.

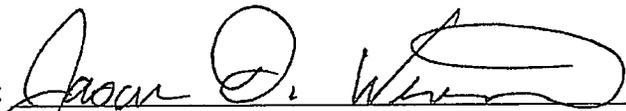
MRIs, etc.) he is not required by s. 456.51, Florida Statutes, to obtain the patient's written consent.

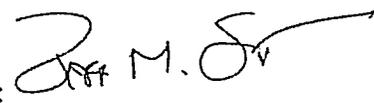
17. In addition to questions regarding the scope of the term "pelvic examination," Petitioners are uncertain as to the scope of the written consent required pursuant to s. 456.51. The written consent under this statute must be "executed specific to, and expressly identifying, the pelvic examination." As there is nothing in the legislative history of SB 698 to indicate it was the intent of the legislature to impose extremely burdensome or impractical obligations on health care practitioners, the most reasonable interpretation of this requirement would be that it requires written consent that expressly identifies that a pelvic examination will be conducted. There is no temporal requirement for the written consent, or that a separate written consent must be obtained prior to each and every pelvic examination. There is also no requirement that each and every person who may be involved in the pelvic examination be listed by name on the written consent. Therefore, Petitioners request a declaratory statement that the required written consent may authorize one or more "pelvic examinations" as may be necessary during the course of treatment or care for which the patient has presented and must identify the type of provider who may perform the "pelvic examination," but is not required to identify providers by name and does not require separate written consent every successive time a "pelvic examination" is conducted during the course of treatment or care for which the patient has presented.
18. Furthermore, it is unclear as to whether the written consent requirement in s.456.51, Florida Statutes, applies in situations where the only "examination" is visual, as may occur when looking to see if there is a rash, wound, or other anomaly involving exterior tissue or organs as might occur in any number of situations, including visual examination of a newborn baby or even a virtual visit being completed via telehealth. Therefore, Petitioners request that the declaratory statement clarify that the written consent requirement in s. 456.51 does not apply in situations where the only examination will be visual without physical contact with any of the parts of the anatomy included in the new statutory definition of "pelvic examination."
19. Finally, s.456.51, Florida Statutes, is silent as to the application of the requirement for written consent in emergent situations when the patient is unable to consent and there is no legal representative of the patient available to give consent. This situation is extremely likely to occur with patients who come to or are brought to an emergency room unattended by a person who has been designated as a legal representative or when a patient has failed to designate a legal representative and in either case becomes incapable of providing written consent for a "pelvic examination" and the standard of practice requires that an examination of one or more of the parts of the anatomy included in the new statutory definition of a "pelvic examination" be performed. Therefore, Petitioners request that the declaratory statement clarify that in such situations the performance of the medically necessary examination maybe performed without violating s.456.51, Florida Statutes, if a note is entered into the patient record indicating the medical

necessity and the reason for the provider's inability to obtain written consent from the patient or a person designated as the legal representative of the patient.

WHEREFORE, Petitioners respectfully request that the Board of Osteopathic Medicine issue a final order on the individual issues presented above.

Respectfully submitted this 20<sup>th</sup> day of July, 2020.

By:   
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Ronald Renuart, Sr., D.O., and the FSACOPP

By:   
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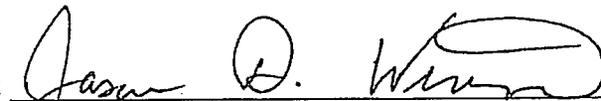
  
By:  
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Attorney for Petitioners, Florida Academy of Family

Physicians, Inc., Florida Chapter of the American Academy of Pediatrics, Inc., the Florida Chapter of the American College of Physicians, Inc. and Florida Society of Dermatologists and Dermatologic Surgeons, Inc.

### CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing was served upon Board of Osteopathic Medicine counsel, Donna McNulty, Esq., Office of Attorney General, via U.S. Mail to The Capitol, PL-01, Tallahassee, FL 32399 and via email to [Donna.McNulty@myfloridalegal.com](mailto:Donna.McNulty@myfloridalegal.com), upon the Florida Department of Health, Agency Clerk, via U.S. Mail to 4052 Bald Cypress Way, Bin A-02, Tallahassee, FL 32399, and upon the Board of Osteopathic Medicine via U.S. Mail to 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399-3253, and via email to [Kama.Monroe@flhealth.gov](mailto:Kama.Monroe@flhealth.gov) and [info@floridasosteopathicmedicine.gov](mailto:info@floridasosteopathicmedicine.gov) on this 20th day of July, 2020.

By:  \_\_\_\_\_

Jason D. Winn  
Fla. Bar No: 526681  
Florida Osteopathic Medical Association, Inc.  
2709 Killarney Way, Suite 4, Tallahassee, FL 32309

The Florida Senate  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Rules

BILL: CS/CS/SB 698

INTRODUCER: Rules Committee; Criminal Justice Committee; and Senators Book and Stewart

SUBJECT: Reproductive Health

DATE: February 28, 2020

REVISED: \_\_\_\_\_

|    | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION           |
|----|---------|----------------|-----------|------------------|
| 1. | Davis   | Cibula         | JU        | <b>Favorable</b> |
| 2. | Stokes  | Jones          | CJ        | <b>Fav/CS</b>    |
| 3. | Davis   | Phelps         | RC        | <b>Fav/CS</b>    |

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

**I. Summary:**

CS/CS/SB 698 establishes protections for people who are dealing with infertility and seek medical assistance to artificially conceive a child. In its broadest and most general terms, the bill requires donors, recipients, and facilities to enter into contracts that govern the use of reproductive materials, prohibits the misuse of those reproductive materials, and authorizes disciplinary actions and felony penalties for health care practitioners who intentionally transfer reproductive material into a recipient when the practitioner knows the recipient has not consented to the use of that reproductive material.

The bill creates s. 383.61, F.S., which requires a commissioning party or donor to contract with a donor bank, fertility clinic, or health care practitioner or reproductive storage facility before donating reproductive material. The contract must indicate what will be done with reproductive material that is not used.

This bill provides that by January 1, 2021, donor banks, fertility clinics, health care practitioners, and reproductive storage facilities must establish, and annually submit best practice policies, which are consistent with 42 U.S.C. part 263a(f), to the appropriate licensing agency for review. Donor banks, fertility clinics, health care practitioners, and reproductive storage facilities must clearly label reproductive material, comply with the terms of the contract, and maintain records for a minimum of 30 years. The bill expressly prohibits a health care practitioner from transferring or inseminating a recipient with the reproductive material of the health care practitioner.

This bill creates s. 784.086, F.S., establishing the crime of reproductive battery. It is a third degree felony for a health care practitioner to intentionally transfer into the body of a recipient the reproductive material of a donor that the recipient has not consented to. It is a second degree felony if the health care practitioner uses his or her own reproductive material, unless the recipient has provided written consent to the use of the health care practitioner's reproductive material.

This bill adds new grounds for the discipline of health care practitioners. A health care practitioner who intentionally transfers or inseminates, or causes a recipient to have transferred into her body or be inseminated with reproductive material of a donor without the recipient's consent, is subject to disciplinary action as provided in ss. 456.072, 458.331, or 459.015, F.S., as appropriate. The bill also provides for the immediate suspension of a license if a health care practitioner commits the crime of reproductive battery.

This bill creates s. 456.51, F.S., which provides that a health care practitioner must have written consent to perform a pelvic examination. A health care practitioner may conduct a pelvic examination without written consent if a court orders the performance of the examination for the collection of evidence, the examination is immediately necessary to avert a serious risk of imminent substantial and irreversible physical impairment of a major bodily function, or the exam is indicated in the standard of care for a procedure that the patient has consented to.

This bill may have an indeterminate fiscal impact on the licensing agency that annually reviews the best practices policies. Additionally, this bill may have a positive indeterminate prison bed impact (unquantifiable positive prison bed impact). See Section V. Fiscal Impact Statement.

This bill is effective July 1, 2020.

## II. Present Situation:

The recent arrival of genetic testing kits and ancestry reports, such as Ancestry.com or 23andMe, has yielded unsettling results for many users. According to media reports, several fertility doctors who represented that they were using the sperm of a patient's husband or an anonymous donor to artificially inseminate a patient, were in fact lying to their patients. The fertility specialists were inseminating the patients with their own sperm. Even more distressing to the victims of these acts was the realization that the doctors' actions were not actually illegal.<sup>1</sup>

### **Fertility Specialists Alleged to Have Been Sperm Donors to their Patients**

#### *Virginia*

One media report stated that Dr. Cecil Jacobson, a fertility specialist in Vienna, Virginia, may have secretly donated his own sperm to father at least 75 children. Although prosecutors wanted

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<sup>1</sup> Ellen Trachman, Above the Law, *Intense and Dramatic Testimony Propels Texas Fertility Fraud Bill Forward* (April 17, 2019), available at <https://abovethelaw.com/2019/04/intense-and-dramatic-testimony-propels-texas-fertility-fraud-bill-forward/> (last visited February 13, 2020) and CBS News, *Indiana Fertility Doctor Used Own Sperm to Impregnate Patients, Court Docs Say* (September 12, 2016), available at <https://www.cbsnews.com/news/indiana-fertility-doctor-used-own-sperm-to-impregnate-women-court-docs-say/> (last visited February 13, 2020).

to try Dr. Jacobson for lying to patients about the source of the sperm, no laws at that time prohibited a doctor from donating sperm to a patient. Instead, prosecutors charged him with the more basic counts of criminal fraud in his medical practice which involved the use of telephones and the United States Postal Service. He was convicted of committing 52 counts of fraud and perjury in 1992.<sup>2</sup>

### *Connecticut*

A doctor in Greenwich, Connecticut, Ben D. Ramaley, settled a lawsuit in 2009 for secretly using his own sperm to impregnate a patient. The case was settled without any depositions being taken, but a gag order was issued which prevented the plaintiffs from discussing the case.<sup>3</sup>

When Barbara Rousseau used genetic testing to learn who her biological father was, she was astounded to learn that her father was actually her mother's fertility specialist in 1977, not an anonymous sperm donor. Barbara's parents filed a fertility fraud lawsuit against Dr. John Boyd Coats of Berlin, Vermont, in December, 2018, and seek compensatory and exemplary damages. The suit alleges that the doctor's conduct was "outrageously reprehensible" and had the character of outrage that is often "associated with a crime" and was done with malice.<sup>4</sup>

### *Indiana*

In 2018, Dr. Ronald Cline of Zionsville, Indiana, surrendered his medical license after pleading guilty to two counts of obstruction of justice. It was alleged that he inseminated dozens of women with his own sperm while telling his patients that the donors were anonymous men. DNA tests revealed that he is likely the father of as many as 46 children whose mothers were his patients. Indiana law, at that time, did not specifically prohibit fertility specialists from donating their own sperm.<sup>5,6</sup>

### *Colorado*

Dr. Paul Brennan Jones, a fertility specialist in Grand Junction, Colorado, was sued in October, 2019, for using his own sperm, rather than the sperm of anonymous donors, to impregnate women. Maia Emmons-Boring, whose mother relied on Dr. Jones for fertility treatment nearly 40 years earlier, has learned through DNA testing that she and her sister have five known half-siblings who were fathered by Dr. Jones. Ms. Emmons-Boring has been contacted by three

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<sup>2</sup> *Doctor Is Found Guilty in Fertility Case*, N.Y. TIMES (March 5, 1992), available at <https://perma.cc/J2NA-NUY8> (last visited February 14, 2020), cited by Jody Lynee Madeira, *infra* at Note 4.

<sup>3</sup> LeAnne Gendreau and Diana Perez, NBC Connecticut News, *Fertility Doc Accused of Making His Own Donation* (November 12, 2009) NBC News, available at <https://www.nbcconnecticut.com/news/local/fertility-doctor-may-have-done-the-deed-himself/2060754/> (last visited February 13, 2020).

<sup>4</sup> Jody Lynee Madeira, *Understanding Illicit Insemination and Fertility Fraud, From Patient Experience to Legal Reform*, Columbia Journal of Gender & Law, 2019 Fall Issue 110, 123-124.

<sup>5</sup> Associated Press, *Fertility Doctor Who Used Own Sperm to Impregnate Women Surrenders License* (August 23, 2018), available at <https://nypost.com/2018/08/23/fertility-doctor-who-used-own-sperm-to-impregnate-women-surrenders-license/> (last visited February 13, 2020).

<sup>6</sup> Associated Press, *Indiana Senate Sends Sperm-Misuse Legislation to Governor* (April 17, 2019), available at <https://www.ibj.com/articles/73357-indiana-senate-sends-sperm-misuse-legislation-to-governor> (last visited February 13, 2020).

additional people who are biologically linked to them through DNA testing. The civil lawsuit against the doctor alleges negligence, fraud, and other claims for damages.<sup>7</sup>

### *Idaho*

In 2019, Dr. Gerald Mortimer, a retired gynecologist in Idaho Falls, Idaho, admitted to using his own sperm to impregnate multiple women in his infertility practice. He left the Obstetrics and Gynecology Associates practice in Idaho Falls because he feared he would be caught using his own sperm to impregnate women. At least one lawsuit is pending against him.<sup>8</sup>

### **The Difficulty of Holding the Doctors Legally Accountable**

Holding the fertility doctors legally accountable for their fraudulent acts, either criminally or civilly, has been difficult. One of the most obvious obstacles is an expired statute of limitation because the fraudulent act often occurred decades before it was discovered. Another obstacle involves the destruction of evidence which could be the destruction of medical records. It is difficult to prosecute a case criminally as a traditional sexual assault case because the women “consented” to the inseminations. It is difficult to prevail in a civil case because the facts do not readily lend themselves to the elements of fraud. The fraudulent inseminations more closely resemble “fraud in the inducement” where a person agrees to a procedure knowing what is involved, but consents to the procedure based upon false representations made by the defendant doctor.<sup>9</sup>

### **Several States’ Responses to Fertility Fraud**

#### *Texas*

In response to the revelation that the doctors’ actions were not technically illegal, several states have enacted laws to criminalize the doctors’ deceptive acts. Texas, for example, enacted a law in 2019 that creates a sexual assault felony, punishable by up to 2 years’ imprisonment, if a health care services provider, while performing an assisted reproduction procedure, uses human reproductive material from a donor knowing that the recipient has not expressly consented to the use of the material from that donor. Additionally, and because most children born under these fraudulent circumstances and their parents do not discover the truth of their conception until many years later, victims are given 2 years from the time the offense is discovered to bring an action for the crime of sexual assault. The act is prospective in its application.<sup>10</sup>

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<sup>7</sup> Morgan Phillips, Fox News, *Colorado fertility doctor used his own sperm to impregnate women, lawsuit claims* (October 29, 2019), available at <https://www.foxnews.com/us/colorado-fertility-doctor-used-his-own-sperm-to-impregnate-women-lawsuit-claims> (last visited February 13, 2020).

<sup>8</sup> Grace Hansen, EastIdahoNews.com, *Former Idaho Falls Doctor Admits to Using Own Sperm to Inseminate Multiple Patients* (November 7, 2019), available at <https://www.eastidahonews.com/2019/11/former-idaho-falls-gynecologist-admits-to-using-own-sperm-to-father-patients-children/> (last visited February 13, 2020).

<sup>9</sup> *Supra*, Note 4 at 113, 184.

<sup>10</sup> Texas SB 1259 (2019), available at <https://capitol.texas.gov/BillLookup/Text.aspx?LegSess=86R&Bill=SB1259> (last visited February 13, 2020).

### ***California***

California passed legislation in 2011 that criminalized the use of sperm, ova, or embryos in assisted reproduction technology for a purpose other than that indicated by the provider. A violator will be punished by imprisonment between 3 and 5 years and a fine that does not exceed \$50,000.<sup>11</sup>

### ***Indiana***

Indiana similarly enacted legislation in 2019. The statute establishes a cause of action for civil fertility fraud and provides that a prevailing plaintiff may receive compensatory and punitive damages or liquidated damages of \$10,000. The legal action must be commenced within 10 years of the child's 18th birthday, 20 years after the procedure was performed, when the person first discovers evidence through DNA testing, when the person becomes aware of a record that provides sufficient evidence to bring a suit against the defendant, or when the defendant confesses to the offense.<sup>12</sup>

### ***Colorado***

Colorado is now considering a bill entitled "Misuse of Human Reproductive Material" which creates a new civil cause of action as well as a criminal offense if a health care provider, during the course of assisted reproduction, uses a donation from someone without obtaining the written consent of the patient. The bill provides for compensatory or liquidated damages of \$50,000 in a civil action and provides a felony penalty for the criminal act. Conviction of the offense is also considered unprofessional conduct under the licensing statute.<sup>13</sup>

### ***Additional States Considering Legislation***

Nebraska, Ohio, and Washington state are currently considering legislation to provide redress against physicians for fertility fraud.

### **Florida Law**

It does not appear that Florida law specifically prohibits a health care practitioner from inseminating a patient with reproductive material from a donor without the patient's consent. As discussed above, the statute of limitations, the time allowed to bring an action for a previous act, has generally expired because many people do not realize that fraud was committed until decades after the insemination. Similarly, it would be challenging to prove sexual battery because the patient "consented" to the insemination, and the act was not technically committed against her will.

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<sup>11</sup> California Penal Code s. 367g., available at [https://california.public.law/codes/ca\\_penal\\_code\\_section\\_367g](https://california.public.law/codes/ca_penal_code_section_367g) (last visited February 13, 2020).

<sup>12</sup> Senate Enrolled Act No. 174, an act amending the Indiana Code concerning civil procedure, available at <http://iga.in.gov/legislative/2019/bills/senate/174#document-d66c4e90> (last visited February 13, 2020).

<sup>13</sup> HB 20-1014, Colorado General Assembly, Second Regular Session, 72nd General Assembly, available at <https://www.leg.colorado.gov/bills/hb20-1014> (last visited February 13, 2020).

## **Fertility Clinics in Florida**

As far as staff has been able to determine, no current law requires donor banks or fertility clinics to be regulated, registered, or inspected in the state. According to the DOH, there are approximately 30 fertility clinics operating in the state, some with multiple locations, and four donor banks.<sup>14</sup>

## **Licensing and Penalties**

### ***Health Care Practitioners***

The DOH's Division of Medical Quality Assurance (MQA) has regulatory authority over health care practitioners.<sup>15</sup> MQA works in conjunction with 22 boards and 4 councils to license and regulate 7 types of health care facilities and more than 40 health care professions.<sup>16</sup> Each profession is regulated by an individual practice act and by ch. 456, F.S., which provides general regulatory and licensure authority for MQA.

Section 456.072, F.S., authorizes a regulatory board or DOH, if there is no board, to discipline a health care practitioner for a number of offenses, including but not limited to:

- Making misleading, deceptive, or fraudulent representations in or related to the practice of the licensee's profession.
- Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession.
- Engaging or attempting to engage in sexual misconduct as defined in s. 456.063, F.S.

If it is found that a licensee committed a violation, the board or DOH may impose penalties, including but not limited to:<sup>17</sup>

- Refuse to certify, or to certify with restrictions, an application for a license.
- Suspend or permanently revoke a license.
- Impose an administrative fine.
- Issue a reprimand or letter of concern.
- Place the licensee on probation.

The board or DOH, if there is no board, must consider what is necessary to protect the public or to compensate the patient when it decides the penalty to impose.<sup>18</sup>

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<sup>14</sup> Florida Department of Health, *SB 698 Legislative Bill Analysis*, (February 7, 2020) (on file with the Senate Committee on Criminal Justice).

<sup>15</sup> Section 456.001(4), F.S., provides that "health care practitioners," include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dietitians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

<sup>16</sup> Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2018-2019*, available at [http://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/\\_documents/annual-report-1819.pdf](http://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/_documents/annual-report-1819.pdf) (last visited February 18, 2020).

<sup>17</sup> Section 456.072(2), F.S.

<sup>18</sup> *Id.*

Section 456.074(1), F.S., authorizes the Department of Health to issue an emergency order to suspend a license when someone pleads guilty to, is convicted or found guilty of, or who enters a plea of nolo contendere to, regardless of adjudication, certain felonies and misdemeanors.

### *Physicians – Allopathic and Osteopathic*

Florida licenses both allopathic and osteopathic physicians. Allopathic physicians diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity, or other physical or mental condition.<sup>19</sup> The scope of practice for osteopathic physicians is the same as that of allopathic physicians; however, osteopathic medicine emphasizes the importance of the musculoskeletal structure and manipulative therapy in the maintenance and restoration of health.<sup>20</sup>

### *Allopathic – Chapter 458*

Chapter 458, F.S., governs licensure and regulation of the practice of medicine by the Florida Board of Medicine (allopathic board) in conjunction with the DOH. The chapter provides, among other things, licensure requirements. An individual seeking to be licensed as an allopathic physician, must meet certain statutory requirements, including that he or she must not have committed an act or offense that would constitute a basis for disciplining a physician pursuant to s. 458.331, F.S.

Section 458.331, F.S., provides grounds for disciplinary action for allopathic physicians. An allopathic physician may be denied a license or disciplined<sup>21</sup> for certain acts, including, but not limited to:

- Attempting to obtain, obtaining, or renewing a license to practice medicine by bribery, fraudulent misrepresentation, or through an error of the DOH or the board.
- Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of medicine or the ability to practice medicine.
- False, deceptive, or misleading advertising.
- Making deceptive, untrue, or fraudulent representations in or related to the practice of medicine or employing a trick or scheme in the practice of medicine.<sup>22</sup>

### *Osteopathic – Chapter 459*

Chapter 459, F.S., governs licensure and regulation of the practice of medicine by the Florida Board of Osteopathic Medicine (osteopathic board), in conjunction the DOH. The chapter provides, among other things, licensure requirements.

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<sup>19</sup> Section 458.305, F.S.

<sup>20</sup> Section 459.003, F.S.

<sup>21</sup> Section 458.331, F.S., provides that physicians found in violation of this section are subject to the penalties provided in s. 456.072(2), F.S.

<sup>22</sup> Section 458.331, F.S.

Section 459.015, F.S., provides grounds for disciplinary actions for osteopathic physicians. An osteopathic physician may be denied a license or disciplined<sup>23</sup> for certain acts, including, but not limited to:

- Attempting to obtain, obtaining, or renewing a license to practice medicine by bribery, fraudulent misrepresentation, or through an error of the DOH or the board.
- Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of medicine or the ability to practice medicine.
- Failing to perform a statutory or legal obligation placed upon a licensed osteopathic physician.
- Fraudulently altering or destroying records relating to patient care or treatment, including, but not limited to, patient histories, examination results, and test results.<sup>24</sup>

### *Clinics*

Chapter 400, F.S., governs the licensure and regulation of health care clinics. The chapter provides, among other things, licensing requirements. A license must be obtained by the AHCA to operate a clinic.<sup>25</sup>

Section 400.995, F.S., provides the administrative penalties that the AHCA may impose for a violation of statute or Rule. Administrative penalties, include, but are not limited to:

- Denial of the application for license renewal.
- Revoke and suspend the license.
- Impose administrative fines.<sup>26</sup>

### **Florida Requirements for Informed Consent**

The only general law in Florida on informed consent,<sup>27</sup> appears in ch. 766, F.S., Medical Malpractice and Related matters.<sup>28</sup> However, Florida physicians and physicians practicing within a postgraduate training program approved by the Board of Medicine must explain the medical or surgical procedure to be performed to the patient and obtain the informed consent of the patient. However, the physician does not have to obtain or witness the signature of the patient on the written form evidencing informed consent.<sup>29</sup>

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<sup>23</sup> Section 459.015, F.S., provides that physicians found in violation of this section are subject to the penalties provided in s. 456.072(2), F.S.

<sup>24</sup> Section 459.015, F.S.

<sup>25</sup> Section 400.991, F.S.

<sup>26</sup> Section 400.995, F.S.

<sup>27</sup> Informed consent is a process in which a health care provider educates a patient about the risks, benefits, and alternatives of a procedure or intervention. *See* William Gossman, Imani Thornton, John Hipskind, *Informed Consent*, (July 2019), available at <https://www.ncbi.nlm.nih.gov/books/NBK430827/> (last visited February 18, 2020).

<sup>28</sup> Section 766.103, F.S., provides generally that no recovery will be allowed against a health care practitioner when informed consent was obtained in accordance with an accepted standard of medical practice and a reasonable person would have an understanding of the procedure from the information that was provided, or the patient would reasonably, under all the circumstances, have undergone the procedure had the health care practitioner obtained informed consent in accordance with the accepted standard of medical practice.

<sup>29</sup> Rule 64B8-9.007, F.A.C.

### *Pelvic Examinations*

A pelvic examination involves the visual examination of the external genitalia and an internal visual examination of the vaginal walls and cervix using a speculum and palpation of the pelvic organs.<sup>30</sup> Health care practitioners often perform pelvic examinations as a part of the annual well woman visit.<sup>31</sup> A health care practitioner may also perform a pelvic examination to diagnose specific health conditions, such as cancer and bacterial vaginosis.<sup>32</sup>

The American College of Obstetricians and Gynecologists finds that data is currently insufficient to make a recommendation for or against routine pelvic examinations.<sup>33</sup> Therefore, it recommends that pelvic examinations be performed when indicated by medical history or symptoms, such as abnormal bleeding, pelvic pain, or urinary issues.<sup>34</sup>

### *Pelvic Examinations on Unconscious or Anesthetized Patients*

In recent years, articles have detailed reports of medical students performing pelvic examinations, without consent, on women who are anesthetized or unconscious, a practice that has been common since the late 1800's.<sup>35</sup> In 2003, a study reported that 90 percent of medical students who completed obstetrics and gynecology rotations at four Philadelphia-area hospitals performed pelvic examinations on anesthetized patients for educational purposes.<sup>36</sup>

Several medical organizations have taken positions that pelvic examinations should not be performed on anesthetized or incapacitated patients, including:

- The American Medical Association Council on Ethical and Judicial Affairs recommends that in situations where the patient will be temporarily incapacitated (e.g., anesthetized) and

<sup>30</sup> A pelvic examination usually involves an examination of a woman's vulva, vagina, uterus, ovaries, and fallopian tubes. It may also include examination of the bladder and the rectum. See Melissa Conrad Stoppler, MD, MedicineNet, *Pelvic Exam*, available at [https://www.medicinenet.com/pelvic\\_exam/article.htm#why\\_is\\_a\\_pelvic\\_exam\\_performed](https://www.medicinenet.com/pelvic_exam/article.htm#why_is_a_pelvic_exam_performed) (last visited February 18, 2020).

<sup>31</sup> Amir Qaseem, et al., *Screening Pelvic Examination in Adult Women: A Clinical Practice Guideline from the American College of Physicians*, 161 *Ann Intern Med* 67 (July 2014), available at [https://annals.org/aim/fullarticle/1884537/screening-pelvic-examination-adult-women-clinical-practice-guideline-from-american?\\_ga=2.7498674.1663533724.1580510917-1215329083.1580510917](https://annals.org/aim/fullarticle/1884537/screening-pelvic-examination-adult-women-clinical-practice-guideline-from-american?_ga=2.7498674.1663533724.1580510917-1215329083.1580510917) (last visited February 18, 2020).

<sup>32</sup> *Id.*

<sup>33</sup> *Id.*

<sup>34</sup> *Id.*

<sup>35</sup> See: Paul Hsieh, *Pelvic Exams on Anesthetized Women Without Consent: A Troubling and Outdated Practice*, FORBES (May 14, 2018), available at <https://www.forbes.com/sites/paulhsieh/2018/05/14/pelvic-exams-on-anesthetized-women-without-consent-a-troubling-and-outdated-practice/#74d152df7846> (last visited February 18, 2020); Dr. Jennifer Tsai, *Medical Students Regularly Practice Pelvic Exams on Unconscious Patients. Should They?*, ELLE (June 24, 2019), available at <https://www.elle.com/life-love/a28125604/nonconsensual-pelvic-exams-teaching-hospitals/> (last visited February 18, 2020); Lorelei Laird, *Pelvic Exams Performed without Patients' Permission Spur New Legislation*, ABA JOURNAL (September 2019), available at <http://www.abajournal.com/magazine/article/examined-while-unconscious> (last visited February 18, 2020); and Amanda Eisenberg, *New Bills Would Ban Pelvic Exams without Consent*, POLITICO (March 14, 2019), available at <https://www.politico.com/states/new-york/albany/story/2019/03/13/new-bills-would-ban-pelvic-exams-without-consent-910976> (last visited February 18, 2020).

<sup>36</sup> John Duncan, Dan Luginbill, Matthew Richardson, Robin Fretwell Wilson, *Using Tort Law to Secure Patient Dignity: Often Used as Teaching Tools for Medical Students, Unauthorized Pelvic Exams Erode Patient Rights, Litigation Can Reinstate Them*, 40 *TRIAL* 42 (October 2004).

where student involvement is anticipated, involvement should be discussed before the procedure is undertaken whenever possible.<sup>37</sup>

- The Committee on Ethics of the American College of Obstetricians and Gynecologists resolved that “pelvic examinations on an anesthetized woman that offer her no personal benefit and are performed solely for teaching purposes should be performed only with her specific informed consent obtained before her surgery.”<sup>38</sup>
- The Association of American Medical Colleges reversing its prior policy position, offered that “performing pelvic examinations on women under anesthesia, without their knowledge or approval ... is unethical and unacceptable.”<sup>39</sup>

California, Hawaii, Illinois, Iowa, Maryland, Oregon, Utah, and Virginia prohibit unauthorized pelvic examinations.<sup>40</sup>

### III. Effect of Proposed Changes:

#### Section 1 – Definitions, Contract Requirements, and Best Practices

This bill creates s. 383.61, F.S., which requires a commissioning party or donor to enter in to a written contract before donating reproductive material and requires the establishment of best practices for the use of assisted reproductive technology.

#### *Definitions*

The bill defines the following terms:

- “Assisted reproductive technology” means those procreative procedures that involve the storage or laboratory handling of human eggs, pre-embryos, or sperm, including, but not limited to, in vitro fertilization embryo transfer, gamete intrafallopian transfer, pronuclear state transfer, tubal embryo transfer, and zygote intrafallopian transfer.
- “Commissioning party” means the intended parent or parents of a child who will be conceived by means of assisted reproductive technology.
- “Donor” means a person who donates reproductive material, regardless of whether for personal use or compensation.
- “Donor bank” means any facility that collects reproductive material from donors for use by a fertility clinic.
- “Egg” means the unfertilized female reproductive cell.

<sup>37</sup> AMA Council on Ethical and Judicial Affairs, *Medical Student Involvement in Patient Care: Report of the Council on Ethical and Judicial Affairs*, AMA Journal of Ethics (March 2001), available at <https://journalofethics.ama-assn.org/article/medical-student-involvement-patient-care-report-council-ethical-and-judicial-affairs/2001-03> (last visited February 18, 2020).

<sup>38</sup> American College of Obstetricians and Gynecologists, Committee on Ethics, *Professional Responsibilities in Obstetric-Gynecologic Medical Education and Training*, (August 2011), available at <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/Professional-Responsibilities-in-Obstetric-Gynecologic-Medical-Education-and-Training?IsMobileSet=false> (last visited February 18, 2020).

<sup>39</sup> Robin Fretwell Wilson, *Autonomy Suspended: Using Female Patients to Teach Intimate Exams Without Their Knowledge or Consent*, 8 J OF HEALTH CARE LAW AND POLICY 240, available at [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=880120](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=880120) (last visited February 18, 2020).

<sup>40</sup> Lorelei Laird, *Pelvic Exams Performed without Patients' Permission Spur New Legislation*, ABA JOURNAL (September 2019), available at <http://www.abajournal.com/magazine/article/examined-while-unconscious> (last visited February 18, 2020).

- “Fertility clinic” means a facility in which reproductive materials are subject to assisted reproductive technology for the purpose of being transferred into the body of a recipient.
- “Health care practitioner” has the same meaning as provided in s. 456.001, F.S.
- “Preembryo” means the product of fertilization of an egg by a sperm until the appearance of the embryonic axis.
- “Recipient” means a person who has a donor’s reproductive material transferred into her body.
- “Reproductive material” means any human “egg,” “preembryo,” or “sperm.”
- “Reproductive storage facility” means a facility in which reproductive materials are stored until they are transferred into the body of a recipient using assisted reproductive technology.
- “Sperm” means the male reproductive cell.

### ***Contract Requirements***

Additionally, s. 383.61, F.S., requires a commissioning party or donor to contract with a donor bank, fertility clinic, health care practitioner, or reproductive storage facility before donating reproductive material. At a minimum, the contract must indicate what must be done with the reproductive material if:

- The donor dies or becomes incapacitated;
- A designated recipient for the donation dies or becomes incapacitated;
- The commissioning party separate or their marriage is dissolved;
- One member of the commissioning party dies or becomes incapacitated;
- The reproductive material is unused, including whether it may be disposed of, offered to a different recipient, or donated to science; and
- Any other unforeseen circumstance occurs.

The above-named entities must ensure that each donation is clearly labeled according to the terms of the contract and must ensure that the donation is transferred, returned, disposed of, or stored according to the terms of the contract.

### ***Best Practice Policies***

This bill provides that by January 1, 2021, donor banks, fertility clinics, health care practitioners, and reproductive storage facilities must establish, and annually submit best practices, which are consistent with 42 U.S.C. part 263a(f), to the appropriate licensing agency or department for review. Donor banks, fertility clinics, health care practitioners, and reproductive storage facilities must clearly label reproductive material, comply with the terms of the contract, and maintain records for a minimum of 30 years. The bill expressly prohibits a health care practitioner from transferring or inseminating a recipient or causing a recipient to have transferred into her body or be inseminated with the reproductive material of the health care practitioner.

### **Sections 2, 3, 5, and 6 – Disciplinary Actions and the Immediate Suspension of a License**

This bill amends ss. 456.072, 458.331, or 459.015, F.S., to add new grounds for discipline of health care practitioners. Health care practitioners who intentionally transfer into or inseminate a recipient with, or cause a recipient to have transferred into her body or be inseminated with the health care practitioner’s reproductive material, or is found in violation of the contract or best

practice policies, including proper labeling and maintenance of records, are subject to penalties provided in ss. 456.072, 458.331, or 459.015, F.S., as appropriate.

The bill amends section 456.074(1), F.S., to require the Department of Health to issue an emergency order suspending the license of a practitioner who pleads guilty to, is convicted or found guilty of, or who enters a plea of nolo contendere to reproductive battery.

### **Section 7 – Reproductive Battery**

This bill creates s. 784.086, F.S., establishing the crime of reproductive battery. It is a third degree felony<sup>41</sup> for a health care practitioner to intentionally transfer into the body of a recipient the reproductive material of a donor or any object containing the reproductive material of a donor, knowing that the recipient has not consented to the use of the material of that donor. It is a second degree felony<sup>42</sup> if the health care practitioner uses his or her own reproductive material, unless the recipient has provided written consent to the use of the health care practitioner's reproductive material.

The statute of limitations for a third or second degree felony is generally three years.<sup>43</sup> The bill provides that the statute of limitations for reproductive battery does not begin to run until the violation is discovered and reported to law enforcement or any other governmental agency. It is not a defense to the crime of reproductive battery that the recipient consented to an anonymous donor.

### **Section 4 – Pelvic Examinations**

This bill creates s. 456.51, F.S., providing that a health care practitioner must have the written consent of a patient or a patient's legal representative to perform a pelvic examination. A health care practitioner may conduct a pelvic examination without written consent if:

- A court orders the performance of the examination for the collection of evidence;
- The examination is immediately necessary to avert a serious risk of imminent, substantial, and irreversible physical impairment of a major bodily function; or
- The examination is indicated in the standard care for a procedure that the patient has consented to.

This bill is effective July 1, 2020.

## **IV. Constitutional Issues:**

### **A. Municipality/County Mandates Restrictions:**

None.

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<sup>41</sup> A third degree felony is punishable by up to five years in state prison and a fine not exceeding \$5,000. Sections 775.082 and 775.083, F.S.

<sup>42</sup> A second degree felony is punishable by up to 15 years in state prison and a fine not exceeding \$10,000. Sections 775.082 and 775.083, F.S.

<sup>43</sup> Section 775.15(2)(b), F.S.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. State Tax or Fee Increases:**

None.

**E. Other Constitutional Issues:**

None identified.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

This bill creates a third degree felony for a health care practitioner to intentionally transfer into the body of a recipient the reproductive material of a donor knowing that the recipient has not consented to the use of that donor's reproductive material. It is a second degree felony if the health care practitioner uses his or her own reproductive material, unless the recipient provides written consent. Because this bill creates new crimes, it may have a positive indeterminate prison bed impact (unquantifiable positive prison bed impact).

Additionally, this bill may have an indeterminate fiscal impact on the DOH or the appropriate licensing agency for reviewing best practice policies and implementing disciplinary action for violations.

**VI. Technical Deficiencies:**

The bill appears to contradict itself on the issue of whether a health care practitioner may be a donor of reproductive material. Section 7, provides that a health care practitioner is not subject to criminal penalties for being a donor if the recipient provides written consent for the use of the health care practitioner's reproductive material. However, section 1 prohibits, without exception, from transferring his or her reproductive material into any recipient.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates the following sections of the Florida Statutes: 383.61, 456.51, and 784.086.

This bill substantially amends the following sections of the Florida Statutes: 456.072, 456.074, 458.331, and 459.015.

**IX. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS/CS by Rules on February 26, 2020:**

The committee substitute refines the provisions of the underlying bill by:

- Expanding the bill’s purposes and requirements to include reproductive storage facilities.
- Removing the authority for AHCA to perform annual inspections of donor banks and fertility clinics.
- Revising provisions in the bill that relate to consent for pelvic examinations.
- Allowing the use of a health care practitioner’s reproductive material only when the recipient provides written consent.

**CS by Criminal Justice on February 18, 2020:**

The committee substitute:

- Defines the terms, “assisted reproductive technology,” “commissioning party,” “donor,” “donor bank,” “egg,” “fertility clinic,” “health care practitioner,” “preembryo,” “recipient,” “reproductive material,” and “sperm.”
- Requires a commissioning party or donor of reproductive material to enter into a contract with a donor bank, fertility clinic, or health care practitioner, and provides for minimum contract requirements.
- Requires that donor banks, fertility clinics, and health care practitioners establish best practice policies, consistent with federal law. Additionally, requirements for labeling and maintenance of records is provided in the bill.
- Expressly prohibits a health care practitioner from inseminating or implanting a recipient with the reproductive material of the health care practitioner.
- Requires the AHCA to annually inspect all donor banks and fertility clinics.
- Provides penalties when donor banks, fertility clinics or health care professionals are found in violation of the best practices.
- Creates the crime of reproductive battery. It is a third degree felony for a health care practitioner to intentionally penetrate the vagina of a recipient with the reproductive material of a donor that the patient has not consented to. It is a second degree felony if the health care practitioner uses his or her own reproductive material.
- Requires a health care practitioner to obtain written consent to perform a pelvic exam.

B. Amendments:

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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## HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

**BILL #:** CS/HB 1287 Reproductive Medicine  
**SPONSOR(S):** Health Quality Subcommittee, Jenne and others  
**TIED BILLS:** IDEN./SIM. **BILLS:** CS/CS/SB 698

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**FINAL HOUSE FLOOR ACTION:** 117 Y's 0 N's **GOVERNOR'S ACTION:** Approved

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### SUMMARY ANALYSIS

CS/HB 1287 passed the House on March 10, 2020, as CS/CS/SB 698, as amended. The Senate concurred in the House amendment to the Senate bill and subsequently passed the bill as amended on March 12, 2020. The bill contains a portion of CS/HB 1289.

Informed consent is a process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention. Such information enables a patient to make a competent decision about whether to undergo a procedure or treatment. The bill prohibits a health care practitioner, a medical student, or any other student receiving health care practitioner training from performing a pelvic examination on a patient without express written consent with, certain exceptions.

Infertility is the inability to conceive a child, and generally, a person is considered to be infertile after one year of unsuccessful conception. A physician may treat infertility by using intrauterine insemination or assistive reproductive technology. In intrauterine insemination, the physician uses reproductive material from the woman's partner or a donor. In assistive reproductive technology, an egg is fertilized in a laboratory using reproductive material from the woman's partner or a donor.

The bill also prohibits a health care practitioner from intentionally implanting, or causing to be implanted, a human embryo without the recipient's consent to the use of that human embryo, or inseminating a patient, or causing a patient to be inseminated, with human reproductive material from a donor without the patient's consent to the use of that donor's reproductive material. The bill bans a physician from intentionally implanting a patient, or causing a patient to be implanted, with a human embryo created using the physician's reproductive material, or inseminating a patient, or causing a patient to be inseminated, with the human reproductive material of the physician. The bill establishes such action as a ground for disciplinary action against the health practitioner's or physician's license.

Effective October 1, 2020, the bill creates the crime of reproductive battery, which makes it a third degree felony for a healthcare practitioner to intentionally implant a human embryo or transfer into a recipient the reproductive material of a donor if the patient has not consented to the use of that human embryo or the reproductive material from that donor. It is a second degree felony if the health care practitioner uses his or her own reproductive material. The bill tolls the statute of limitations for criminal prosecution of a reproductive battery until the date a violation is discovered and reported to law enforcement or another governmental agency. The bill requires the Department of Health (DOH) to issue an emergency order suspending the license of a health care practitioner who pleads guilty to or is convicted of reproductive battery.

The bill will likely have a positive insignificant impact on prisons, and an insignificant, negative fiscal impact on DOH. The bill has no fiscal impact on local governments.

The bill was approved by the Governor on June 18, 2020, ch. 2020-31, L.O.F., and will become effective on July 1, 2020, except as otherwise provided.

# I. SUBSTANTIVE INFORMATION

## A. EFFECT OF CHANGES:

### Present Situation

#### Physician Licensure in Florida

Florida licenses two types of physicians: allopathic and osteopathic. Allopathic physicians diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity, or other physical or mental condition.<sup>1</sup> The scope of practice for osteopathic physicians is the same as that of allopathic physicians; however, osteopathic medicine emphasizes the importance of the musculoskeletal structure and manipulative therapy in the maintenance and restoration of health.<sup>2</sup>

The Boards of Medicine and the Boards of Osteopathic Medicine (collectively “boards”) regulates allopathic and osteopathic physicians, under ch. 458, F.S., and ch. 459, F.S., respectively. The boards may discipline a physician’s license if the physician violates standards of practices, the applicable practice act, or the general health care practitioner licensing statute, ch. 456, F.S. Depending on the violation, the boards may:<sup>3</sup>

- Refuse to certify, or to certify with restrictions, an application for a license;
- Suspend or permanently revoke a license;
- Place a restriction on the licensee’s practice or license;
- Impose an administrative fine not to exceed \$10,000 for each count or separate offense; if the violation is for fraud or making a false representation, a fine of \$10,000 must be imposed for each count or separate offense;
- Issue a reprimand or letter of concern;
- Place the licensee on probation;
- Require a corrective action plan;
- Refund fees billed and collected from the patient or third party on behalf of the patient; or
- Require the licensee to undergo remedial education.

A board must consider what is necessary to protect the public or to compensate the patient when it decides the penalty to impose.<sup>4</sup>

### Informed Consent

Informed consent for medical treatment is fundamental in both ethics and law.<sup>5</sup> Informed consent is a process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention.<sup>6</sup> A patient must be competent to make a voluntary decision about whether to undergo a procedure. Foregoing the process of consent within medicine can result in violations of both autonomy and basic rights, as well as trust.<sup>7</sup>

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<sup>1</sup> Section 458.305, F.S.

<sup>2</sup> Section 459.003, F.S.

<sup>3</sup> Sections 458.331(2), and 459.015(2), F.S.

<sup>4</sup> Id.

<sup>5</sup> American Medical Association, *Informed Consent: Code of Medical Ethics Opinion 2.1.1*, available at <https://www.ama-assn.org/delivering-care/ethics/informed-consent> (last visited January 31, 2020).

<sup>6</sup> William Gossman, Imani Thornton, John Hipskind, *Informed Consent*, (July 2019), available at <https://www.ncbi.nlm.nih.gov/books/NBK430827/> (last visited January 31, 2020).

<sup>7</sup> Phoebe Friesen, *Educational Pelvic Exams on Anesthetized Women: Why Consent Matters (Abstract)*, 32 *BIOETHICS* 298 (June 2018), available at <https://onlinelibrary.wiley.com/doi/abs/10.1111/bioe.12441> (last visited January 31, 2020).

The idea of informed consent was established in 1914, in a case in which a patient was operated on without her consent.<sup>8</sup> In determining whether she had a cause of action against the hospital in which the operation was formed, Judge Cardozo opined that “every human being of adult years and sound mind has a right to determine what shall be done to his own body; and a surgeon who performs an operation without his patient’s consent commits an assault, for which he is liable for damages.”<sup>9</sup>

### *Florida Requirements for Informed Consent*

Florida law does not contain a general statute on informed consent. However, a board rule requires physicians to explain the medical or surgical procedure to be performed to the patient and obtain the informed consent of the patient.<sup>10</sup> The rule does not require physician to obtain or witness the signature of the patient on a written form evidencing informed consent.

### Pelvic Examinations

A pelvic examination involves the visual examination of the external genitalia and an internal visual examination of the vaginal walls and cervix using a speculum and palpation of the pelvic organs.<sup>11</sup> Health care practitioners often perform pelvic examinations as a part of the annual well woman visit.<sup>12</sup> A health care practitioner may also perform a pelvic examination to diagnose specific health conditions, such as cancer and bacterial vaginosis.<sup>13</sup>

Benefits of routine pelvic examinations include early detection of treatable gynecologic conditions before symptoms occur and incidental findings such as dermatologic changes and foreign bodies.<sup>14</sup> These examinations also give the health care practitioner an opportunity to establish open communication with the patient to answer specific questions and reassure her of normalcy.<sup>15</sup>

New clinical guidelines have recommended against pelvic examinations on asymptomatic, non-pregnant, adult women.<sup>16</sup> Routine pelvic examination has not been shown to benefit such women in that it rarely detects important disease and does not reduce mortality.<sup>17</sup> Several harms have been identified for the performance of pelvic examinations including fear, anxiety, embarrassment, pain, and discomfort.<sup>18</sup> Physical harms include urinary tract infections and symptoms such as dysuria and frequent urination.<sup>19</sup>

The American College of Obstetricians and Gynecologists finds that data is currently insufficient to make a recommendation for or against routine pelvic examinations. Therefore, it recommends that

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<sup>8</sup> *Schloendorff v. Society of N.Y. Hosp.*, 105 N.E. 92, 93 (N.Y. 1914).

<sup>9</sup> *Id.*

<sup>10</sup> Rule 64B8-9.007, F.A.C.

<sup>11</sup> *Id.* A pelvic examination usually involves an examination of woman’s vulva, vagina, uterus, ovaries, and fallopian tubes. It may also include examination of the bladder and the rectum. Melissa Conrad Stoppler, MD, *Pelvic Exam*, MedicineNet, available at [https://www.medicinenet.com/pelvic\\_exam/article.htm#why\\_is\\_a\\_pelvic\\_exam\\_performed](https://www.medicinenet.com/pelvic_exam/article.htm#why_is_a_pelvic_exam_performed) (last visited January 31, 2020).

<sup>12</sup> Amir Qaseem, et al., *Screening Pelvic Examination in Adult Women: A Clinical Practice Guideline from the American College of Physicians*, 161 *Ann Intern Med* 67 (2014), available at <https://annals.org/aim/fullarticle/1884537/screening-pelvic-examination-adult-women-clinical-practice-guideline-from-american?qa=2.7498674.1663533724.1580510917-1215329083.1580510917> (last visited January 31, 2020).

<sup>13</sup> *Id.*

<sup>14</sup> American College of Obstetricians and Gynecologists, Committee on Gynecologic Practice, *ACOG Committee Opinion, Number 754, 132(4) OBSTETRICS & GYNECOLOGY 174* (Oct. 2018), available at <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/The-Utility-of-and-Indications-for-Routine-Pelvic-Examination?IsMobileSet=false> (last visited January 31, 2020).

<sup>15</sup> *Id.*

<sup>16</sup> *Supra* note 12. This recommendation does not apply to pap smears.

<sup>17</sup> American College of Physicians, *American College of Physicians Recommends Against Screening Pelvic Examinations in Adult, Asymptomatic, Average Risk, Non-Pregnant Women*, (July 1, 2014), available at <https://www.acponline.org/acp-newsroom/american-college-of-physicians-recommends-against-screening-pelvic-examination-in-adult-asymptomatic> (last visited on January 31, 2020).

<sup>18</sup> *Id.*

<sup>19</sup> *Id.*

pelvic examinations be performed when indicated by medical history or symptoms, such as abnormal bleeding, pelvic pain, or urinary issues.<sup>20</sup>

### *Pelvic Examinations on Unconscious or Anesthetized Patients*

In recent years, articles have detailed reports of medical students performing pelvic examinations, without consent, on women who are anesthetized or unconscious.<sup>21</sup> This practice has been common since the late 1800's and, in 2003, a study reported that 90 percent of medical students who completed obstetrics and gynecology rotations at four Philadelphia-area hospitals performed pelvic examinations on anesthetized patients for educational purposes.<sup>22</sup>

Some medical organizations have advised their members that pelvic examinations should not be performed on anesthetized or incapacitated patients without discussing the procedure with the patient or obtaining the patient's consent. The Committee on Ethics of the American College of Obstetricians and Gynecologists resolved that "pelvic examinations on an anesthetized woman that offer her no personal benefit and are performed solely for teaching purposes should be performed only with her specific informed consent obtained before her surgery".<sup>23</sup>

The American Medical Association Council on Ethical and Judicial Affairs takes a softer position. It recommends that "patients should be informed of the identity and training status of individuals involved in their care ... patients are free to choose from whom they receive treatment." In situations where the patient will be temporarily incapacitated (e.g., anesthetized) and where student involvement is anticipated, "involvement should be discussed before the procedure is undertaken whenever possible ... in instances where a patient may not have capacity to make decisions, student involvement should be discussed with the surrogate decision-maker..."<sup>24</sup>

The Association of American Medical Colleges (AAMC) offered that "performing pelvic examinations on women under anesthesia, without their knowledge or approval ... is unethical and unacceptable".<sup>25</sup> However, the chief health care officer for the AAMC notes that recent articles on unauthorized pelvic examinations rely on studies from more than 10 years ago and before more detailed informed consent forms were used.<sup>26</sup> The AAMC claims that students and residents typically practice pelvic examinations with special mannequins and standardized patients who are specifically trained for this purpose.<sup>27</sup>

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<sup>20</sup> Id.

<sup>21</sup> For examples, see: Paul Hsieh, *Pelvic Exams on Anesthetized Women Without Consent: A Troubling and Outdated Practice*, FORBES (May 14, 2018), available at <https://www.forbes.com/sites/paulhsieh/2018/05/14/pelvic-exams-on-anesthetized-women-without-consent-a-troubling-and-outdated-practice/#74d152df7846> (last visited January 31, 2020); Dr. Jennifer Tsai, *Medical Students Regularly Practice Pelvic Exams on Unconscious Patients. Should They?*, ELLE (June 24, 2019), available at <https://www.elle.com/life-love/a28125604/nonconsensual-pelvic-exams-teaching-hospitals/> (last visited January 31, 2020); Lorelei Laird, *Pelvic Exams Performed without Patients' Permission Spur New Legislation*, ABA JOURNAL (Sept. 2019), available at <http://www.abajournal.com/magazine/article/examined-while-unconscious> (last visited January 31, 2020); and Amanda Eisenberg, *New Bills Would Ban Pelvic Exams without Consent*, POLITICO (March 14, 2019), available at <https://www.politico.com/states/new-york/albany/story/2019/03/13/new-bills-would-ban-pelvic-exams-without-consent-910976> (last visited January 31, 2020).

<sup>22</sup> John Duncan, Dan Luginbill, Matthew Richardson, Robin Fretwell Wilson, *Using Tort Law to Secure Patient Dignity: Often Used as Teaching Tools for Medical Students, Unauthorized Pelvic Exams Erode Patient Rights, Litigation Can Reinstate Them*, 40 TRIAL 42 (Oct. 2004).

<sup>23</sup> American College of Obstetricians and Gynecologists, Committee on Ethics, *Professional Responsibilities in Obstetric-Gynecologic Medical Education and Training*, (Aug. 2011), available at <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/Professional-Responsibilities-in-Obstetric-Gynecologic-Medical-Education-and-Training?IsMobileSet=false> (last visited January 31, 2020).

<sup>24</sup> AMA Council on Ethical and Judicial Affairs, *Medical Student Involvement in Patient Care: Report of the Council on Ethical and Judicial Affairs*, AMA Journal of Ethics (Mar. 2001), available at <https://journalofethics.ama-assn.org/article/medical-student-involvement-patient-care-report-council-ethical-and-judicial-affairs/2001-03> (last visited January 31, 2020).

<sup>25</sup> Robin Fretwell Wilson, *Autonomy Suspended: Using Female Patients to Teach Intimate Exams Without Their Knowledge or Consent*, 8 J OF HEALTH CARE LAW AND POLICY 240, available at [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=880120](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=880120) (last visited January 31, 2020).

<sup>26</sup> Id.

<sup>27</sup> Id.

California, Hawaii, Illinois, Iowa, Maryland, Oregon, Utah, and Virginia prohibit unauthorized pelvic examinations.<sup>28</sup>

## Infertility

Infertility is the inability to conceive a child, and generally, a person is considered to be infertile after one year of unsuccessful conception.<sup>29</sup> The Centers for Disease Control (CDC) estimates about 12 percent of women aged 15 to 44 years in the United States have difficulty getting pregnant or carry a pregnancy to term.<sup>30</sup> Infertility affects both men and women equally. In approximately forty percent of infertile couples, the male partner is either the sole cause or a contributing cause of infertility.<sup>31</sup>

### *Treatment of Infertility*

Health care practitioners may treat infertility using a number of methods: medicine, surgery, intrauterine insemination, or assisted reproductive technology.<sup>32</sup> Health care practitioners often use more than one of these methods concurrently. The treatment used by the health care practitioner depends on the:<sup>33</sup>

- Factors contributing to the infertility.
- Duration of the infertility.
- Age of the female.
- Couple's treatment preference after counseling about success rates, risks, and benefits of each treatment option.

Eighty-five to ninety percent of infertility cases are treated with medication or surgery.<sup>34</sup> A health care practitioner may use intrauterine insemination (IUI), also known as artificial insemination, if medication or surgery is not indicated or is unsuccessful in resolving the infertility. With IUI, specially prepared sperm are inserted into a woman's uterus.<sup>35</sup> The sperm may be the sperm of her partner or from a donor.

Assistive reproductive technology (ART) includes all fertility treatments in which both the eggs and the embryos are handled outside of the body. Examples of ART includes in vitro fertilization (IVF), gamete intrafallopian transfer, pronuclear stage tubal transfer, tubal embryo transfer, and zygote intrafallopian transfer.<sup>36</sup>

IVF involves surgically removing eggs from a woman's ovaries and combining them with her partner's sperm or donor sperm in a laboratory.<sup>37</sup> After 40 hours the eggs are examined to see if they have become fertilized by sperm and are dividing into cells. The fertilized eggs or embryos are then placed in the woman's uterus.<sup>38</sup> The transfer may occur at the time they are fertilized or the embryos may be cryopreserved for future use.

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<sup>28</sup> Lorelei Laird, *Pelvic Exams Performed without Patients' Permission Spur New Legislation*, ABA JOURNAL (Sept 2019), available at <http://www.abajournal.com/magazine/article/examined-while-unconscious> (last visited January 31, 2020).

<sup>29</sup> Centers for Disease Control and Prevention, *Infertility FAQs*, available at <https://www.cdc.gov/reproductivehealth/infertility/index.htm> (last visited January 25, 2020).

<sup>30</sup> *Id.*

<sup>31</sup> American Society for Reproductive Medicine, *Quick Facts about Infertility*, available at <https://www.reproductivefacts.org/faqs/quick-facts-about-infertility/> (last visited February 1, 2020).

<sup>32</sup> *Supra* note 29.

<sup>33</sup> *Id.*

<sup>34</sup> *Supra* note 31.

<sup>35</sup> *Supra* note 29.

<sup>36</sup> American Society for Reproductive Medicine, *Assisted Reproductive Technologies*, available at <https://www.reproductivefacts.org/topics/topics-index/assisted-reproductive-technologies/> (last visited February 1, 2020).

<sup>37</sup> American Society for Reproductive Medicine, *What is In Vitro Fertilization?*, available at <https://www.reproductivefacts.org/faqs/frequently-asked-questions-about-infertility/q05-what-is-in-vitro-fertilization/> (last visited February 1, 2020).

<sup>38</sup> *Id.*

## Fraudulent Insemination

With the rising popularity of at-home genetic testing, adult children are learning that they are not biologically related to their fathers and that they may have multiple half-siblings. Beginning in 2016, cases began to emerge in which male physicians had used their own sperm in the 1970s through the 1990s to inseminate patients without their knowledge.<sup>39</sup>

When infertility treatment was relatively new, physicians would mix a spouse's sample with that of a donor, and physicians typically provided little information about the donor to the patient.<sup>40</sup> A survey conducted by the federal Office of Technology Assessment in 1987, revealed that approximately two percent of fertility doctors who responded had use their own sperm to inseminate patients.<sup>41</sup> Physicians have justified this practice by indicating that the donors were advised that the sperm donors were anonymous and would not provide any other information to protect that anonymity.<sup>42</sup> Unlike the practice in 1970s and 1980s, many donations today are provided to sperm banks, rather than directly to practitioners, that typically catalog donations, along with profiles of the donors.<sup>43</sup>

Former patients impacted by fraudulent insemination feel physically violated and assaulted, and may feel guilty or remorseful for seeking accountability due to their affection for their children.<sup>44</sup> Children who resulted from fraudulent insemination may experience disruption in personal identity and may become estranged from their families if they pursue relationships with their newly found half-siblings.<sup>45</sup>

### *Criminal Liability*

Current law presents several obstacles to imposing criminal sanctions for fraudulent insemination. As of 2019, no health care practitioner has been held criminally liable for conduct relating to the unauthorized use of human reproductive material.<sup>46</sup> Instead, prosecuting authorities have charged health care practitioners with mail fraud, wire fraud, perjury, and obstruction of justice when state laws have failed to specifically provide criminal penalties for such conduct.<sup>47</sup>

### Florida

Florida law does not specifically prohibit a health care practitioner from implanting an embryo created with, or inseminating a patient with, human reproductive material from an unspecified donor without the patient's consent. The elements of some existing crimes come close to capturing the conduct, but present challenges when applied in a health care setting. For example, it is unlikely that the crime of battery<sup>48</sup> captures fraudulent insemination. A person commits battery when he or she:<sup>49</sup>

- Actually and intentionally touches or strikes another person against the will of the other; or

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<sup>39</sup> Dr. Jody Lynee Madeira, *Uncommon Misconceptions: Holding Physicians Accountable for Fertility Fraud*, 37 LAW & INEQUALITY 45 (Winter 2019), available at <https://scholarship.law.umn.edu/cgi/viewcontent.cgi?article=1605&context=lawineq> (last visited February 1, 2020).

<sup>40</sup> Dov Fox, JD, DPhil, I. Glenn Cohen, JD, and Eli Y. Adashi, MD, MS, *Fertility Fraud, Legal Firsts, and Medical Ethics (Abstract)*, 134 Obstetrics & Gynecology 918 (Nov. 2019), available at [https://journals.lww.com/greenjournal/Citation/2019/11000/Fertility\\_Fraud,\\_Legal\\_Firsts,\\_and\\_Medical\\_Ethics.4.aspx](https://journals.lww.com/greenjournal/Citation/2019/11000/Fertility_Fraud,_Legal_Firsts,_and_Medical_Ethics.4.aspx) (last visited February 1, 2020).

<sup>41</sup> *Supra* note 39.

<sup>42</sup> Michael Cook, *Another Case of Fertility Fraud, This Time in Colorado*, BioEDGE, (Feb. 1, 2020), available at <https://www.bioedge.org/bioethics/another-case-of-fertility-fraud-this-time-in-colorado/13311> (last visited February 1, 2020).

<sup>43</sup> *Supra* note 40.

<sup>44</sup> *Supra* note 39.

<sup>45</sup> *Id.*

<sup>46</sup> *Supra* note 39.

<sup>47</sup> Jody Lynee Madeira, *Understanding Illicit Insemination and Fertility Fraud, From Patient Experience to Legal Reform*, (Jan. 29, 2020) <https://journals.library.columbia.edu/index.php/cjgl/article/view/4559> (last visited Feb. 1, 2020).

<sup>48</sup> Section 784.03, F.S.

<sup>49</sup> Battery is a first degree misdemeanor, punishable by up to one year in county jail and a fine up to \$1,000. Sections 775.082 and 775.083, F.S.

- Intentionally causes another person bodily harm.

A fertility patient consents to an insemination procedure prior to sperm being injected. Even if a fertility patient would not have consented to the sperm's source, because she consents to the actual "touching" required for a battery, it may be difficult to prove a violation. Moreover, other states have resisted applying battery statutes to fraudulent insemination out of concern that a jury may determine that a patient consented to conduct in cases where anonymous donor sperm is used for insemination.<sup>50</sup>

Similarly, the elements of fraudulent insemination are likely not captured by the existing crime of sexual battery. Sexual battery is the oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object.<sup>51</sup> Sexual battery does not include an act done for a bona fide medical purpose.<sup>52</sup> Although sexual battery does not require proof that the act was performed for the purpose of sexual gratification, the fact that the act is performed in a clinical setting in which the patient has consented to the procedure may present obstacles to proving a violation.<sup>53</sup>

### Other States

Texas prohibits a person from using genetic material without disclosing the source of such material as a form of sexual assault. Under the law, it is a felony to implant human reproductive material without a patient's consent, and a violation is punishable by six months to two years imprisonment and a fine up to \$10,000.<sup>54</sup> Indiana prohibits making a misrepresentation involving human reproductive material or a medical procedure, device, or drug. A violation of the prohibition is punishable by one to six years imprisonment and a fine up to \$10,000.<sup>55</sup> Currently, Texas and Indiana are the only states that have criminalized conduct related to fraudulent insemination.<sup>56</sup>

California law makes it a crime for a person to knowingly use reproductive material in ART, for any purpose other than that authorized by the provider of the reproductive material.<sup>57</sup> It also prohibits anyone from knowingly implanting reproductive material, through ART, into a recipient who is not the provider of the reproductive material without the written consent of both the provider and recipient.<sup>58</sup>

### Statute of Limitations

The statute of limitations (SOL) determines the timeframe in which a criminal prosecution must be initiated.<sup>59</sup> The SOL in effect at the time a crime is committed controls.<sup>60</sup> In general, time is calculated from the day after a person commits an offense, and the filing of a charging document such as an indictment or information initiates the prosecution for the purpose of satisfying the time limitations.<sup>61</sup> Regardless of whether a charging document is filed, the time limitation does not run during any time an offender is continuously absent from the state or otherwise undiscoverable because he or she lacks a reasonably ascertainable home address or place of employment; however, an extension under this scenario may not exceed the normal time limitation by more than three years.<sup>62</sup>

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<sup>50</sup> *Supra* note 39.

<sup>51</sup> The act must be committed without the victim's consent. S. 794.011(1)(h), F.S.

<sup>52</sup> A person 18 years of age or older who commits sexual battery upon a person 18 years of age or older, without that person's consent, and in the process does not use physical force or violence likely to cause serious personal injury commits a second degree felony, punishable by 15 years imprisonment and a \$10,000 fine. Ss. 775.082 and 775.083, F.S.

<sup>53</sup> Jody Lynee Madeira, *Understanding Illicit Insemination*, *supra* note 2.

<sup>54</sup> Tex. Penal Code Ann. § 22.011 (2019).

<sup>55</sup> Ind. Code § 35-43-5-3 (2019).

<sup>56</sup> Jody Lynee Madeira, *Fertility Fraud: An Update*, Society for Reproductive Technology (Oct. 21, 2019), <https://www.sart.org/news-and-publications/news-and-research/legally-speaking/fertility-fraud-an-update/> (last visited Feb. 2, 2020).

<sup>57</sup> Cal. Penal Code § 367g (2019).

<sup>58</sup> *Id.*

<sup>59</sup> Section 775.15, F.S.

<sup>60</sup> *Beyer v. State*, 76 So. 3d 1132, 1135 (Fla. 4th DCA 2012).

<sup>61</sup> Sections. 775.15(3)-(4), F.S.

<sup>62</sup> Section 775.15(5), F.S.

Capital felonies,<sup>63</sup> life felonies,<sup>64</sup> and felonies resulting in a death are not subject to time constraints, and the state may bring charges at any time.<sup>65</sup> The standard time limitations for other crimes are:<sup>66</sup>

- Four years for a first degree felony.
- Three years for a second or third degree felony.
- Two years for a first degree misdemeanor.
- One year for a second degree misdemeanor.

Exceptions to the standard SOL apply to certain crimes and circumstances. In particular, Florida extends or removes time limitations or changes the date on which calculation of the SOL begins for sex crimes, including sexual battery, lewd or lascivious offenses, and human trafficking.<sup>67</sup>

The potential lapse of time between a fraudulent insemination and the discovery of such conduct may present a barrier to prosecution. Patients often do not discover fertility fraud until several years after the insemination has occurred.<sup>68</sup> For example, Donald Cline, an obstetrician from Indianapolis, Indiana, fraudulently inseminated multiple patients and fathered several children between 1974 and 1987.<sup>69</sup> His conduct was not discovered until 2014.<sup>70</sup>

#### *Health Care Professional Licensure*

Section 456.072, F.S., authorizes a regulatory board or DOH, if there is no board, to discipline a health care practitioner's licensure for a number of offenses, including but not limited to:

- Making misleading, deceptive, or fraudulent representations in or related to the practice of the licensee's profession;
- Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession; or
- Engaging or attempting to engage in sexual misconduct as defined in s. 456.063, F.S.

Current statute does not specifically prohibit a health care practitioner from performing an act that would constitute fraudulent insemination. However, a board or DOH, if there is no board, could find that a health care practitioner who commits fraudulent insemination is subject to discipline under one of the existing fraud provisions.

Sexual misconduct involves a health care practitioner engaging, or attempting to engage, in verbal or physical sexual activity outside the scope of the professional practice of his or her health care profession with a patient or client, or an immediate family member, guardian, or representative of a patient or client.<sup>71</sup> A health care practitioner who fraudulently inseminates a patient may or may not be subject to licensure discipline. since the behavior may be deemed not to constitute sexual activity as contemplated by statute.

If the board or DOH finds that a licensee committed a violation, the board or DOH may:<sup>72</sup>

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<sup>63</sup> Section 775.082, F.S.

<sup>64</sup> Id.

<sup>65</sup> Section 775.15(1), F.S.

<sup>66</sup> Section 775.15(2), F.S.

<sup>67</sup> An extension of a particular crime's SOL does not violate the ex post facto clause of the State Constitution if the extension takes effect before prosecution of an offense is barred by the old SOL and the new SOL clearly indicates it applies to cases pending upon its effective date. Art. I, s. 10, Fla. Const.; *Andrews v. State*, 392 So. 2d 270, 271 (Fla. 2d DCA 1980).

<sup>68</sup> *Supra* note 39.

<sup>69</sup> Id.

<sup>70</sup> Id.

<sup>71</sup> Section 456.063, F.S. A person who commits such sexual misconduct is disqualified from licensure in this state.

<sup>72</sup> Section 456.072(2), F.S.

- Refuse to certify, or to certify with restrictions, an application for a license;
- Suspend or permanently revoke a license;
- Place a restriction on the licensee's practice or license;
- Impose an administrative fine not to exceed \$10,000 for each count or separate offense; if the violation is for fraud or making a false representation, a fine of \$10,000 must be imposed for each count or separate offense;
- Issue a reprimand or letter of concern;
- Place the licensee on probation;
- Require a corrective action plan;
- Refund fees billed and collected from the patient or third party on behalf of the patient; or
- Require the licensee to undergo remedial education.

The board or DOH must consider what is necessary to protect the public or to compensate the patient when it decides the penalty to impose.<sup>73</sup>

### **Effect of Proposed Changes**

#### **Consent for Pelvic Examinations**

The bill prohibits a health care practitioner,<sup>74</sup> medical student, or any other student receiving health care practitioner training, from performing a pelvic examination on a patient without express written consent unless an exception applies. A health care practitioner must obtain written consent from the patient or the patient's representative that expressly identifies that a pelvic examination will be performed. The bill does not require a health care practitioner to obtain consent if:

- A court orders a pelvic examination be performed to collect evidence; or
- The pelvic examination is immediately necessary to avert a serious risk of imminent substantial and irreversible physical impairment of a major bodily function of the patient.

The bill defines pelvic examination as the series of tasks that comprise an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using any combination of modalities, including the health care practitioner's gloved hand or instrumentation.

#### **Fraudulent Insemination**

##### *Licensure Discipline*

The bill prohibits a health care practitioner from implanting a patient, or causing a patient to be implanted, with a human embryo without the patient's consent to the use of that embryo. Similarly, the bill prohibits a health care practitioner from inseminating a patient, or causing a patient to be inseminated, with human reproductive material<sup>75</sup> without the patient's consent to the use of human reproductive material from that donor. A health care practitioner who intentionally performs one of these acts is subject to licensure discipline.

The bill specifically bans a physician from intentionally implanting a patient, or causing a patient to be implanted, with a human embryo created with the reproductive material of the physician. Similarly, the bill bans a physician from inseminating a patient, or causing a patient to be inseminated, with the

<sup>73</sup> Id.

<sup>74</sup> Pursuant to s. 456.001(4), F.S., health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dieticians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

<sup>75</sup> The bill defines human reproductive material as any human egg or sperm or a human zygote. A zygote is a fertilized ovum.

human reproductive material of the physician. The bill establishes such action as a ground for disciplinary action against the physician's license.

### *Criminal Liability*

Effective October 1, 2020, the bill creates the crime of reproductive battery, which prohibits a healthcare practitioner from intentionally implanting a human embryo without the patient's consent to the use of that embryo, or transferring into a recipient the reproductive material of a donor without the patient's consent to the use of reproductive material from that donor.

A health care practitioner who violates the prohibition commits a third degree felony, punishable by up to five years imprisonment and a \$5,000 fine.<sup>76</sup> A health care practitioner who violates the prohibition and is also the donor of the reproductive material commits a second degree felony, punishable by up to 15 years imprisonment and a \$10,000 fine. The bill requires DOH to issue an emergency order suspending the license of any physician, nurse, dentist, or pharmacist who pleads guilty to or is found guilty of this crime.

The bill tolls the statute of limitations for criminal prosecution of a reproductive battery until the date a violation is discovered and reported to law enforcement or another governmental agency. As such, the standard three-year statute of limitations for a third degree felony does not apply to a reproductive battery. This exception to the general statute of limitations will prevent a prosecution from being barred by a patient's failure to discover the healthcare practitioner's conduct until several years after the offense occurred.

The bill specifically prohibits the recipient's consent to the use of an anonymous donor as a defense to the crime of reproductive medicine.

The bill provides an effective date of July 1, 2020, except for creation of the crime of reproductive battery, which takes effect on October 1, 2020.

## **II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

### **A. FISCAL IMPACT ON STATE GOVERNMENT:**

#### 1. Revenues:

None.

#### 2. Expenditures:

The Criminal Justice Impact Conference considered the bill on February 10, 2020, and determined that it will likely have a positive insignificant impact, meaning it will result in an increase of 10 or fewer beds.<sup>77</sup>

DOH may experience an increase in workload associated with additional complaints, investigations, and prosecutions; however, existing resources are adequate to absorb these impacts.

### **B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

#### 1. Revenues:

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<sup>76</sup> Sections 775.082, 775.083, or 775.084, F.S.

<sup>77</sup> Criminal Justice Impact Conference, *CS/HB 1287*, available at <http://edr.state.fl.us/Content/conferences/criminaljusticeimpact/CSHB1287.pdf> (last visited February 14, 2020).

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

## HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

**BILL #:** CS/HB 1287 Reproductive Medicine  
**SPONSOR(S):** Health Quality Subcommittee, Jenne and others  
**TIED BILLS:** IDEN./SIM. **BILLS:** CS/CS/SB 698

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**FINAL HOUSE FLOOR ACTION:** 117 Y's 0 N's **GOVERNOR'S ACTION:** Pending

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### SUMMARY ANALYSIS

CS/HB 1287 passed the House on March 10, 2020, as CS/CS/SB 698, as amended. The Senate concurred in the House amendment to the Senate bill and subsequently passed the bill as amended on March 12, 2020. The bill contains a portion of CS/HB 1289.

Informed consent is a process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention. Such information enables a patient to make a competent decision about whether to undergo a procedure or treatment. The bill prohibits a health care practitioner, a medical student, or any other student receiving health care practitioner training from performing a pelvic examination on a patient without express written consent with, certain exceptions.

Infertility is the inability to conceive a child, and generally, a person is considered to be infertile after one year of unsuccessful conception. A physician may treat infertility by using intrauterine insemination or assistive reproductive technology. In intrauterine insemination, the physician uses reproductive material from the woman's partner or a donor. In assistive reproductive technology, an egg is fertilized in a laboratory using reproductive material from the woman's partner or a donor.

The bill also prohibits a health care practitioner from intentionally implanting, or causing to be implanted, a human embryo without the recipient's consent to the use of that human embryo, or inseminating a patient, or causing a patient to be inseminated, with human reproductive material from a donor without the patient's consent to the use of that donor's reproductive material. The bill bans a physician from intentionally implanting a patient, or causing a patient to be implanted, with a human embryo created using the physician's reproductive material, or inseminating a patient, or causing a patient to be inseminated, with the human reproductive material of the physician. The bill establishes such action as a ground for disciplinary action against the health practitioner's or physician's license.

Effective October 1, 2020, the bill creates the crime of reproductive battery, which makes it a third degree felony for a healthcare practitioner to intentionally implant a human embryo or transfer into a recipient the reproductive material of a donor if the patient has not consented to the use of that human embryo or the reproductive material from that donor. It is a second degree felony if the health care practitioner uses his or her own reproductive material. The bill tolls the statute of limitations for criminal prosecution of a reproductive battery until the date a violation is discovered and reported to law enforcement or another governmental agency. The bill requires the Department of Health (DOH) to issue an emergency order suspending the license of a health care practitioner who pleads guilty to or is convicted of reproductive battery.

The bill will likely have a positive insignificant impact on prisons, and an insignificant, negative fiscal impact on DOH. The bill has no fiscal impact on local governments.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2020, except as otherwise provided.

## I. SUBSTANTIVE INFORMATION

### A. EFFECT OF CHANGES:

#### Present Situation

##### Physician Licensure in Florida

Florida licenses two types of physicians: allopathic and osteopathic. Allopathic physicians diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity, or other physical or mental condition.<sup>1</sup> The scope of practice for osteopathic physicians is the same as that of allopathic physicians; however, osteopathic medicine emphasizes the importance of the musculoskeletal structure and manipulative therapy in the maintenance and restoration of health.<sup>2</sup>

The Boards of Medicine and the Boards of Osteopathic Medicine (collectively “boards”) regulates allopathic and osteopathic physicians, under ch. 458, F.S., and ch. 459, F.S., respectively. The boards may discipline a physician’s license if the physician violates standards of practices, the applicable practice act, or the general health care practitioner licensing statute, ch. 456, F.S. Depending on the violation, the boards may:<sup>3</sup>

- Refuse to certify, or to certify with restrictions, an application for a license;
- Suspend or permanently revoke a license;
- Place a restriction on the licensee’s practice or license;
- Impose an administrative fine not to exceed \$10,000 for each count or separate offense; if the violation is for fraud or making a false representation, a fine of \$10,000 must be imposed for each count or separate offense;
- Issue a reprimand or letter of concern;
- Place the licensee on probation;
- Require a corrective action plan;
- Refund fees billed and collected from the patient or third party on behalf of the patient; or
- Require the licensee to undergo remedial education.

A board must consider what is necessary to protect the public or to compensate the patient when it decides the penalty to impose.<sup>4</sup>

#### Informed Consent

Informed consent for medical treatment is fundamental in both ethics and law.<sup>5</sup> Informed consent is a process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention.<sup>6</sup> A patient must be competent to make a voluntary decision about whether to undergo a procedure. Foregoing the process of consent within medicine can result in violations of both autonomy and basic rights, as well as trust.<sup>7</sup>

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<sup>1</sup> Section 458.305, F.S.

<sup>2</sup> Section 459.003, F.S.

<sup>3</sup> Sections 458.331(2), and 459.015(2), F.S.

<sup>4</sup> Id.

<sup>5</sup> American Medical Association, *Informed Consent: Code of Medical Ethics Opinion 2.1.1*, available at <https://www.ama-assn.org/delivering-care/ethics/informed-consent> (last visited January 31, 2020).

<sup>6</sup> William Gossman, Imani Thornton, John Hipkind, *Informed Consent*, (July 2019), available at <https://www.ncbi.nlm.nih.gov/books/NBK430827/> (last visited January 31, 2020).

<sup>7</sup> Phoebe Friesen, *Educational Pelvic Exams on Anesthetized Women: Why Consent Matters (Abstract)*, 32 *BIOETHICS* 298 (June 2018), available at <https://onlinelibrary.wiley.com/doi/abs/10.1111/bioe.12441> (last visited January 31, 2020).

The idea of informed consent was established in 1914, in a case in which a patient was operated on without her consent.<sup>8</sup> In determining whether she had a cause of action against the hospital in which the operation was formed, Judge Cardozo opined that “every human being of adult years and sound mind has a right to determine what shall be done to his own body; and a surgeon who performs an operation without his patient’s consent commits an assault, for which he is liable for damages.”<sup>9</sup>

### *Florida Requirements for Informed Consent*

Florida law does not contain a general statute on informed consent. However, a board rule requires physicians to explain the medical or surgical procedure to be performed to the patient and obtain the informed consent of the patient.<sup>10</sup> The rule does not require physician to obtain or witness the signature of the patient on a written form evidencing informed consent.

### Pelvic Examinations

A pelvic examination involves the visual examination of the external genitalia and an internal visual examination of the vaginal walls and cervix using a speculum and palpation of the pelvic organs.<sup>11</sup> Health care practitioners often perform pelvic examinations as a part of the annual well woman visit.<sup>12</sup> A health care practitioner may also perform a pelvic examination to diagnose specific health conditions, such as cancer and bacterial vaginosis.<sup>13</sup>

Benefits of routine pelvic examinations include early detection of treatable gynecologic conditions before symptoms occur and incidental findings such as dermatologic changes and foreign bodies.<sup>14</sup> These examinations also give the health care practitioner an opportunity to establish open communication with the patient to answer specific questions and reassure her of normalcy.<sup>15</sup>

New clinical guidelines have recommended against pelvic examinations on asymptomatic, non-pregnant, adult women.<sup>16</sup> Routine pelvic examination has not been shown to benefit such women in that it rarely detects important disease and does not reduce mortality.<sup>17</sup> Several harms have been identified for the performance of pelvic examinations including fear, anxiety, embarrassment, pain, and discomfort.<sup>18</sup> Physical harms include urinary tract infections and symptoms such as dysuria and frequent urination.<sup>19</sup>

The American College of Obstetricians and Gynecologists finds that data is currently insufficient to make a recommendation for or against routine pelvic examinations. Therefore, it recommends that

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<sup>8</sup> *Schloendorff v. Society of N.Y. Hosp.*, 105 N.E. 92, 93 (N.Y. 1914).

<sup>9</sup> *Id.*

<sup>10</sup> Rule 64B8-9.007, F.A.C.

<sup>11</sup> *Id.* A pelvic examination usually involves an examination of woman’s vulva, vagina, uterus, ovaries, and fallopian tubes. It may also include examination of the bladder and the rectum. Melissa Conrad Stoppler, MD, *Pelvic Exam*, MedicineNet, available at [https://www.medicinenet.com/pelvic\\_exam/article.htm#why\\_is\\_a\\_pelvic\\_exam\\_performed](https://www.medicinenet.com/pelvic_exam/article.htm#why_is_a_pelvic_exam_performed) (last visited January 31, 2020).

<sup>12</sup> Amir Qaseem, et al., *Screening Pelvic Examination in Adult Women: A Clinical Practice Guideline from the American College of Physicians*, 161 *Ann Intern Med* 67 (2014), available at [https://annals.org/aim/fullarticle/1884537/screening-pelvic-examination-adult-women-clinical-practice-guideline-from-american?\\_ga=2.7498674.1663533724.1580510917-1215329083.1580510917](https://annals.org/aim/fullarticle/1884537/screening-pelvic-examination-adult-women-clinical-practice-guideline-from-american?_ga=2.7498674.1663533724.1580510917-1215329083.1580510917) (last visited January 31, 2020).

<sup>13</sup> *Id.*

<sup>14</sup> American College of Obstetricians and Gynecologists, Committee on Gynecologic Practice, *ACOG Committee Opinion, Number 754, 132(4) OBSTETRICS & GYNECOLOGY* 174 (Oct. 2018), available at <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/The-Utility-of-and-Indications-for-Routine-Pelvic-Examination?IsMobileSet=false> (last visited January 31, 2020).

<sup>15</sup> *Id.*

<sup>16</sup> *Supra* note 12. This recommendation does not apply to pap smears.

<sup>17</sup> American College of Physicians, *American College of Physicians Recommends Against Screening Pelvic Examinations in Adult, Asymptomatic, Average Risk, Non-Pregnant Women*, (July 1, 2014), available at <https://www.acponline.org/acp-newsroom/american-college-of-physicians-recommends-against-screening-pelvic-examination-in-adult-asymptomatic> (last visited on January 31, 2020).

<sup>18</sup> *Id.*

<sup>19</sup> *Id.*

pelvic examinations be performed when indicated by medical history or symptoms, such as abnormal bleeding, pelvic pain, or urinary issues.<sup>20</sup>

### *Pelvic Examinations on Unconscious or Anesthetized Patients*

In recent years, articles have detailed reports of medical students performing pelvic examinations, without consent, on women who are anesthetized or unconscious.<sup>21</sup> This practice has been common since the late 1800's and, in 2003, a study reported that 90 percent of medical students who completed obstetrics and gynecology rotations at four Philadelphia-area hospitals performed pelvic examinations on anesthetized patients for educational purposes.<sup>22</sup>

Some medical organizations have advised their members that pelvic examinations should not be performed on anesthetized or incapacitated patients without discussing the procedure with the patient or obtaining the patient's consent. The Committee on Ethics of the American College of Obstetricians and Gynecologists resolved that "pelvic examinations on an anesthetized woman that offer her no personal benefit and are performed solely for teaching purposes should be performed only with her specific informed consent obtained before her surgery".<sup>23</sup>

The American Medical Association Council on Ethical and Judicial Affairs takes a softer position. It recommends that "patients should be informed of the identity and training status of individuals involved in their care ... patients are free to choose from whom they receive treatment." In situations where the patient will be temporarily incapacitated (e.g., anesthetized) and where student involvement is anticipated, "involvement should be discussed before the procedure is undertaken whenever possible ... in instances where a patient may not have capacity to make decisions, student involvement should be discussed with the surrogate decision-maker..."<sup>24</sup>

The Association of American Medical Colleges (AAMC) offered that "performing pelvic examinations on women under anesthesia, without their knowledge or approval ... is unethical and unacceptable".<sup>25</sup> However, the chief health care officer for the AAMC notes that recent articles on unauthorized pelvic examinations rely on studies from more than 10 years ago and before more detailed informed consent forms were used. <sup>26</sup>The AAMC claims that students and residents typically practice pelvic examinations with special mannequins and standardized patients who are specifically trained for this purpose.<sup>27</sup>

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<sup>20</sup> Id.

<sup>21</sup> For examples, see: Paul Hsieh, *Pelvic Exams on Anesthetized Women Without Consent: A Troubling and Outdated Practice*, FORBES (May 14, 2018), available at <https://www.forbes.com/sites/paulhsieh/2018/05/14/pelvic-exams-on-anesthetized-women-without-consent-a-troubling-and-outdated-practice/#74d152df7846> (last visited January 31, 2020); Dr. Jennifer Tsai, *Medical Students Regularly Practice Pelvic Exams on Unconscious Patients. Should They?*, ELLE (June 24, 2019), available at <https://www.elle.com/life-love/a28125604/nonconsensual-pelvic-exams-teaching-hospitals/> (last visited January 31, 2020); Lorelei Laird, *Pelvic Exams Performed without Patients' Permission Spur New Legislation*, ABA JOURNAL (Sept. 2019), available at <http://www.abajournal.com/magazine/article/examined-while-unconscious> (last visited January 31, 2020); and Amanda Eisenberg, *New Bills Would Ban Pelvic Exams without Consent*, POLITICO (March 14, 2019), available at <https://www.politico.com/states/new-york/albany/story/2019/03/13/new-bills-would-ban-pelvic-exams-without-consent-910976> (last visited January 31, 2020).

<sup>22</sup> John Duncan, Dan Luginbill, Matthew Richardson, Robin Fretwell Wilson, *Using Tort Law to Secure Patient Dignity: Often Used as Teaching Tools for Medical Students, Unauthorized Pelvic Exams Erode Patient Rights, Litigation Can Reinstate Them*, 40 TRIAL 42 (Oct. 2004).

<sup>23</sup> American College of Obstetricians and Gynecologists, Committee on Ethics, *Professional Responsibilities in Obstetric-Gynecologic Medical Education and Training*, (Aug. 2011), available at <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/Professional-Responsibilities-in-Obstetric-Gynecologic-Medical-Education-and-Training?IsMobileSet=false> (last visited January 31, 2020).

<sup>24</sup> AMA Council on Ethical and Judicial Affairs, *Medical Student Involvement in Patient Care: Report of the Council on Ethical and Judicial Affairs*, AMA Journal of Ethics (Mar. 2001), available at <https://journalofethics.ama-assn.org/article/medical-student-involvement-patient-care-report-council-ethical-and-judicial-affairs/2001-03> (last visited January 31, 2020).

<sup>25</sup> Robin Fretwell Wilson, *Autonomy Suspended: Using Female Patients to Teach Intimate Exams Without Their Knowledge or Consent*, 8 J OF HEALTH CARE LAW AND POLICY 240, available at [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=880120](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=880120) (last visited January 31, 2020).

<sup>26</sup> Id.

<sup>27</sup> Id.

California, Hawaii, Illinois, Iowa, Maryland, Oregon, Utah, and Virginia prohibit unauthorized pelvic examinations.<sup>28</sup>

## Infertility

Infertility is the inability to conceive a child, and generally, a person is considered to be infertile after one year of unsuccessful conception.<sup>29</sup> The Centers for Disease Control (CDC) estimates about 12 percent of women aged 15 to 44 years in the United States have difficulty getting pregnant or carry a pregnancy to term.<sup>30</sup> Infertility affects both men and women equally. In approximately forty percent of infertile couples, the male partner is either the sole cause or a contributing cause of infertility.<sup>31</sup>

### *Treatment of Infertility*

Health care practitioners may treat infertility using a number of methods: medicine, surgery, intrauterine insemination, or assisted reproductive technology.<sup>32</sup> Health care practitioners often use more than one of these methods concurrently. The treatment used by the health care practitioner depends on the:<sup>33</sup>

- Factors contributing to the infertility.
- Duration of the infertility.
- Age of the female.
- Couple's treatment preference after counseling about success rates, risks, and benefits of each treatment option.

Eighty-five to ninety percent of infertility cases are treated with medication or surgery.<sup>34</sup> A health care practitioner may use intrauterine insemination (IUI), also known as artificial insemination, if medication or surgery is not indicated or is unsuccessful in resolving the infertility. With IUI, specially prepared sperm are inserted into a woman's uterus.<sup>35</sup> The sperm may be the sperm of her partner or from a donor.

Assistive reproductive technology (ART) includes all fertility treatments in which both the eggs and the embryos are handled outside of the body. Examples of ART includes in vitro fertilization (IVF), gamete intrafallopian transfer, pronuclear stage tubal transfer, tubal embryo transfer, and zygote intrafallopian transfer.<sup>36</sup>

IVF involves surgically removing eggs from a woman's ovaries and combining them with her partner's sperm or donor sperm in a laboratory.<sup>37</sup> After 40 hours the eggs are examined to see if they have become fertilized by sperm and are dividing into cells. The fertilized eggs or embryos are then placed in the woman's uterus.<sup>38</sup> The transfer may occur at the time they are fertilized or the embryos may be cryopreserved for future use.

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<sup>28</sup> Lorelei Laird, *Pelvic Exams Performed without Patients' Permission Spur New Legislation*, ABA JOURNAL (Sept 2019), available at <http://www.abajournal.com/magazine/article/examined-while-unconscious> (last visited January 31, 2020).

<sup>29</sup> Centers for Disease Control and Prevention, *Infertility FAQs*, available at <https://www.cdc.gov/reproductivehealth/infertility/index.htm> (last visited January 25, 2020).

<sup>30</sup> *Id.*

<sup>31</sup> American Society for Reproductive Medicine, *Quick Facts about Infertility*, available at <https://www.reproductivefacts.org/faqs/quick-facts-about-infertility/> (last visited February 1, 2020).

<sup>32</sup> *Supra* note 29.

<sup>33</sup> *Id.*

<sup>34</sup> *Supra* note 31.

<sup>35</sup> *Supra* note 29.

<sup>36</sup> American Society for Reproductive Medicine, *Assisted Reproductive Technologies*, available at <https://www.reproductivefacts.org/topics/topics-index/assisted-reproductive-technologies/> (last visited February 1, 2020).

<sup>37</sup> American Society for Reproductive Medicine, *What is In Vitro Fertilization?*, available at <https://www.reproductivefacts.org/faqs/frequently-asked-questions-about-infertility/q05-what-is-in-vitro-fertilization/> (last visited February 1, 2020).

<sup>38</sup> *Id.*

## Fraudulent Insemination

With the rising popularity of at-home genetic testing, adult children are learning that they are not biologically related to their fathers and that they may have multiple half-siblings. Beginning in 2016, cases began to emerge in which male physicians had used their own sperm in the 1970s through the 1990s to inseminate patients without their knowledge.<sup>39</sup>

When infertility treatment was relatively new, physicians would mix a spouse's sample with that of a donor, and physicians typically provided little information about the donor to the patient.<sup>40</sup> A survey conducted by the federal Office of Technology Assessment in 1987, revealed that approximately two percent of fertility doctors who responded had use their own sperm to inseminate patients.<sup>41</sup> Physicians have justified this practice by indicating that the donors were advised that the sperm donors were anonymous and would not provide any other information to protect that anonymity.<sup>42</sup> Unlike the practice in 1970s and 1980s, many donations today are provided to sperm banks, rather than directly to practitioners, that typically catalog donations, along with profiles of the donors.<sup>43</sup>

Former patients impacted by fraudulent insemination feel physically violated and assaulted, and may feel guilty or remorseful for seeking accountability due to their affection for their children.<sup>44</sup> Children who resulted from fraudulent insemination may experience disruption in personal identity and may become estranged from their families if they pursue relationships with their newly found half-siblings.<sup>45</sup>

### *Criminal Liability*

Current law presents several obstacles to imposing criminal sanctions for fraudulent insemination. As of 2019, no health care practitioner has been held criminally liable for conduct relating to the unauthorized use of human reproductive material.<sup>46</sup> Instead, prosecuting authorities have charged health care practitioners with mail fraud, wire fraud, perjury, and obstruction of justice when state laws have failed to specifically provide criminal penalties for such conduct.<sup>47</sup>

### Florida

Florida law does not specifically prohibit a health care practitioner from implanting an embryo created with, or inseminating a patient with, human reproductive material from an unspecified donor without the patient's consent. The elements of some existing crimes come close to capturing the conduct, but present challenges when applied in a health care setting. For example, it is unlikely that the crime of battery<sup>48</sup> captures fraudulent insemination. A person commits battery when he or she:<sup>49</sup>

- Actually and intentionally touches or strikes another person against the will of the other; or

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<sup>39</sup> Dr. Jody Lynee Madeira, *Uncommon Misconceptions: Holding Physicians Accountable for Fertility Fraud*, 37 LAW & INEQUALITY 45 (Winter 2019), available at <https://scholarship.law.umn.edu/cgi/viewcontent.cgi?article=1605&context=lawineq> (last visited February 1, 2020).

<sup>40</sup> Dov Fox, JD, DPhil, I. Glenn Cohen, JD, and Eli Y. Adashi, MD, MS, *Fertility Fraud, Legal Firsts, and Medical Ethics (Abstract)*, 134 *Obstetrics & Gynecology* 918 (Nov. 2019), available at [https://journals.lww.com/greenjournal/Citation/2019/11000/Fertility\\_Fraud,\\_Legal\\_Firsts,\\_and\\_Medical\\_Ethics.4.aspx](https://journals.lww.com/greenjournal/Citation/2019/11000/Fertility_Fraud,_Legal_Firsts,_and_Medical_Ethics.4.aspx) (last visited February 1, 2020).

<sup>41</sup> *Supra* note 39.

<sup>42</sup> Michael Cook, *Another Case of Fertility Fraud, This Time in Colorado*, BioEDGE, (Feb. 1, 2020), available at <https://www.bioedge.org/bioethics/another-case-of-fertility-fraud-this-time-in-colorado/13311> (last visited February 1, 2020).

<sup>43</sup> *Supra* note 40.

<sup>44</sup> *Supra* note 39.

<sup>45</sup> *Id.*

<sup>46</sup> *Supra* note 39.

<sup>47</sup> Jody Lynee Madeira, *Understanding Illicit Insemination and Fertility Fraud, From Patient Experience to Legal Reform*, (Jan. 29, 2020) <https://journals.library.columbia.edu/index.php/cjgl/article/view/4559> (last visited Feb. 1, 2020).

<sup>48</sup> Section 784.03, F.S.

<sup>49</sup> Battery is a first degree misdemeanor, punishable by up to one year in county jail and a fine up to \$1,000. Sections 775.082 and 775.083, F.S.

- Intentionally causes another person bodily harm.

A fertility patient consents to an insemination procedure prior to sperm being injected. Even if a fertility patient would not have consented to the sperm's source, because she consents to the actual "touching" required for a battery, it may be difficult to prove a violation. Moreover, other states have resisted applying battery statutes to fraudulent insemination out of concern that a jury may determine that a patient consented to conduct in cases where anonymous donor sperm is used for insemination.<sup>50</sup>

Similarly, the elements of fraudulent insemination are likely not captured by the existing crime of sexual battery. Sexual battery is the oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object.<sup>51</sup> Sexual battery does not include an act done for a bona fide medical purpose.<sup>52</sup> Although sexual battery does not require proof that the act was performed for the purpose of sexual gratification, the fact that the act is performed in a clinical setting in which the patient has consented to the procedure may present obstacles to proving a violation.<sup>53</sup>

### Other States

Texas prohibits a person from using genetic material without disclosing the source of such material as a form of sexual assault. Under the law, it is a felony to implant human reproductive material without a patient's consent, and a violation is punishable by six months to two years imprisonment and a fine up to \$10,000.<sup>54</sup> Indiana prohibits making a misrepresentation involving human reproductive material or a medical procedure, device, or drug. A violation of the prohibition is punishable by one to six years imprisonment and a fine up to \$10,000.<sup>55</sup> Currently, Texas and Indiana are the only states that have criminalized conduct related to fraudulent insemination.<sup>56</sup>

California law makes it a crime for a person to knowingly use reproductive material in ART, for any purpose other than that authorized by the provider of the reproductive material.<sup>57</sup> It also prohibits anyone from knowingly implanting reproductive material, through ART, into a recipient who is not the provider of the reproductive material without the written consent of both the provider and recipient.<sup>58</sup>

### Statute of Limitations

The statute of limitations (SOL) determines the timeframe in which a criminal prosecution must be initiated.<sup>59</sup> The SOL in effect at the time a crime is committed controls.<sup>60</sup> In general, time is calculated from the day after a person commits an offense, and the filing of a charging document such as an indictment or information initiates the prosecution for the purpose of satisfying the time limitations.<sup>61</sup> Regardless of whether a charging document is filed, the time limitation does not run during any time an offender is continuously absent from the state or otherwise undiscoverable because he or she lacks a reasonably ascertainable home address or place of employment; however, an extension under this scenario may not exceed the normal time limitation by more than three years.<sup>62</sup>

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<sup>50</sup> *Supra* note 39.

<sup>51</sup> The act must be committed without the victim's consent. S. 794.011(1)(h), F.S.

<sup>52</sup> A person 18 years of age or older who commits sexual battery upon a person 18 years of age or older, without that person's consent, and in the process does not use physical force or violence likely to cause serious personal injury commits a second degree felony, punishable by 15 years imprisonment and a \$10,000 fine. Ss. 775.082 and 775.083, F.S.

<sup>53</sup> Jody Lynee Madeira, *Understanding Illicit Insemination*, *supra* note 2.

<sup>54</sup> Tex. Penal Code Ann. § 22.011 (2019).

<sup>55</sup> Ind. Code § 35-43-5-3 (2019).

<sup>56</sup> Jody Lynee Madeira, *Fertility Fraud: An Update*, Society for Reproductive Technology (Oct. 21, 2019), <https://www.sart.org/news-and-publications/news-and-research/legally-speaking/fertility-fraud-an-update/> (last visited Feb. 2, 2020).

<sup>57</sup> Cal. Penal Code § 367g (2019).

<sup>58</sup> *Id.*

<sup>59</sup> Section 775.15, F.S.

<sup>60</sup> *Beyer v. State*, 76 So. 3d 1132, 1135 (Fla. 4th DCA 2012).

<sup>61</sup> Sections. 775.15(3)-(4), F.S.

<sup>62</sup> Section 775.15(5), F.S.

Capital felonies,<sup>63</sup> life felonies,<sup>64</sup> and felonies resulting in a death are not subject to time constraints, and the state may bring charges at any time.<sup>65</sup> The standard time limitations for other crimes are:<sup>66</sup>

- Four years for a first degree felony.
- Three years for a second or third degree felony.
- Two years for a first degree misdemeanor.
- One year for a second degree misdemeanor.

Exceptions to the standard SOL apply to certain crimes and circumstances. In particular, Florida extends or removes time limitations or changes the date on which calculation of the SOL begins for sex crimes, including sexual battery, lewd or lascivious offenses, and human trafficking.<sup>67</sup>

The potential lapse of time between a fraudulent insemination and the discovery of such conduct may present a barrier to prosecution. Patients often do not discover fertility fraud until several years after the insemination has occurred.<sup>68</sup> For example, Donald Cline, an obstetrician from Indianapolis, Indiana, fraudulently inseminated multiple patients and fathered several children between 1974 and 1987.<sup>69</sup> His conduct was not discovered until 2014.<sup>70</sup>

#### *Health Care Professional Licensure*

Section 456.072, F.S., authorizes a regulatory board or DOH, if there is no board, to discipline a health care practitioner's licensure for a number of offenses, including but not limited to:

- Making misleading, deceptive, or fraudulent representations in or related to the practice of the licensee's profession;
- Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession; or
- Engaging or attempting to engage in sexual misconduct as defined in s. 456.063, F.S.

Current statute does not specifically prohibit a health care practitioner from performing an act that would constitute fraudulent insemination. However, a board or DOH, if there is no board, could find that a health care practitioner who commits fraudulent insemination is subject to discipline under one of the existing fraud provisions.

Sexual misconduct involves a health care practitioner engaging, or attempting to engage, in verbal or physical sexual activity outside the scope of the professional practice of his or her health care profession with a patient or client, or an immediate family member, guardian, or representative of a patient or client.<sup>71</sup> A health care practitioner who fraudulently inseminates a patient may or may not be subject to licensure discipline. since the behavior may be deemed not to constitute sexual activity as contemplated by statute.

If the board or DOH finds that a licensee committed a violation, the board or DOH may:<sup>72</sup>

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<sup>63</sup> Section 775.082, F.S.

<sup>64</sup> *Id.*

<sup>65</sup> Section 775.15(1), F.S.

<sup>66</sup> Section 775.15(2), F.S.

<sup>67</sup> An extension of a particular crime's SOL does not violate the ex post facto clause of the State Constitution if the extension takes effect before prosecution of an offense is barred by the old SOL and the new SOL clearly indicates it applies to cases pending upon its effective date. Art. I, s. 10, Fla. Const.; *Andrews v. State*, 392 So. 2d 270, 271 (Fla. 2d DCA 1980).

<sup>68</sup> *Supra* note 39.

<sup>69</sup> *Id.*

<sup>70</sup> *Id.*

<sup>71</sup> Section 456.063, F.S. A person who commits such sexual misconduct is disqualified from licensure in this state.

<sup>72</sup> Section 456.072(2), F.S.

- Refuse to certify, or to certify with restrictions, an application for a license;
- Suspend or permanently revoke a license;
- Place a restriction on the licensee's practice or license;
- Impose an administrative fine not to exceed \$10,000 for each count or separate offense; if the violation is for fraud or making a false representation, a fine of \$10,000 must be imposed for each count or separate offense;
- Issue a reprimand or letter of concern;
- Place the licensee on probation;
- Require a corrective action plan;
- Refund fees billed and collected from the patient or third party on behalf of the patient; or
- Require the licensee to undergo remedial education.

The board or DOH must consider what is necessary to protect the public or to compensate the patient when it decides the penalty to impose.<sup>73</sup>

### **Effect of Proposed Changes**

#### **Consent for Pelvic Examinations**

The bill prohibits a health care practitioner,<sup>74</sup> medical student, or any other student receiving health care practitioner training, from performing a pelvic examination on a patient without express written consent unless an exception applies. A health care practitioner must obtain written consent from the patient or the patient's representative that expressly identifies that a pelvic examination will be performed. The bill does not require a health care practitioner to obtain consent if:

- A court orders a pelvic examination be performed to collect evidence; or
- The pelvic examination is immediately necessary to avert a serious risk of imminent substantial and irreversible physical impairment of a major bodily function of the patient.

The bill defines pelvic examination as the series of tasks that comprise an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using any combination of modalities, including the health care practitioner's gloved hand or instrumentation.

#### **Fraudulent Insemination**

##### *Licensure Discipline*

The bill prohibits a health care practitioner from implanting a patient, or causing a patient to be implanted, with a human embryo without the patient's consent to the use of that embryo. Similarly, the bill prohibits a health care practitioner from inseminating a patient, or causing a patient to be inseminated, with human reproductive material<sup>75</sup> without the patient's consent to the use of human reproductive material from that donor. A health care practitioner who intentionally performs one of these acts is subject to licensure discipline.

The bill specifically bans a physician from intentionally implanting a patient, or causing a patient to be implanted, with a human embryo created with the reproductive material of the physician. Similarly, the bill bans a physician from inseminating a patient, or causing a patient to be inseminated, with the

<sup>73</sup> Id.

<sup>74</sup> Pursuant to s. 456.001(4), F.S., health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dieticians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

<sup>75</sup> The bill defines human reproductive material as any human egg or sperm or a human zygote. A zygote is a fertilized ovum.

human reproductive material of the physician. The bill establishes such action as a ground for disciplinary action against the physician's license.

### *Criminal Liability*

Effective October 1, 2020, the bill creates the crime of reproductive battery, which prohibits a healthcare practitioner from intentionally implanting a human embryo without the patient's consent to the use of that embryo, or transferring into a recipient the reproductive material of a donor without the patient's consent to the use of reproductive material from that donor.

A health care practitioner who violates the prohibition commits a third degree felony, punishable by up to five years imprisonment and a \$5,000 fine.<sup>76</sup> A health care practitioner who violates the prohibition and is also the donor of the reproductive material commits a second degree felony, punishable by up to 15 years imprisonment and a \$10,000 fine. The bill requires DOH to issue an emergency order suspending the license of any physician, nurse, dentist, or pharmacist who pleads guilty to or is found guilty of this crime.

The bill tolls the statute of limitations for criminal prosecution of a reproductive battery until the date a violation is discovered and reported to law enforcement or another governmental agency. As such, the standard three-year statute of limitations for a third degree felony does not apply to a reproductive battery. This exception to the general statute of limitations will prevent a prosecution from being barred by a patient's failure to discover the healthcare practitioner's conduct until several years after the offense occurred.

The bill specifically prohibits the recipient's consent to the use of an anonymous donor as a defense to the crime of reproductive medicine.

The bill provides an effective date of July 1, 2020, except for creation of the crime of reproductive battery, which takes effect on October 1, 2020.

## **II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

### **A. FISCAL IMPACT ON STATE GOVERNMENT:**

#### **1. Revenues:**

None.

#### **2. Expenditures:**

The Criminal Justice Impact Conference considered the bill on February 10, 2020, and determined that it will likely have a positive insignificant impact, meaning it will result in an increase of 10 or fewer beds.<sup>77</sup>

DOH may experience an increase in workload associated with additional complaints, investigations, and prosecutions; however, existing resources are adequate to absorb these impacts.

### **B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

#### **1. Revenues:**

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<sup>76</sup> Sections 775.082, 775.083, or 775.084, F.S.

<sup>77</sup> Criminal Justice Impact Conference, *CS/HB 1287*, available at

<http://edr.state.fl.us/Content/conferences/criminaljusticeimpact/CSHB1287.pdf> (last visited February 14, 2020).

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

## CHAPTER 2020-31

### Committee Substitute for Committee Substitute for Senate Bill No. 698

An act relating to reproductive health; amending s. 456.072, F.S.; providing grounds for disciplinary action; amending s. 456.074, F.S.; requiring the department to immediately suspend the license of certain health care practitioners under certain circumstances; creating s. 456.51, F.S.; defining the term "pelvic examination"; prohibiting health care practitioners and certain students from performing a pelvic examination on a patient without first obtaining the written consent of the patient or the patient's legal representative; providing exceptions; amending ss. 458.331 and 459.015, F.S.; providing grounds for disciplinary action; creating s. 784.086, F.S.; defining terms; establishing the criminal offense of reproductive battery; providing criminal penalties; providing an exception; tolling the period of limitations; providing that a recipient's consent to an anonymous donor is not a defense to the crime of reproductive battery; providing effective dates.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (pp) is added to subsection (1) of section 456.072, Florida Statutes, to read:

456.072 Grounds for discipline; penalties; enforcement.—

(1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:

(pp) Intentionally implanting a patient or causing a patient to be implanted with a human embryo without the recipient's consent to the use of that human embryo, or inseminating a patient or causing a patient to be inseminated with the human reproductive material, as defined in s. 784.086, of a donor without the recipient's consent to the use of human reproductive material from that donor.

Section 2. Subsection (1) of section 456.074, Florida Statutes, is amended to read:

456.074 Certain health care practitioners; immediate suspension of license.—

(1) The department shall issue an emergency order suspending the license of any person licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 464, chapter 465, chapter 466, or chapter 484 who pleads guilty to, is convicted or found guilty of, or who enters a plea of nolo contendere to, regardless of adjudication, to:

(a) A felony under chapter 409, chapter 817, or chapter 893 or under 21 U.S.C. ss. 801-970 or under 42 U.S.C. ss. 1395-1396; ~~or~~

(b) A misdemeanor or felony under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518 or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program; ~~or~~

(c) A felony under s. 784.086, relating to a reproductive battery.

Section 3. Section 456.51, Florida Statutes, is created to read:

456.51 Consent for pelvic examinations.—

(1) As used in this section, the term “pelvic examination” means the series of tasks that comprise an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using any combination of modalities, which may include, but need not be limited to, the health care provider’s gloved hand or instrumentation.

(2) A health care practitioner, a medical student, or any other student receiving training as a health care practitioner may not perform a pelvic examination on a patient without the written consent of the patient or the patient’s legal representative executed specific to, and expressly identifying, the pelvic examination, unless:

(a) A court orders performance of the pelvic examination for the collection of evidence; or

(b) The pelvic examination is immediately necessary to avert a serious risk of imminent substantial and irreversible physical impairment of a major bodily function of the patient.

Section 4. Paragraph (ww) is added to subsection (1) of section 458.331, Florida Statutes, to read:

458.331 Grounds for disciplinary action; action by the board and department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(ww) Implanting a patient or causing a patient to be implanted with a human embryo created with the human reproductive material, as defined in s. 784.086, of the licensee, or inseminating a patient or causing a patient to be inseminated with the human reproductive material of the licensee.

Section 5. Paragraph (yy) is added to subsection (1) of section 459.015, Florida Statutes, to read:

459.015 Grounds for disciplinary action; action by the board and department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(yy) Implanting a patient or causing a patient to be implanted with a human embryo created with the human reproductive material, as defined in s. 784.086, of the licensee, or inseminating a patient or causing a patient to be inseminated with the human reproductive material of the licensee.

Section 6. Effective October 1, 2020, section 784.086, Florida Statutes, is created to read:

784.086 Reproductive battery.—

(1) As used in this section, the term:

(a) “Donor” means a person who donates reproductive material, regardless of whether for personal use or compensation.

(b) “Health care practitioner” has the same meaning as provided in s. 456.001.

(c) “Recipient” means a person who receives reproductive material from a donor.

(d) “Reproductive material” means any human “egg” or “sperm” as those terms are defined in s. 742.13, or a human zygote.

(e) “Zygote” means a fertilized ovum.

(2) A health care practitioner may not intentionally transfer into the body of a recipient human reproductive material or implant a human embryo of a donor, knowing the recipient has not consented to the use of the human reproductive material or human embryo from that donor.

(a) A health care practitioner who violates this section commits reproductive battery, a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(b) A health care practitioner who violates this section and who is the donor of the reproductive material commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(3) Notwithstanding any other provision of law, the period of limitation for a violation under this section does not begin to run until the date on which the violation is discovered and reported to law enforcement or any other governmental agency.

(4) It is not a defense to the crime of reproductive battery that the recipient consented to an anonymous donor.

Section 7. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2020.

Approved by the Governor June 18, 2020.

Filed in Office Secretary of State June 18, 2020.

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

August 4, 2020

Jason D. Winn, Esq.  
Florida Osteopathic Medical Association, Inc.  
2709 Killarney Way, Suite 4  
Tallahassee, Florida 32309

**RE: Petitioner Florida Osteopathic Medical Association, Ronald Joseph Renuart, Sr., D.O and the FSACOPF**

Dear Mr. Winn:

This letter is to advise that the Petition for Declaratory Statement has been placed on the agenda for the August 21, 2020, Board of Osteopathic Medicine meeting. You are not required to attend the meeting, but you are strongly encouraged to attend.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**

**Please join from your computer, tablet or smartphone.**

<https://global.gotomeeting.com/join/793180125>

**You can also dial in using your phone.**

**United States (Toll Free): 1-866-899-4679**

**Access Code: 793-180-125**

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board.** We appreciate your continued cooperation and assistance.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

CC: Ronald Renuart, Sr., D.O.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



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Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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---

August 4, 2020

Christopher L. Nuland, Esq.  
Law Offices of Christopher L. Nuland, P.A.  
4427 Herschel Street  
Jacksonville, FL 32210

**RE: Petitioner Florida Academy of Family, Physicians, Inc., Florida Chapter of the American Academy of Pediatrics, Inc. and Florida Society of Dermatologists and Dermatologic Surgeons, Inc.**

Dear Mr. Nuland:

This letter is to advise that the Petition for Declaratory Statement has been placed on the agenda for the August 21, 2020, Board of Osteopathic Medicine meeting. You are not required to attend the meeting, but you are strongly encouraged to attend.

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Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

CC: Ronald Renuart, Sr., D.O.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
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State Surgeon General

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---

August 4, 2020

Mary Thomas, Esq.  
Florida Medical Association, Inc.  
1430 Piedmont Dr. E.  
Tallahassee, FL 32308

**RE: Petitioner Florida Medical Association**

Dear Ms. Thomas:

This letter is to advise that the Petition for Declaratory Statement has been placed on the agenda for the August 21, 2020, Board of Osteopathic Medicine meeting. You are not required to attend the meeting, but you are strongly encouraged to attend.

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Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

CC: Ronald Renuart, Sr., D.O.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
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State Surgeon General

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---

August 4, 2020

Jeffery M. Scott, Esq.  
Florida Medical Association, Inc.  
1430 Piedmont Dr. E.  
Tallahassee, FL 32308

**RE: Petitioner Florida Medical Association**

Dear Mr. Scott:

This letter is to advise that the Petition for Declaratory Statement has been placed on the agenda for the August 21, 2020, Board of Osteopathic Medicine meeting. You are not required to attend the meeting, but you are strongly encouraged to attend.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**

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If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

CC: Ronald Renuart, Sr., D.O.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



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**Ron DeSantis**  
Governor

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---

## MEMORANDUM

**TO:** Board of Osteopathic Medicine  
**FROM:** Carol Taylor, Program Operations Administrator  
**DATE:** May 2, 2020  
**RESPONDENT:** Ty Anderson, D.O.; File number 14603  
3820 Tampa Road, Suite 202  
Palm Harbor, Florida 34684  
**RE:** Petition for Termination of Licensure Conditions.

---

### License Status/Restrictions:

- License is currently Conditional/Active and expires March 31, 2022.

### Reason for Agenda Item:

- Licensee through his attorney filed a Petition for Termination of Licensure Conditions.

### Action Requested:

- Licensee through his attorney requests the board terminate the lifelong PRN monitoring contract licensure requirement.

## CONDITIONS

### Notice of Intent to Approve Licensure with Conditions filed January 11, 2018:

#### Prior to issuance of license:

- PRN: the applicant is required to enter into and comply with a licensure long PRN contract
- CME: the applicant is required to complete forty (40) hours of CMEs including the following mandatory CMEs:
  - 2 hours on prevention of medical errors;
  - 1 hour on Florida Laws and Rules;
  - 1 hour on professional and medical ethics;
  - 2 hours on domestic violence; and
  - 1 hour on prescribing controlled substances.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850)245-4444 • FAX : (850) 412-2681



**Accredited Health Department**  
Public Health Accreditation Board

Conditions Remaining after Licensure:

- PRN: licensure long contract, remain in compliance
  
- CME: 28-hour comprehensive review course by the American College of Osteopathic Family Physicians or 20 hours in courses sponsored by the American Academy of Osteopathy and 8 hours of osteopathic principles and practices; and  
115 hours of optional topics;  
Licensee may submit documentation of courses he has already completed in compliance with the December 22, 2014, order
  
- Permanent Practice Restriction: He shall not own, operate, or practice in a pain management clinic as defined in Section 459.0137, Florida Statutes (2017);
  
- Prohibition of P.A. Supervision: He is prohibited from supervising any Physician Assistants;
  
- Probation: The license shall be placed on three (3) years' probation; one (1) year under direct supervision and two (2) years under indirect supervision.
  - Direct Supervision
  - Approval of Supervisor
  - Quarterly Reports
  - Indirect Supervision
  
- Appearances: Mandatory appearances
  - After six months of direct supervision
  - Prior to moving to indirect supervision
  - Last meeting preceding termination of probation
  - Annually during second and third years of probation

Completed:

- Licensee met the pre-licensure conditions
- Licensee appeared after six months of probation
- Licensee appeared prior to moving to indirect supervision

Continuing:

- PRN
- Practice Restriction: pain management clinic
- Prohibition of P.A. Supervision
- Quarterly Reports until termination of probation

**Current PRN status:**

**Remains in a lifelong PRN contract.**



**"PERSONAL & CONFIDENTIAL"**

August 11, 2020

Florida Department of Health  
Board of Osteopathic Medicine  
4052 Bald Cypress Way, Bin #C-06  
Tallahassee, FL 32399-3256

*This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules prohibit any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*

*CONTRACTED  
CONSULTANT TO  
THE FLORIDA  
DEPARTMENT  
OF HEALTH  
AND  
THE FLORIDA  
DEPARTMENT OF  
BUSINESS AND  
PROFESSIONAL  
REGULATION*

RE: Ty Anderson, D.O.

Dear Board Members:

On behalf of the Professionals Resource Network (PRN), we are pleased to report that the above-named practitioner is an active participant in the Professionals Resource Network (PRN). Our program is the State of Florida's Impaired Practitioners Program, serving as the Consultant to the Department of Health (DOH) and the Board of Osteopathic Medicine on matters of addiction, psychiatric illness, and cognitive impairment among healthcare practitioners.

*ALEXIS G. POLLES, M.D.  
MEDICAL DIRECTOR*

*WILLIAM S. JACOBS, M.D.  
ASSOCIATE MEDICAL  
DIRECTOR*

*MARTHA E. BROWN, M.D.  
ASSOCIATE MEDICAL  
DIRECTOR*

An evaluation was performed on January 16, 2017, by Micahel Strolla, D.O., and Brian Gadbois, M.D., pursuant to the Board's November 17, 2017 referral to PRN for evaluation. Dr. Anderson was found safe to practice medicine without the need for PRN monitoring by the Independent Examiners in terms of his mental health status. Dr. Anderson was ordered to be under a Licensure Long PRN Monitoring Contract at that time. Since entering the PRN monitoring agreement, he has cooperated with all aspects of the process.

Dr. Anderson is in compliance with all requirements of his Monitoring Contract established on February 8, 2018. Those requirements include attendance at a weekly monitored PRN group, mutual aid meetings, and random urine/hair/blood toxicology testing.

P. O. BOX 16510  
FERNANDINA BEACH  
FLORIDA 32035-3126

If we can be of further assistance, please do not hesitate to contact our office.

1-800-888-8776  
1-904-277-8004  
Fax: 904-261-3996  
E-Mail: [admin@flpm.org](mailto:admin@flpm.org)  
Website: [www.flpm.org](http://www.flpm.org)

Sincerely,

Neal Tomaszewski, B.A.  
Case Manager  
NT/AGP:hnt  
Cc: Ty Anderson, D.O.

letters\anderson31.ty

ALEXIS G. POLLES, M.D.  
Medical Director  
Consultant -  
Department of Health  
Department of Business &  
Professional Regulation

**TAB 16:** Ty Reso Anderson, D.O., File #14603

Licensee was present. Licensee was represented by attorney, Ed Bayo, Esq.

Mr. Bayo presented Dr. Anderson's petition to the board. The petition requested the lifetime PRN monitor agreement required by the Notice of Intent to License with Conditions filed in 2018 be terminated.

After discussion:

Motion: by Dr. Hayden, seconded by Dr. Mendez, to continue the petition to the next regularly scheduled board meeting. Motion carried.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

IN RE: THE APPLICATION FOR  
LICENSURE OF

TY RESO ANDERSON, D.O.

---

**PETITION FOR TERMINATION OF LICENSURE CONDITION**

Petitioner, Ty Reso Anderson, D.O., by and through his undersigned counsel, moves the Board of Osteopathic Medicine (Board) for termination of the licensure condition currently on his license, and in support thereof, avers:

1. By Final Order dated December 22, 2014, Petitioner's application for licensure was approved, subject to compliance with a number of conditions, including successfully passing the COMVEX exam; completing 150 hours of CME; Probation for four (4) years with direct/indirect supervision; and a licensure long PRN Monitoring Contract.

2. Petitioner successfully completed a 5-year monitoring contract on May 2016. Attached as Exhibit 1 is a copy of a letter dated May 25, 2016 from PRN attesting to Petitioner's successful completion of his PRN contract.

3. As a result of a number of circumstances, including the statutory non-renewal of his license, Petitioner appeared before the Board on November 17, 2017 on a subsequent application for licensure. The Board approved his application with a number of conditions, including the licensure long PRN Monitoring contract.

4. As a result of the Board's requirement, Petitioner underwent an evaluation on January 2018 by a PRN approved evaluator, Dr. Michael Strolla. At that time, Petitioner had not been under PRN monitoring for almost 22 months, with no adverse incidents. As part of

that evaluation Petitioner was also evaluated by a Psychiatrist, Dr. Gadbois. It was the combined opinion of both Dr. Strolla and Dr. Gadbois that Petitioner was able to practice with reasonable skill and safety without the need for PRN monitoring.

5. Petitioner has remained compliant with his board-ordered monitoring.

6. Undersigned Counsel followed up with PRN on December 2019 and received an e-mail (Exhibit 2) from PRN reiterating that PRN has found Petitioner to be safe to practice without further monitoring.

7. Petitioner has greatly benefited from his PRN Monitoring and intends to continue to apply the lessons learned for the rest of his life. Nevertheless, Petitioner's PRN Monitoring, the required disclosure of same to potential employers, and the reporting associated with same, has negatively affected (and will continue to so affect) his employment opportunities.

8. The First District Court of Appeals has held that administrative agencies imposing ongoing conditions or restrictions retain inherent jurisdiction to review and modify such decisions based upon the implied duty to of continuing regulatory oversight. See, Mann v. Department of Professional Regulation, Board of Dentistry, 585 So.2d 1059 (Fla. 1<sup>st</sup> DCA 1991) and Kale v. Department of Health, Case No. 1D14-4273 (Fla. 1<sup>st</sup> DCA 2015 Opinion Issued June 4, 2015). Petitioner has been in sustained remission since May 2009. His successful completion of a PRN Monitoring contract in May 2016; his January 2018 PRN evaluation (which determined further monitoring was not necessary); his compliance with that monitoring for the past two (2) years; and the recently reiterated opinion from PRN that he is safe to practice without further monitoring, provide ample, significant and appropriate changed

circumstances to justify the Florida Board of Osteopathic Medicine's further consideration of whether the condition of a license long PRN contract needs to remain in place.

WHEREFORE, Respondent respectfully petitions the Board of Osteopathic Medicine to terminate the licensure condition.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-MAIL and U.S. Mail to Kama Monroe, Executive Director, and Donna McNulty, Senior Assistant Attorney General/Board Counsel, this 28 day of February 2020.

Respectfully Submitted,

FDN:115451

A handwritten signature in blue ink, appearing to read "Edwin A. Bayó", is written over a horizontal line. To the right of the signature, the word "for" is written in blue ink.

Edwin A. Bayó  
Grossman, Furlow, and Bayó  
Fla. Bar No. 327727  
2022-2 Raymond Diehl Road  
Tallahassee, FL 32308  
Phone: (850) 385-1314  
Fax: (850) 345-4240  
Counsel for Petitioner



**"PERSONAL & CONFIDENTIAL"**

May 25, 2016

Ty Anderson, D.O.  
8898 Hershey Lane  
Seminole, FL 33778

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules prohibit any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**CONTRACTED  
CONSULTANT TO  
THE FLORIDA  
DEPARTMENT OF HEALTH  
AND  
THE FLORIDA  
DEPARTMENT OF  
BUSINESS AND  
PROFESSIONAL  
REGULATION**

Dear Dr. Anderson:

Congratulations on the successful completion of your Monitoring Contract with the Professionals Resource Network (PRN). It should be noted that you would have successfully completed your original Monitoring Contract in October of 2014. However, at the November 2014 meeting of the Board of Osteopathic Medicine, the Board imposed a number of requirements including signing a Licensure Long Contract. Due to the latest developments concerning your license PRN is closing your file as successful. PRN will be happy to provide any assistance you might require in the future if and when you decide to reapply for licensure.

**PENELOPE P. ZIEGLER, M.D.  
MEDICAL DIRECTOR**

**MARTHA E. BROWN, M.D.  
ASSOCIATE MEDICAL  
DIRECTOR**

Our Program's mission has been and remains to ensure the public's health, safety and welfare by assisting health care practitioners who, for a wide variety of reasons, experience difficulties. Your personal success helps to assure that our Program's mission continues to assist your fellow health care workers in the future.

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It is my hope that, through difficult times, our Program and its representatives have treated you fairly and respectfully.

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E-Mail: [admin@flprn.org](mailto:admin@flprn.org)  
Website: [www.flprn.org](http://www.flprn.org)

It is my wish that in the years to come, you will have a rewarding professional career and that you will not hesitate to contact our staff should the need arise personally or with a colleague.

With my sincerest regards,

PENELOPE P. ZIEGLER, M.D.  
Medical Director

Consultant - Department of Health  
Department of Business & Professional Regulation

PPZ:ma

cc: James Noyes, Ed. D., CAP



*Dedicated to Serving Professionals in Need*

**Paul Drake**

---

**Subject:** RE: Feb 2020 AOA Board Meeting

**From:** Neal Tomaszewski <neal@flprn.org>  
**Sent:** Monday, December 2, 2019 2:45 PM  
**To:** Edwin Bayo <e.bayo@gfblawfirm.com>  
**Subject:** RE: Feb 2020 AOA Board Meeting

Ed,  
I spoke with Dr. Polles and Dr. Jacobs about this. We would reiterate that Dr. Anderson was found safe to practice without PRN monitoring and since his board ordered monitoring he has been complaint.

Neal Tomaszewski, B.A. Case Manager  
Professionals Resource Network, Inc  
P.O. Box 16510  
Fernandina Beach, FL 32035  
1-800-888-8776 ext. 223  
904-261-3996 - Fax

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**From:** Edwin Bayo <[e.bayo@gfblawfirm.com](mailto:e.bayo@gfblawfirm.com)>  
**Sent:** Monday, December 02, 2019 11:57 AM  
**To:** Neal Tomaszewski <[neal@flprn.org](mailto:neal@flprn.org)>  
**Subject:** FW: Feb 2020 AOA Board Meeting

Neal:

I misspelled your name last week. Need to know if PRN is on-board with our Petitioning the Board to release Ty from his licensure-long contract.

*Edwin A. Bayó*

Board Certified in State & Federal Government  
and Administrative Practice



Grossman, Furlow, & Bayó  
2022-2 Raymond Diehl Road  
Tallahassee, FL 32308  
Phone: (850)385-1314  
Fax: (850)385-4240





Administrative Offices  
6655 66<sup>th</sup> Street North  
Pinellas Park, FL 33781  
Ph: 727-545-7564  
Fax: 727-545-7584  
[www.operationpar.org](http://www.operationpar.org)

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Florida Board of Osteopathic Medicine

July, 8, 2020

Florida Department of Health

4052 Bald Cypress Way Bin C-06 Tallahassee, FL 32399-3257

Dr. Joel Rose DO – Chairman

Dear Dr. Rose:

I have known Dr Anderson for greater than 5 years. He was employed by the Rehabilitation Organization Operation PAR. Ty was an Addiction Counselor and was one of the few Counselors who achieved the CAP certification (demonstrates mastery and leadership in Addiction Counseling). It was in this position, that as the Physician in charge of the MAPS program of PAR; that I first encountered Dr. Anderson

Ty has been extensively evaluated by the PRN organization; Dr. Anderson has been sober for over 10 years. The PRN program recommends that Dr. Anderson should not be obligated to continued participation in the PRN program, as it is unlikely to add any further benefit to the maintenance of Dr. Anderson's sobriety.

At present Dr. Anderson's has been referred for a Lifetime contract with PRN. I have reviewed the available medical literature on time in treatment for Physician Recovery Programs. Upon review the duration of time in a monitored program is summed up best by the American Society of Addiction Medicine.

"There is no consensus on the time in treatment for Physicians participating in monitored programs for substance dependence and or mental illness." (ASAM)

The prescription of a minimum time in treatment, has however developed some uniformity in State PRN programs. 5 years appears to be the most prescribed treatment duration.

For patients who have successfully completed a 5-year program there does not appear to be any benefit from extending the contract. This time duration appears to influence successfully 70% and greater of participants.



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**BOARD OF DIRECTORS**

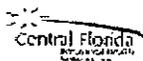
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**FUNDERS**



Dr. Anderson has been sober for over a decade and has complied with all recommendations from the Board and PRN. I would recommend that Dr Anderson be released from his lifetime referral to PRN.

Sincerely,

Charles J McAllister MD FACP FASAM MSAS

STATE OF FLORIDA  
DEPARTMENT OF HEALTHIN RE: THE APPLICATION FOR  
LICENSURE OFTY RESO ANDERSON, D.O.  

---

**PETITION FOR TERMINATION OF LICENSURE CONDITION**

Petitioner, Ty Reso Anderson, D.O., by and through his undersigned counsel, moves the Board of Osteopathic Medicine (Board) for termination of the licensure condition currently on his license, and in support thereof, avers:

1. By Final Order dated December 22, 2014, Petitioner's application for licensure was approved, subject to compliance with a number of conditions, including successfully passing the COMVEX exam; completing 150 hours of CME; Probation for four (4) years with direct/indirect supervision; and a licensure long PRN Monitoring Contract.
2. Petitioner successfully completed a 5-year monitoring contract on May 2016. Attached as Exhibit 1 is a copy of a letter dated May 25, 2016 from PRN attesting to Petitioner's successful completion of his PRN contract.
3. As a result of a number of circumstances, including the statutory non-renewal of his license, Petitioner appeared before the Board on November 17, 2017 on a subsequent application for licensure. The Board approved his application with a number of conditions, including the licensure long PRN Monitoring contract.
4. As a result of the Board's requirement, Petitioner underwent an evaluation on January 2018 by a PRN approved evaluator, Dr. Michael Strolla. At that time, Petitioner had not been under PRN monitoring for almost 22 months, with no adverse incidents. As part of

that evaluation Petitioner was also evaluated by a Psychiatrist, Dr. Gadbois. It was the combined opinion of both Dr. Strolla and Dr. Gadbois that Petitioner was able to practice with reasonable skill and safety without the need for PRN monitoring.

5. Petitioner has remained compliant with his board-ordered monitoring.

6. Undersigned Counsel followed up with PRN on December 2019 and received an e-mail (Exhibit 2) from PRN reiterating that PRN has found Petitioner to be safe to practice without further monitoring.

7. Petitioner has greatly benefited from his PRN Monitoring and intends to continue to apply the lessons learned for the rest of his life. Nevertheless, Petitioner's PRN Monitoring, the required disclosure of same to potential employers, and the reporting associated with same, has negatively affected (and will continue to so affect) his employment opportunities.

8. The First District Court of Appeals has held that administrative agencies imposing ongoing conditions or restrictions retain inherent jurisdiction to review and modify such decisions based upon the implied duty to of continuing regulatory oversight. See, Mann v. Department of Professional Regulation, Board of Dentistry, 585 So.2d 1059 (Fla. 1<sup>st</sup> DCA 1991) and Kale v. Department of Health, Case No. 1D14-4273 (Fla. 1<sup>st</sup> DCA 2015 Opinion Issued June 4, 2015). Petitioner has been in sustained remission since May 2009. His successful completion of a PRN Monitoring contract in May 2016; his January 2018 PRN evaluation (which determined further monitoring was not necessary); his compliance with that monitoring for the past two (2) years; and the recently reiterated opinion from PRN that he is safe to practice without further monitoring, provide ample, significant and appropriate changed

circumstances to justify the Florida Board of Osteopathic Medicine's further consideration of whether the condition of a license long PRN contract needs to remain in place.

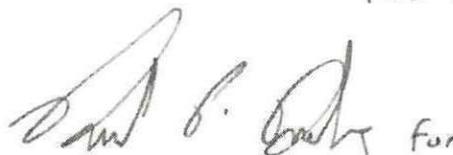
WHEREFORE, Respondent respectfully petitions the Board of Osteopathic Medicine to terminate the licensure condition.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-MAIL and U.S. Mail to Kama Monroe, Executive Director, and Donna McNulty, Senior Assistant Attorney General/Board Counsel, this 28 day of February 2020.

Respectfully Submitted,

FBN:115451



---

Edwin A. Bayó  
Grossman, Furlow, and Bayó  
Fla. Bar No. 327727  
2022-2 Raymond Diehl Road  
Tallahassee, FL 32308  
Phone: (850) 385-1314  
Fax: (850) 345-4240  
Counsel for Petitioner



**"PERSONAL & CONFIDENTIAL"**

May 25, 2016

Ty Anderson, D.O.  
8898 Hershey Lane  
Seminole, FL 33778

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules prohibit any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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Website: [www.flprn.org](http://www.flprn.org)

It is my wish that in the years to come, you will have a rewarding professional career and that you will not hesitate to contact our staff should the need arise personally or with a colleague.

With my sincerest regards,

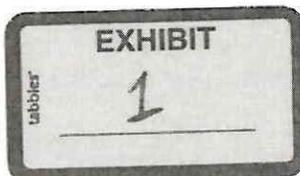
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Medical Director

Consultant - Department of Health  
Department of Business & Professional Regulation

PPZ:ma

cc: James Noyes, Ed. D., CAP



*Dedicated to Serving Professionals in Need*

**Paul Drake**

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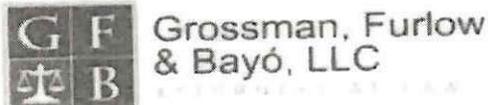
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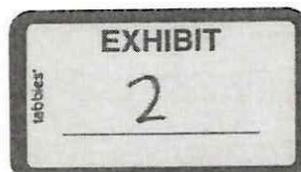
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**STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE**

IN RE: THE APPLICATION FOR  
LICENSURE OF

**TY RESO ANDERSON, D.O.**

---

**NOTICE OF INTENT TO APPROVE LICENSURE WITH CONDITIONS**

This matter came before the Florida Board of Osteopathic Medicine (Board) at a duly-noticed public meeting on November 17, 2017, in Jacksonville, Florida. The Applicant, Ty Reso Anderson, D.O., was present during the meeting and was not represented by counsel. Dr. Fana, who previously was his monitor, accompanied him at the meeting.

Pursuant to Sections 459.015(2), and 456.072(2), Florida Statutes, the Board may refuse to certify an applicant for licensure, restrict the practice of the licensee, or impose a penalty. Dr. Anderson's application file demonstrates that his license to practice medicine was acted against in Florida, in violation of Section 459.015(1)(b), Florida Statutes, which provides having a license of the authority to practice medicine revoked, suspended or otherwise acted against by the licensing authority in any jurisdiction constitutes grounds for denial of a license. Specifically, the application file reveals that his license to practice osteopathic medicine in Florida has been acted against as follows:

1. Case No. 2006-14457, Final Order No. DOH-06-1580-S-MQA, filed August 30, 2006;
2. Case No. 2008-17307, Final Order No. DOH-12-0509-FOI-MQA, filed March 13, 2012;
3. Case No. 2009-20078, Final Order No. DOH-12-0511-FOI-MQA, filed March 13, 2012;
4. Case No. 2010-07709, Final Order No. DOH-12-0525-FOI-MQA, filed March 15, 2012;
5. Case No. 2010-18278, Final Order No. DOH-12-0510-FOI-MQA, filed March 13, 2012;

6. Notice of Agency Action Denial of License Renewal, Filed April 10, 2014;
7. Notice of Intent to Approve Licensure with Conditions, filed December 22, 2014; and
8. Order Lifting Restriction on License, filed July 17, 2016.

The application file also demonstrates that Dr. Anderson's license was denied renewal by the Department of Health in March 2016. Thereafter, changes to Section 456.0635, Florida Statutes, went into effect July 1, 2017, which exempt an applicant from disqualification for licensure if the applicant was arrested or charged with specified felonies before July 1, 2009. Accordingly, Dr. Anderson's completed application for licensure is being considered by the Board at this meeting.

Based on the foregoing, the complete application file, and discussion on the premises, it is therefore **ORDERED** that the application for licensure by Dr. Anderson be **approved under the following conditions:**

1. PRN. Prior to issuance of the license, The Applicant is required to enter into and comply with a licensure long PRN contract;
2. CME. Within 12 months of the filing of this Order, the Applicant is required to successfully complete all continuing medical education (CME) required by the Notice of Intent to Approve Licensure filed December 22, 2014. The requirements from the December 22, 2014 order include the following CME:

The Applicant must successfully complete and provide documentation to the Board of one hundred fifty (150) hours of live participatory continuing medical education (CME) as follows:

Prior to Issuance of the license, Applicant is required to complete forty (40) hours of CMEs including the following mandatory CMEs:

- a. 2 hours on prevention of medical errors;
- b. 1 hour on Florida Laws and Rules;
- c. 1 hour on professional and medical ethics;
- d. 2 hours on domestic violence;
- e. 1 hour on prescribing controlled substances;

The remaining CME hours are required to be completed within one (1) year of the date of this Order:

- f. 28-hour comprehensive review course by the American College of Osteopathic Family Physicians OR 20 hours in courses sponsored by the American Academy of Osteopathy and 8 hours of osteopathic principles and practices; and
- g. 115 hours of optional topics;

Dr. Anderson may submit documentation for courses he has already completed in compliance the December 22, 2014 order.

- 3. Permanent Practice Restriction. The Applicant shall not own, operate, or practice in a pain management clinic as defined in Section 459.0137, Florida Statutes (2017).
- 4. Prohibition of P.A. Supervision. The Applicant is prohibited from supervising any Physician Assistants (P.A.s); and
- 5. Probation. The Applicant's license shall be placed on probation for three (3) years: specifically, one (1) year will be under direct supervision immediately followed by two (2) years of indirect supervision. The Applicant's probation is subject to the following terms and conditions:
  - A. Direct Supervision. Applicant shall practice only under the direct supervision of a Board-approved osteopathic or allopathic physician, hereinafter referred to as the "supervisor." Direct supervision requires that the supervisor and Applicant work in the same office. The Applicant shall provide the supervisor with a copy of the Administrative Complaint, Final Order, and other relevant orders. Applicant shall allow the supervisor access to Applicant's medical records, calendar, patient logs, or other documents necessary to supervise Applicant as detailed below.
  - B. Approval of Supervisor.

1. Applicant shall not practice except under the direct supervision of a BOARD CERTIFIED physician fully licensed under Chapter 458 or Chapter 459, Florida Statutes, to be approved by the Board as directed below. The supervisor must be in good standing, in active status, without restriction or limitation on his or her license, must be qualified by training and experience, and must not have any conflicts of interest that would prohibit him or her from impartially performing his or her duties as a supervisor. Specific grounds for rejecting a proposed supervisor by the Board or its designee shall include but are not limited to the following: a) the proposed supervisor has previously been subject to disciplinary action against his or her medical license in any jurisdiction; b) the proposed supervisor is currently under investigation or is the subject of pending disciplinary action; c) the proposed supervisor is not actively engaged in the same or similar specialty; and d) the proposed supervisor is a relative or employee of the Applicant.
  2. During the meeting, the Board approved Dr. Fana as the Applicant's supervisor.
- C. Applicant shall not practice medicine without a supervisor unless otherwise ordered by the Board.
- D. Appearances. The Applicant and his proposed supervisor shall appear before the Board after six (6) months of probation, and again prior to moving to indirect supervision, at the last Board meeting preceding termination of probation, and at other such times requested by the Board. The Applicant shall be noticed by the Board staff of the date, time, and place of the Board's meeting whereat

Applicant's appearance is required. The Applicant is also required to appear before the Board annually during the second and third years of probation, and at other such times as requested by the Board. Failure of the Applicant to appear as requested or directed shall be considered a violation of the terms of probation, and shall subject the Applicant to disciplinary action.

E. The Applicant shall practice only under the supervision of the supervisor. If for any reason the approved supervisor is unwilling or unable to serve, the Applicant and supervisor shall immediately notify the Executive Director of the Board. Applicant shall not practice pending approval of a temporary supervisor by the Chair of the Board. Applicant shall make arrangements with his temporary supervisor to appear before the Board at its next regularly scheduled meeting for consideration of the supervisor by the Board. Applicant shall practice only under the auspices of the temporary supervisor (approved by the Board Chair) until the next regularly scheduled meeting of the Board at which the issue of the Board's approval of Applicant's new supervisor shall be addressed.

F. The supervisor shall:

1. Review 25% percent of Applicant's patient charts selected on a random basis at least once every month for the purpose ascertaining whether Applicant provided proper medical care, and maintained appropriate medical records. To comply with this responsibility of random review, the supervisor shall be responsible for making the random selection of the records to be reviewed.
2. Submit quarterly reports, in affidavit form, which shall include:
  - a. A brief statement of why Applicant is on probation;

- b. A description of Applicant's practice (type and composition);
  - c. A statement addressing Applicant's compliance with the terms of probation;
  - d. A brief description of the supervisor's relationship with Applicant;
  - e. A statement advising the Board of any problems which have arisen; and
  - f. A summary of the dates on which the supervisor reviewed the Applicant's records, the number of records reviewed, and a statement related to the overall quality of the records reviewed.
3. Immediately report to the Board any violations by Applicant of Chapters 456 or 459, Florida Statutes, and the rules promulgated thereto.

G. Applicant shall submit quarterly reports, in affidavit form, which shall include:

1. A brief statement of why the Applicant is on probation;
2. A description of practice location;
3. A description of current practice (type and composition);
4. A brief statement of compliance with probationary terms;
5. A description of the relationship with the supervising physician;
6. A statement advising the Board of any problems which have arisen; and
7. A statement addressing compliance with any restrictions or requirements imposed.

H. Continuity of Practice.

1. Tolling Provisions. In the event that the Applicant leaves the State of Florida for a period of thirty days or more or otherwise does not engage in the active practice of medicine in the State of Florida, then the following provisions of

probation shall be tolled and shall remain in a tolled status until the Applicant returns to the active practice of medicine in the State of Florida:

- a. The time period of probation shall be tolled; and
- b. The provisions regarding the direct supervision by another physician and the required quarterly reports from the supervisor shall be tolled.

2. Active Practice. In the event that Applicant leaves the active practice of medicine for a period of one year or more, the Board may require the Applicant to appear before the Board and demonstrate his ability to practice medicine with skill and safety to patients prior to resuming the practice of medicine in this State.

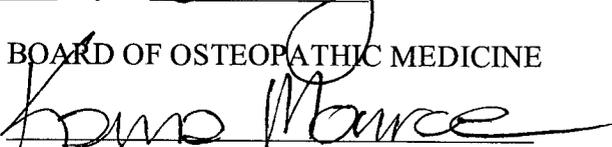
I. Compliance Address. All reports, correspondence, and inquiries shall be sent to DOH, Compliance Management Unit, Bin #C76, 4052 Bald Cypress Way, Tallahassee, Florida 32399-3251, Attn: Osteopathic Medicine Compliance Officer.

This Order does not constitute disciplinary action against the license that has been approved herein. The terms of this Order are considered conditions for licensure that must be satisfied.

This Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 11 day of January 2018.

BOARD OF OSTEOPATHIC MEDICINE

  
Kara Monroe, J.D., Executive Director  
on behalf of Michelle Mendez, D.O., Chair

**NOTICE OF RIGHT TO HEARING**

This notice constitutes final agency action if no request for a hearing is received by the Board on or before the twenty-first day after the applicant's receipt of the notice. The applicant may request a hearing by filing an appropriate petition with the Executive Director of the Board at 4052 Bald Cypress Way, Bin #C-03, Tallahassee, Florida 32399-3253. The applicant may petition for a hearing involving disputed issues of material fact before an administrative law judge pursuant to Section 120.57 (1), Florida Statutes, or for a hearing not involving disputed issues of material fact pursuant to Section 120.57 (2), Florida Statutes.

A petition for a hearing involving disputed issues of material fact must contain information required by Rule 28-106.201, Florida Administrative Code, ***including a statement of all disputed issues of material fact.*** The Board may refer a petition to the Division of Administrative Hearings for assignment of an administrative law judge only if the petition is in substantial compliance with the rule requirements. A petition for a proceeding not involving disputed issues of material fact must contain information required by Rule 28.106.301, Florida Administrative Code, including a concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle petitioner to relief.

In accordance with Section 120.573, Florida Statutes, mediation is not available.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **Certified U.S. Mail to Ty Reso Anderson, D.O.**, 12855 Gorda Circle West, Largo, Florida 33773; and **Alexis Polles, M.D.**, Medical Director, Professionals Resource Network, Inc., P.O. Box 1020, Fernandina Beach, FL 32035-1020; and by interoffice mail to **Donna C. McNulty**, Senior Assistant Attorney General, Office of the Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; this 11<sup>th</sup> day of January, 2018.

|||||  
Ty Reso Anderson, D.O.  
12855 Gorda Circle West  
Largo, FL 33773

*Amber Greene*

**Deputy Agency Clerk**

|||||  
Aleis Polles, M.D.  
Medical Director, PRN  
PO Box 1020  
Fernandina Beach, FL 32035-1020

**Certified Article Number**

9414 7266 9904 2104 1011 14

**SENDER'S RECORD**

**Certified Article Number**

9414 7266 9904 2104 1011 07

**SENDER'S RECORD**

CONFIDENTIAL AND EXEMPT MATERIALS

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SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS  
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EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

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appropriate board.

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK *Angel Sanders*  
DATE NOV 20 2019

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

IN RE: THE APPLICATION FOR  
LICENSURE OF

**TY RESO ANDERSON, D.O.,**  
\_\_\_\_\_ /

**ORDER**

THIS MATTER came before the Board of Osteopathic Medicine (Board) at a duly-noticed public meeting on November 15, 2019, at Howey-in-the-Hills, Florida, for consideration of Petitioner's request for formal approval of his proposed monitor as required by the Notice of Intent to Approve Licensure with Conditions, filed January 11, 2018. Upon consideration of Dr. Anderson's request, the documents submitted in support thereof, and being otherwise fully advised in the premises,

It is hereby ORDERED AND ADJUDGED that formal approval of Dr. Anderson's monitor is hereby DENIED for the following reasons. By letter received August 15, 2019, the proposed monitor, Dr. McAllister, affirmed his agreement to serve as the indirect monitor at the practice location set forth in the letter. By letter received November 4, 2019, Dr. McAllister states that he had no previous knowledge that Dr. Anderson is excluded from participation Medicare and Medicaid programs, and secondary to that Dr. Anderson has been unable to be credentialed at the specified location in the initial practice plan. Dr. Anderson may submit another proposed monitor, and the Chair may grant temporary approval of the proposed monitor prior to the next Board meeting.

This order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 19 day of November, 2019.

**BOARD OF OSTEOPATHIC MEDICINE**



Kama Monroe, J.D., Executive Director  
*on behalf of Joel Rose, D.O., CHAIR*

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by  
U.S. Mail to: **Ty Reso Anderson, D.O.**, 3820 Tampa Road, Suite 202, Palm Harbor, FL 34684;  
and by email to **Donna C. McNulty**, Special Counsel, at [Donna.McNulty@myfloridalegal.com](mailto:Donna.McNulty@myfloridalegal.com),  
on November 20, 2019.



Deputy Agency Clerk

*Angelo Sardenes*  
Deputy Agency Clerk

**STATE OF FLORIDA  
BOARD OF BOARD OF OSTEOPATHIC MEDICINE**

**DEPARTMENT OF HEALTH**

Petitioner,

vs.

Case No: 2010-07709

License No.: OS 7064

**TY RESO ANDERSON, D.O.,**

Respondent.

**FINAL ORDER**

This matter appeared before the Board of Osteopathic Medicine (hereinafter the "Board") at a duly-noticed public meeting on February 18, 2012, in Ft. Lauderdale, Florida, for a hearing not involving disputed issues of material fact pursuant to Sections 120.569 and 120.57(2), Florida Statutes. Pursuant to the Administrative Complaint, attached hereto as Exhibit A, it was alleged that Respondent, Ty Reso Anderson, D.O., violated specific sections of Chapters 456 and 459, Florida Statutes. Petitioner was represented by Michael G. Lawrence, Jr., Assistant General Counsel, Florida Department of Health. Respondent was present and was represented by Edwin Bayó, Esquire. Martha Brown, M.D., Assistant Medical Director of Professionals Resource Network, Inc. (PRN) was also present.

Respondent requested a hearing pursuant to Section 120.57(2), Florida Statutes. Petitioner has filed a Motion for Final Order After Hearing Not Involving Disputed Issues of Material Facts and an Amended Motion. Respondent did not object to either motion. Petitioner also filed a Motion to Assess costs in Accordance with section 456.072(4), Florida Statutes. Respondent did not file a response nor object to the motion.

The prosecuting attorney offered the investigative file into evidence to prove the facts as alleged in the Administrative Complaint. The investigative file was received into evidence and the Board finds that the uncontested facts adequately support the allegations. After a complete review of the record in this matter, including consideration of the Administrative Complaint, any written evidence or testimony, and any mitigating or aggravating circumstances, the Board makes the following findings and conclusions.

**FINDINGS OF FACT**

The allegations of fact set forth in the Administrative Complaint are approved, adopted, and incorporated herein by reference as the findings of fact of the Board. There is competent, substantial evidence to support the Board's findings and conclusions.

**CONCLUSIONS OF LAW**

The Petitioner's Motion for Final Order After Hearing Not Involving Disputed Issues of Material Facts is granted.

The conclusions of law alleged and set forth in the Administrative Complaint are approved, adopted, and incorporated herein by reference as the conclusions of law by the Board.

The violations set forth warrant disciplinary action by the Board.

Based upon the Findings of Fact, the Board concludes that Respondent violated Sections 459.015(1)(x), (1)(t), (1)(o), (1)(pp), (1)(g), and 456.072(1)(j), Florida Statutes (2008-2010).

The Board is empowered by Section 456.072(2), and 459.015(2), Florida Statutes, to impose a penalty against Respondent.

THEREFORE IT IS ORDERED AND ADJUDGED:

1. **Fine.** The Respondent shall pay a fine of **ten thousand dollars (\$10,000.00)** prior to reinstatement.
2. **Suspension.** The Respondent's license to practice osteopathic medicine in the State of Florida is hereby **SUSPENDED** for **two (2) years** until such time as he personally appears before the Board and the Board confirms compliance with PRN. The Board reserves jurisdiction in this matter to impose terms and conditions of probation, if any, at the time of reinstatement.

**RULING ON MOTION TO ASSESS COSTS**

The Board reviewed the Petitioner's Motion to Assess Costs in the amount of \$7,302.19. Accordingly, the Board imposes the costs associated with this case in the amount of **seven thousand three hundred two dollars and nineteen cents (\$7,302.19)**. Said costs are to be paid **prior to reinstatement**.

**Payment of Fine and Costs.** Payment of all fine and costs shall be made within prior to reinstatement to the Board of Osteopathic Medicine and mailed to: DOH-Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Osteopathic Compliance Officer.

This Final Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 14 day of March, 2012.

BOARD OF OSTEOPATHIC MEDICINE



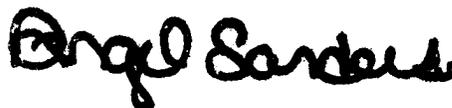
Anthony Jusevitch, Executive Director  
*on behalf of* Anna Hayden, D.O., CHAIR

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

A party who is adversely affected by this Final Order is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health, and a second copy, accompanied by filing fees prescribed by law, with the District Court of Appeal, First District, or with the District Court of Appeal in the Florida appellate district where the party resides. The Notice of Appeal must be filed within thirty (30) days of rendition of the Order to be reviewed.

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **Certified U.S. Mail** to **Ty Reso Anderson, D.O.**, 8898 Hershey Lane, Seminole FL 33777; and **Edwin Bayó, Esq.**, and **William Furlow, Esq.**, Grossman, Furlow & Bayó, L.L.C., 2022-2 Raymond Diehl Road, Tallahassee, FL 32308; to **Martha Brown, M.D.**, Assistant Medical Director, Professionals Resource Network, Inc., P.O. Box 1020, Fernandina Beach, FL 32035-1020; by interoffice mail to **Donna C. McNulty**, Assistant Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; and **Michael G. Lawrence, Jr.**, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin # C-65, Tallahassee, Florida 32399-3265, this 15<sup>th</sup> day of March, 2012.



**Deputy Agency Clerk**

7011 1570 0001 2472 8008

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO.: 2010-07709**

**TY RESO ANDERSON, D.O.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against the Respondent, Ty Reso Anderson, D.O., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 7064.

3. Respondent's address of record is 10333 Seminole Boulevard, Suite 4, Largo, Florida, 33778.

4. At all times material to this Administrative Complaint, Respondent was board certified in Family Practice by the American Osteopathic Board of Family Physicians.

5. At all times material to this Administrative Complaint, Respondent treated patients at the Anderson Medical Clinic (Clinic), a licensed pain management clinic located at 10333 Seminole Boulevard, Suite 4, Largo, Florida, 33778.

6. At all times material hereto, Respondent and M.P., an advanced registered nurse practitioner (ARNP), treated patients at the Clinic.

7. From on or about May 22, 2009, until on or about January 20, 2010, Respondent withdrew from the practice of osteopathic medicine but continued to operate the Clinic.

8. During Respondent's absence, Dr. J.M., Dr. W.M. and M.P. provided medical services to patients at the Clinic.

9. On some occasions, M.P. and/or other Clinic staff presigned or wrote prescriptions for controlled substances.

10. M.P. and/or unlicensed staff members at the Clinic were not

licensed to prescribe controlled substances under Chapters 458 or 459, Florida Statutes.

11. Respondent knew or should have known that M.P. and/or other Clinic staff members presigned or wrote prescriptions for controlled substances.

12. Medical records indicate that Respondent and/or M.P. evaluated Patients D.C., K.P., R.B., A.S. and J.S.

13. Respondent, M.P. and/or unlicensed Clinic staff members prescribed large quantities and dosages of Roxicodone, Percocet, Dilaudid, methadone, Soma, Xanax, Darvocet and/or Klonopin to those patients.

14. Roxicodone is a brand of oxycodone (opioid) and is typically prescribed to treat pain. According to Section 893.03(2)(a), Florida Statutes (2008-2010), Oxycodone, or any salt, compound, derivative, or preparation of Oxycodone, is a Schedule II controlled substance that has a high potential for abuse; has a currently accepted but severely restricted medical use in treatment in the United States; and abuse of Oxycodone may lead to severe psychological or physical dependence. Opioid drugs are synthetically manufactured, while opiate drugs are naturally occurring, but the terms opioid and opiate are often used interchangeably.

15. Methadone is an opioid that is prescribed to treat pain. According to Section 893.03(2), Florida Statutes (2008-2010), methadone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of methadone may lead to severe psychological or physical dependence.

16. Percocet is a brand of drug that is a mixture of oxycodone acetaminophen, or Tylenol. According to Section 893.03(2), Florida Statutes (2008-2010), oxycodone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of oxycodone may lead to severe psychological or physical dependence.

17. Dilaudid is the brand name for hydromorphone and is prescribed to treat pain. According to Section 893.03(2), Florida Statutes (2008-2010), hydromorphone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of hydromorphone may lead to severe psychological or physical dependence.

18. Suboxone (buprenorphine) is an opioid antagonist that is used

to manage chronic pain in an opioid/opiate dependent person or to wean an opioid/opiate dependent person. Suboxone contains buprenorphine and is prescribed to treat pain. According to Section 893.03(5), Florida Statutes (2008-2010), buprenorphine is a Schedule V controlled substance that has a low potential for abuse relative to the substances in Schedule IV and has a currently accepted medical use in treatment in the United States. Abuse of buprenorphine may lead to limited physical or psychological dependence relative to the substances in Schedule IV.

19. Soma is a brand of carisoprodol and is a muscle relaxant prescribed to treat muscular pain. According to Section 893.03(4), Florida Statutes (2008-2010), carisoprodol is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States. Abuse of carisoprodol may lead to limited physical or psychological dependence relative to the substances in Schedule III

20. Darvocet is the brand name for a drug that contains propoxyphene and acetaminophen and is prescribed to treat pain. According to Section 893.03(4), Florida Statutes, propoxyphene is a Schedule IV controlled substance that has a low potential for abuse relative

to the substances in Schedule III and has a currently accepted medical use in treatment in the United States. Abuse of propoxyphene may lead to limited physical or psychological dependence relative to the substances in Schedule III.

21. Klonopin is a brand of clonazepam (benzodiazepine) and is commonly prescribed to treat anxiety. According to Section 893.03(4), Florida Statutes (2008-2010), clonazepam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States. Abuse of clonazepam may lead to limited physical or psychological dependence relative to the substances in Schedule III.

22. Xanax is a brand of alprazolam (benzodiazepine) and is prescribed to treat anxiety. According to Section 893.03(4), Florida Statutes (2008-2010), alprazolam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States. Abuse of alprazolam may lead to limited physical or psychological dependence relative to the substances in Schedule III.

Facts specific to Patient D.C.

23. On or about December 19, 2008, Patient D.C., a 41-year-old male, first presented to Respondent with complaints of sciatica and lower back pain.

24. Patient D.C. indicated a history of taking Suboxone and that he currently was taking 250 tablets of oxycodone 30 mg, 60 tablets of clonazepam 2 mg, 120 tablets of carisoprodol 350 mg and 90 tablets of ibuprofen 800 mg

25. Records indicate that Respondent assessed the patient's condition and prescribed 240 tablets of Roxicodone 30 mg, 60 tablets of Klonopin and 120 tablets of Soma 350 mg.

26. Patient D.C. presented to the Clinic for approximately six follow-up appointments between on or about January 14 and on or about April 29, 2009.

27. Medical records indicate that during the follow-up appointments between on or about January 14 and on or about April 29, 2009, Respondent failed to physically examine the patient's back or pelvis but diagnosed sciatica and lower back pain and prescribed 150 tablets of Dilaudid 8 mg, 60 tablets of Klonopin 2mg, 120 tablets of Soma 350 mg

and 300 tablets of methadone 10 mg.

28. Patient D.C. presented for approximately six follow-up appointments between on or about March 9 and on or about July 28, 2010.

29. At each appointment between on or about March 9 and on or about July 28, 2010, records indicate that Respondent prescribed 240 tablets of Roxicodone 30 mg, 300 tablets of methadone 10mg, 60 tablets of Klonopin 2 mg and 120 tablets of Soma 350 mg.

30. Records indicate that on March 9, 2010, Respondent failed to perform a physical evaluation of the patient's back.

31. At several of Patient D.C.'s appointments, the patient was only evaluated by M.P., who would leave the evaluation room and return with signed prescriptions.

32. There is no indication in the medical record that Respondent obtained an adequate medical history for the patient, attempted to adequately monitor the patient's compliance with the medication regimen, justified the prescription of controlled substances or referred the patient for counseling for drug abuse treatment.

33. Respondent's medical records for Patient D.C. fail to justify the treatment of the patient, including the prescriptions of controlled

substances, and fail to include an adequate patient history, treatment plan for the patient, adequate physical examination(s) or indication that Respondent conducted a periodic review of the course of treatment.

34. A reasonably prudent physician would not have prescribed potentially lethal doses and quantities of controlled substances to Patient D.C. without obtaining or documenting an adequate justification for the prescriptions, adequately monitoring the patient for appropriate use of the controlled substances, periodically reviewing the course of treatment and/or referring the patient for drug abuse counseling.

35. Respondent's medical records for Patient D.C. indicate that Respondent assessed the patient's condition and prescribed the aforementioned controlled substances; however, in addition to any treatment provided by Respondent or in the alternative thereto, M.P. and/or unlicensed Clinic staff members treated Patient D.C. with controlled substances between on or about December 19, 2008, and on or about April 7, 2010.

Facts specific to Patient K.P.

36. On or about March 2, 2009, Patient K.P., a 41-year-old male, first presented to the Clinic with complaints of muscle pain, back pain and stiffness.

37. Patient K.P. indicated a history of treatment by a orthopedist, pain management, physical therapist, acupuncturist and chiropractor and that he had taken Tylenol, opioids, Valium and Xanax.

38. Records indicate that a brief evaluation was performed and that Respondent prescribed 90 tablets of Valium 10 mg, 120 tablets of Dilaudid 8 mg, 180 tablets of methadone 10mg and 150 tablets of Percocet to Patient K.P.

39. Patient K.P. presented to the Clinic for a follow-up appointment on or about April 4, 2009.

40. Medical records do not indicate that Respondent performed a physical examination or meaningful medical evaluation.

41. Records indicate that Respondent prescribed 120 tablets of Roxycodone 30 mg and an unidentifiable additional prescription.

42. Patient K.P. presented to the Clinic for a follow-up appointment on or about April 27, 2009.

43. Records indicate that Respondent assessed the patient's condition and prescribed 180 tablets of Percocet, 240 tablets of Roxicodone 30 mg, 180 tablets of methadone and 90 tablets of Valium.

44. Records indicate that on or about September 29, 2009, Patient K.P. admitted to a Clinic employee that he had been doctor shopping to obtain Percocet.

45. On or about September 29, 2009, Patient K.P. requested a refill of his prescriptions, stating that he had lost or misplaced the medications.

46. Between on or about March 5, 2010, and on or about January 6, 2011, Patient K.P. presented to the Clinic on approximately 12 occasions.

47. Records indicate that on or about March 5, 2010, Respondent assessed the patient's condition and prescribed 120 tablets of Percocet, 240 tablets of Roxicodone 30 mg, 30 tablets of Soma 350 mg, 180 tablets of methadone and 90 tablets of Valium.

48. Records indicate that on approximately 10 occasions between on or about April 1, 2010, and on or about December 9, 2010, Respondent prescribed the following regimen to Patient K.P.: 150 tablets of Percocet, 240 tablets of Roxicodone 30 mg, 30 tablets of Soma 350 mg, 180 tablets

of methadone and 90 tablets of Valium.

49. During K.P.'s treatment at the Clinic, Patient K.P. expressed concerns to Respondent about being overmedicated and sought to alter his treatment.

50. However, Patient K.P. was informed that the prescriptions were presigned and it would cost him an additional \$25 to change the medication.

51. At Patient K.P.'s final appointment with Respondent, Respondent yelled at him that he needed to seek drug counseling in a manner that allowed patients in the waiting room to hear.

52. There is no indication in the medical record that Respondent obtained an adequate medical history for the patient, attempted to monitor the patient's compliance with the medication regimen or referred the patient for drug abuse counseling.

53. Respondent prescribed potentially lethal doses and quantities of controlled substances to Patient K.P. without obtaining or documenting an adequate justification for such prescriptions.

54. Respondent's medical records for Patient K.P. fail to document a justification for the treatment of the patient, including the large

prescription of controlled substances, and an adequate patient history, treatment plan for the patient, adequate physical examination(s) or that he conducted a periodic review of the course of treatment.

55. A reasonably prudent physician would not have prescribed potentially lethal doses and quantities of controlled substances to the patient without obtaining or documenting an adequate justification for the prescriptions; adequately monitoring the patient for appropriate use of the controlled substances or referring the patient for drug abuse counseling.

56. Respondent's medical records for Patient K.P. indicate that Respondent assessed the patient's condition and prescribed the aforementioned controlled substances; however, in addition to any treatment provided by Respondent or in the alternative thereto, M.P. and/or unlicensed Clinic staff members treated Patient K.P. with controlled substances between on or about March 2, 2009, and on or about December 9, 2010.

Facts specific to Patient A.S.

57. On or about March 23, 2009, Patient A.S., a 51-year-old male, first presented to the Clinic with complaints of chronic shoulder and head pain and indicated that he currently was taking Roxycodone 30 mg and

Xanax 2 mg.

58. Records indicate that Respondent prescribed 60 tablets of Oxycontin 80 mg, Percocet and 90 tablets of Xanax to the patient.

59. Records indicate that Respondent prescribed 60 tablets of Oxycontin 80 mg, 90 tablets of Percocet and 90 tablets of Xanax to the patient at follow-up appointments on or about April 11 and 20, 2009.

60. Patient A.S. presented to Respondent for approximately two follow-up appointments on or about February 25, 2010, and on or about March 23, 2010.

61. Records indicate that Respondent failed to perform a physical evaluation of the patient's cervical, thoracic or lumbar spine; diagnosed cervical radiculopathy; prescribed 240 tablets of Roxicodone 30 mg and 120 tablets of Xanax 2mg.

62. Patient A.S. presented to Respondent for approximately five follow-up appointments between on or about April 20, 2010, and on or about August 9, 2010.

63. Records indicate that Respondent failed to perform a physical evaluation of the patient's cervical, thoracic or lumbar spine on April 20 and May 7, 2010.

64. Records indicate that at each appointment between on or about April 20, 2010, and July 12, 2010, Respondent prescribed 240 tablets of Roxycodone 30 mg and 90 tablets of Xanax 2mg.

65. Records indicate that on or about August 9, 2010, Respondent prescribed to Patient A.S. 108 tablets of Roxycodone 30 mg and 90 tablets of Xanax 2mg.

66. During Patient A.S.'s treatment with Respondent, Patient A.S. informed Respondent that he was trying to taper off opioid medications.

67. In response, Respondent stood in Patient A.S.'s face and said, "You will take these. You cannot stop."

68. At some appointments during Patient A.S.'s treatment at the Clinic, the patient was only evaluated by M.P., who would leave the room and then return with the prescriptions.

69. Although Respondent prescribed large quantities and dosages of Oxycontin, Percocet and Xanax, there is no indication in the medical record that Respondent performed an adequate physical examination or obtained an adequate medical history for the patient.

70. A reasonably prudent physician would not have prescribed potentially lethal doses and quantities of controlled substances to the

patient without obtaining or documenting an adequate justification for the prescriptions or adequately monitoring the patient for appropriate use of the controlled substances or referring the patient for drug abuse counseling.

71. Respondent's medical records for Patient A.S. fail to justify the treatment of the patient, including the large prescription of controlled substances; multiple prescriptions of Oxycontin 80 mg, Percocet 10/325 Xanax on April 11 and 20, 2009; and fail to include an adequate patient history, physical examination or treatment plan.

72. Respondent's medical records for Patient A.S. indicate that Respondent assessed the patient's condition and prescribed the aforementioned controlled substances; however, in addition to any treatment provided by Respondent or in the alternative thereto, M.P. and/or unlicensed Clinic staff members treated Patient A.S. with controlled substances between on or about March 23, 2009, and on or about August 9, 2010.

Facts specific to Patient R.B.

73. Between on or about July 15, 2009, and on or about October 2009, Patient R.B., a 56-year-old male, presented to the Clinic with complaints of right-side back, arm and leg pain and received treatment from Respondent's medical partner, Dr. J.M.

74. Records indicate that on or about July 29, 2009, Patient R.B. requested an increase in pain medications and admitted that he had been doctor shopping with in order to obtain Percocet 5 mg.

75. Patient R.B. presented to the Clinic for nine follow-up appointments between on or about July 7, 2010, and on or about February 3, 2011.

76. On or about July 7, 2010, records indicate that Respondent prescribed 150 tablets of oxycodone 30 mg to R.B.

77. Records indicate that on or about August 11 and August 19, 2010, Respondent prescribed 200 tablets of oxycodone 30 mg to R.B. at each appointment.

78. Records indicate that at the approximately six subsequent appointments between on or about September 16, 2010, and on or about February 3, 2011, Respondent prescribed 210 tablets of oxycodone 30 mg

to R.B. at each appointment.

79. There is no indication in the medical record that Respondent performed an adequate physical examination, obtained an adequate medical history for the patient, attempted to verify that the patient was taking the medications as prescribed, performed appropriate examinations and/or that he referred the patient to, or evaluated the patient for, drug addiction.

80. A reasonably prudent physician would not have prescribed potentially lethal doses and quantities of controlled substances to the patient without obtaining or documenting an adequate justification for the prescriptions, adequately monitoring the patient for appropriate use of the controlled substances, referring the patient for drug abuse counseling, failing to perform appropriate examinations, attempting to prevent abuse or diversion of controlled substances by the patient or failing to refer the patient to an addiction specialist and failed to perform appropriate examinations.

Facts specific to Patient J.S.

81. On or about September 30, 2009, M.P. prescribed to Patient J.S. 90 tablets of Darvocet N-100.

COUNT ONE

82. Petitioner realleges and incorporates paragraphs 1 through 81, as if fully set forth herein.

83. Section 459.015(1)(x), Florida Statutes (2008-2010), allows the Board of Osteopathic Medicine to impose discipline for committing medical malpractice as defined in Section 456.50, Florida Statutes. "Medical malpractice" is defined in Section 456.50(1)(e), Florida Statutes (2008-2010), as the "failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure."

84. For purposes of Section 459.015(1)(x), Florida Statutes (2008-2010), the Board shall give great weight to the provisions of Section 766.102, Florida Statutes (2008-2010), which provides that:

The prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

85. Between on or about December 19, 2008, and on or about February 3, 2011, Respondent treated Patients D.C., K.P., R.B. and/or A.S. with large dosages and quantities of controlled substances.

86. Respondent committed medical malpractice in one or more of the following manners:

a. By prescribing excessive or inappropriate dosages and quantities of controlled substances to Patients D.C., K.P., R.B. and/or A.S.;

b. By prescribing excessive or inappropriate controlled substances to Patients D.C., K.P., R.B. and/or A.S. without justification therefor;

c. By prescribing excessive or inappropriate controlled substances to Patients D.C., K.P., R.B. and/or A.S. without obtaining adequate medical histories;

d. By failing to counsel or refer high-risk patients D.C., K.P. and/or R.B. to substance abuse counseling;

e. By failing to adequately monitor Patients D.C., K.P., R.B. and/or A.S.'s use of controlled substances; and/or

f. By failing to consider Patient D.C.'s use of Suboxone in his treatment of the patient.

87. Based on the foregoing, Respondent has violated Section 459.015(1)(x), Florida Statutes (2008-2010), by committing medical malpractice.

#### COUNT TWO

88. Petitioner realleges and incorporates paragraphs 1 through 81, as if fully set forth herein.

89. Section 459.015(1)(t), Florida Statutes (2008-2010), allows the Board of Osteopathic Medicine to impose discipline against an osteopathic physician for prescribing, dispensing, administering, supplying, selling, giving, mixing, or otherwise preparing a legend drug, including all controlled substances, other than in the course of the osteopathic physician's professional practice. For the purposes of this paragraph, it shall be legally presumed that prescribing, dispensing, administering, supplying, selling, giving, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course

of the osteopathic physician's professional practice, without regard to his or her intent.

90. Between on or about December 19, 2008, and on or about February 3, 2011, Respondent treated Patients D.C., K.P., R.B. and/or A.S. with large doses and quantities of controlled substances.

91. Respondent inappropriately prescribed or prescribed excessive or inappropriate quantities of controlled substances in one or more of the following manners:

a. By prescribing controlled substances in the dosages and quantities that he prescribed to Patients D.C., K.P., R.B. and/or A.S.;

b. By prescribing controlled substances to Patients D.C., K.P., R.B. and/or A.S. without justification therefor;

c. By prescribing controlled substances to high-risk patients D.C., K.P. and/or R.B.; and/or

d. By prescribing controlled substances to Patients D.C., K.P., R.B. and/or A.S. without obtaining adequate medical histories of the patients.

92. Based on the foregoing, Respondent has violated Section 459.015(1)(t), Florida Statutes (2008-2010), by prescribing, dispensing, administering, supplying, selling, giving, mixing, or otherwise preparing a legend drug, including all controlled substances, other than in the course of the osteopathic physician's professional practice.

### COUNT THREE

93. Petitioner realleges and incorporates paragraphs 1 through 81, as if fully set forth herein.

94. Section 459.015(1)(o), Florida Statutes (2008-2010), allows the Board of Osteopathic Medicine to impose discipline against an osteopathic physician for failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed osteopathic physician or the osteopathic physician extender and supervising osteopathic physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.

95. Respondent violated failed to keep legible medical records in one or more of the following manners:

- a. By failing to justify the controlled substances prescribed to Patients D.C., K.P., R.B. and/or A.S.;
- b. By failing to adequately document the evaluations performed on Patients D.C., K.P., R.B. and/or A.S.; and/or
- c. By failing to document adequate patient histories for Patients D.C., K.P., R.B. and/or A.S.

96. Based on the foregoing, Respondent has violated Section 459.015(1)(o), Florida Statutes (2008-2010), by failing to keep legible medical records.

#### COUNT FOUR

97. Petitioner realleges and incorporates paragraphs 1 through 81, as if fully set forth herein.

98. Section 459.015(1)(pp), Florida Statutes (2008-2010), provides that violating any provision of Chapters 456 or 459, Florida Statutes, or any rules adopted pursuant thereto, is grounds for discipline by the Board of Osteopathic Medicine.

99. Rule 64B15-14.005(3), Florida Administrative Code, sets forth the following standards for the use of controlled substances for treatment of pain:

(3) Guidelines. The Board has adopted the following guidelines when evaluating the use of controlled substances for pain control:

(a) Evaluation of the Patient. A complete medical history and physical examination must be conducted and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.

(b) Treatment Plan. The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the osteopathic physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities, including osteopathic manipulative treatment and applications, or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

\* \* \*

(d) Periodic Review. At reasonable intervals based on the individual circumstances of the patient, the osteopathic physician should review the course of treatment and any new

information about the etiology of the pain. Continuation or modification of therapy should depend on the osteopathic physician's evaluation of progress toward stated treatment objectives such as improvement in patient's pain intensity and improved physical and/or psychosocial function, i.e., ability to work, need of health care resources, activities of daily living, and quality of social life. If treatment goals are not being achieved, despite medication adjustments, the osteopathic physician should reevaluate the appropriateness of continued treatment. The osteopathic physician should monitor patient compliance in medication usage and related treatment plans.

(e) Consultation. The osteopathic physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation, and consultation with or referral to an expert in the management of such patients.

(f) Medical Records. The osteopathic physician is required to keep accurate and complete records to include, but not be limited to:

1. The medical history and physical examination;
2. Diagnostic, therapeutic, and laboratory results;
3. Evaluations and consultations;
4. Treatment objectives;
5. Discussion of risks and benefits;
6. Treatments;
7. Medications (including date, type, dosage, and quantity prescribed);
8. Instructions and agreements; and
9. Periodic reviews.

Records must remain current and be maintained in an

accessible manner and readily available for review.

100. Respondent violated Rule 64B15-14.005(3), Florida Administrative Code, in one or more of the following manners:

a. By failing to document complete medical histories for Patients D.C., K.P., R.B. and/or A.S.;

b. By failing to document adequate written treatment plans for Patients D.C., K.P., R.B. and/or A.S.;

c. By failing to document or perform an adequate physical examination of Patients D.C., K.P., R.B. and/or A.S.;

d. By failing to monitor or offer substance abuse counseling to high-risk patients D.C., K.P. and/or R.B.; and/or

e. By failing to document an indication or justification for the prescriptions of controlled substances to Patients D.C., K.P., R.B. and/or A.S.

101. Based on the foregoing, Respondent has violated Section 459.015(1)(pp), Florida Statutes (2008-2010), by violating Rule 64B15-14.005(3), Florida Administrative Code.

## COUNT FIVE

102. Petitioner realleges and incorporates paragraphs 1 through 81, as if fully set forth herein.

103. Section 456.072(1)(j), Florida Statutes (2008-2010), allows the Board to discipline an osteopathic physician for aiding, assisting, procuring, employing or advising any unlicensed person to practice a profession contrary to Chapter 456, the chapter regulating the profession, or the rules of the Department or the Board.

104. Respondent employed or retained M.P. and/or staff to assist in the daily operations of the Clinic.

105. M.P. and/or the staff members at the Clinic were not licensed to prescribe controlled substances.

106. M.P. and/or the unlicensed Clinic staff members prescribed controlled substances to Patients J.S., D.C., K.P. and/or A.S.

107. Based on the foregoing, Respondent has violated Section 456.072(1)(j), Florida Statutes (2008-2010), by aiding, assisting, procuring, employing or advising any unlicensed person to practice a profession contrary to Chapter 456, the chapter regulating the profession, or the rules of the Department or the Board.

## COUNT SIX

108. Petitioner realleges and incorporates paragraphs 1 through 81, as if fully set forth herein.

109. Section 459.015(1)(g), Florida Statutes (2008-2010), allows the Board to discipline an osteopathic physician for failing to perform any statutory or legal obligation placed upon a licensed osteopathic physician.

110. Title 45 CFR 164.502 prohibits an osteopathic physician from disclosing protected health information except in limited circumstances.

111. Respondent disclosed Patient K.P.'s protected health information to individuals in Respondent's waiting room, which violated Title 45 CFR 164.502.

112. Based upon the foregoing, Respondent violated Section 459.015(1)(g), Florida Statutes (2008-2010), by failing to perform any statutory or legal obligation placed upon a licensed osteopathic physician.

## COUNT SEVEN

113. Petitioner realleges and incorporates paragraphs 1 through 81, as if fully set forth herein.

114. Section 456.072(1)(j), Florida Statutes (2008-2010), allows the Board to discipline an osteopathic physician for aiding, assisting, procuring,

employing or advising any unlicensed person to practice a profession contrary to Chapter 456, the chapter regulating the profession, or the rules of the Department or the Board

115. Section 456.072(1)(ee), Florida Statutes (2008-2010), prohibits an osteopathic physician for presigning blank prescription forms.

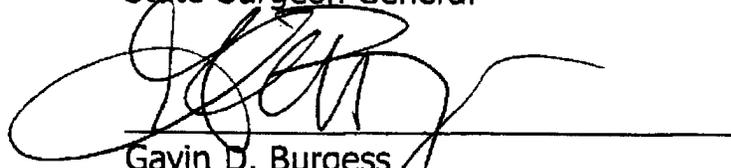
116. Respondent aided, assisted, procured, employed or advised M.P. and/or unlicensed staff members to presign blank prescription forms.

117. Based on the foregoing, Respondent has violated Section 456.072(1)(j), Florida Statutes (2008-2010), by aiding, assisting, procuring, employing or advising any unlicensed person to practice a profession contrary to Chapter 456, the chapter regulating the profession, or the rules of the Department or the Board.

WHEREFORE, the Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 19<sup>th</sup> day of October, 2011.

H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.  
State Surgeon General



Gavin D. Burgess  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar # 013311  
(850) 245-4640  
(850) 245-4662 FAX

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK *Sandra Sofo*  
DATE *10/20/2011*

gdb

PCP Date: October 19, 2011  
PCP Members: Andriole, D.O. , Rose, D.O.

DOH vs. Ty Reso Anderson, D.O.

Case No. 2010-07709

**NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

**NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition any other discipline imposed.**

OK

*Angelo Sandoz*

**STATE OF FLORIDA  
BOARD OF BOARD OF OSTEOPATHIC MEDICINE**

**DEPARTMENT OF HEALTH**

Petitioner,

vs.

Case No: 2008-17307

License No.: OS 7064

**TY RESO ANDERSON, D.O.,**

Respondent.

\_\_\_\_\_ /

**FINAL ORDER**

This matter appeared before the Board of Osteopathic Medicine (hereinafter the "Board") at a duly-noticed public meeting on February 18, 2012, in Ft. Lauderdale, Florida, for a hearing not involving disputed issues of material fact pursuant to Sections 120.569 and 120.57(2), Florida Statutes. Pursuant to the Administrative Complaint, attached hereto as Exhibit A, it was alleged that Respondent, Ty Reso Anderson, D.O., violated specific sections of Chapter 459, Florida Statutes. Petitioner was represented by Michael G. Lawrence, Jr., Assistant General Counsel, Florida Department of Health. Respondent was present and was represented by Edwin Bayó, Esquire. Martha Brown, M.D., Assistant Medical Director of Professionals Resource Network, Inc. (PRN) was also present.

Respondent requested a hearing pursuant to Section 120.57(2), Florida Statutes. Petitioner has filed a Motion for Final Order After Hearing Not Involving Disputed Issues of Material Facts and an Amended Motion. Respondent did not object to either motion. Petitioner also filed a Motion to Assess costs in Accordance with section 456.072(4), Florida Statutes. Respondent did not file a response nor object to the motion.

The prosecuting attorney offered the investigative file into evidence to prove the facts as alleged in the Administrative Complaint. The investigative file was received into evidence and the Board finds that the uncontested facts adequately support the allegations. After a complete review of the record in this matter, including consideration of the Administrative Complaint, any written evidence or testimony, and any mitigating or aggravating circumstances, the Board makes the following findings and conclusions.

#### **FINDINGS OF FACT**

The allegations of fact set forth in the Administrative Complaint are approved, adopted, and incorporated herein by reference as the findings of fact of the Board. There is competent, substantial evidence to support the Board's findings and conclusions.

#### **CONCLUSIONS OF LAW**

The Petitioner's Motion for Final Order After Hearing Not Involving Disputed Issues of Material Facts is granted.

The conclusions of law alleged and set forth in the Administrative Complaint are approved, adopted, and incorporated herein by reference as the conclusions of law by the Board.

The violations set forth warrant disciplinary action by the Board.

Based upon the Findings of Fact, the Board concludes that Respondent violated Sections 459.015(1)(aa), (ee), and (hh), Florida Statutes (2005).

The Board is empowered by Section 459.015(2), Florida Statutes, to impose a penalty against Respondent.

**THEREFORE IT IS ORDERED AND ADJUDGED:**

1. **Fine.** The Respondent shall pay a fine of **fifteen thousand dollars (\$15,000.00)** prior to reinstatement.
2. **Suspension.** The Respondent's license to practice osteopathic medicine in the State of Florida is hereby **SUSPENDED** for **two (2) years** until such time as he personally appears before the Board and the Board confirms compliance with PRN. The Board reserves jurisdiction in this matter to impose terms and conditions of probation, if any, at the time of reinstatement.

#### **RULING ON MOTION TO ASSESS COSTS**

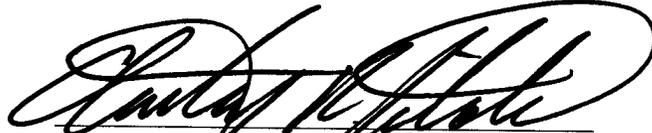
The Board reviewed the Petitioner's Motion to Assess Costs in the amount of \$2,563.48. Accordingly, the Board imposes the costs associated with this case in the amount of **\$2,563.48**. Said costs are to be paid **prior to reinstatement**.

**Payment of Fine and Costs.** Payment of all fine and costs shall be made within prior to reinstatement to the Board of Osteopathic Medicine and mailed to: DOH-Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Osteopathic Compliance Officer.

This Final Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 12 day of March, 2012.

BOARD OF OSTEOPATHIC MEDICINE



Anthony Jusevitch, Executive Director  
*on behalf of* Anna Hayden, D.O., CHAIR

#### **NOTICE OF RIGHT TO JUDICIAL REVIEW**

A party who is adversely affected by this Final Order is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health, and a second copy, accompanied by filing fees prescribed by law, with the District Court of Appeal, First District, or with the District Court of Appeal in the Florida appellate district where the party resides. The Notice of Appeal must be filed within thirty (30) days of rendition of the Order to be reviewed.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **Certified U.S. Mail** to **Ty Reso Anderson, D.O.**, 8898 Hershey Lane, Seminole FL 33777; and **Edwin Bayó, Esq.**, and **William Furlow, Esq.**, Grossman, Furlow & Bayó, L.L.C., 2022-2 Raymond Diehl Road, Tallahassee, FL 32308; to **Martha Brown, M.D.**, Assistant Medical Director, Professionals Resource Network, Inc., P.O. Box 1020, Fernandina Beach, FL 32035-1020; by interoffice mail to **Donna C. McNulty**, Assistant Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; and **Michael G. Lawrence, Jr.**, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin # C-65, Tallahassee, Florida 32399-3265, this 13<sup>th</sup> day of March, 2012.

Angel Sanders

**Deputy Agency Clerk**

Ty Reso

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2008-17307**

**TY RESO ANDERSON, D.O.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, Ty Reso Anderson, D.O., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 7064.

3. Respondent's address of record is 8898 Hershey Lane, Seminole, Florida 33777.

3. At all times relevant to this complaint, Respondent worked at Doctors Urgent Care Walk-In Clinic ("Doctors Urgent Care"), which is located in St. Petersburg, Florida.

4. At all time relevant to this complaint, Respondent supervised several physician's assistants ("PA") and advanced registered nurse practitioners ("ARNP") who worked at Doctor's Urgent Care.

5. On or about March 10, 2006, Patient T.B., a then twenty-eight (28) year-old male, presented to Doctor's Urgent Care, Inc., for pain management regarding low back pain.

6. Patient T.B. was treated by either a PA or an ARNP that worked at Doctor's Urgent Care under Respondent's supervision.

7. The PA failed to conduct and/or record an adequate history of Patient T.B.

8. The ARNP failed to conduct and/or record an adequate history of Patient T.B.

9. The PA failed to conduct and or record the performance of an adequate examination of Patient T.B.

10. The ARNP failed to conduct and/or record the performance of an adequate examination of Patient T.B.

11. On or about March 10, 2006, the PA in question issued Patient T.B. a prescription for Xanax .5 mg, 120 tablets.

12. On or about March 10, 2006, the ANRP in question issued Patient T.B. a prescription for Xanax .5 mg, 120 tablets.

13. Xanax is the brand name for alprazolam and is prescribed to treat anxiety. According to Section 893.03(4), Florida Statutes, alprazolam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States, and abuse of alprazolam may lead to limited physical or psychological dependence relative to the substances in Schedule III.

14. On or about March 10, 2006, the PA in question issued Patient T.B. a prescription for Roxicodone 30 mg, 120 tablets.

15. On or about March 10, 2006, the ARNP in question issued Patient T.B. a prescription for Roxicodone 30 mg, 120 tablets.

16. Roxicodone is a brand name for a drug that contains oxycodone. Oxycodone is commonly prescribed to treat pain. According to

Section 893.03(2), Florida Statutes, oxycodone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of oxycodone may lead to severe psychological or physical dependence.

17. On or about March 10, 2006, the PA in question provided Patient T.B. with a prescription for Methadone 40 mg, 90 tablets.

18. On or about March 10, 2006, the ARNP in question provided Patient T.B. with a prescription for Methadone 40 mg, 90 tablets.

19. Methadone is prescribed to treat pain. According to Section 893.03(2), Florida Statutes, methadone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of methadone may lead to severe psychological or physical dependence.

20. The prescriptions provided to Patient T.B. by the PA were issued using prescriptions presigned by Respondent.

21. The prescriptions provided to Patient T.B. by the ARNP were issued using prescriptions presigned by Respondent.

22. Physician Assistants are not permitted to issue prescriptions for controlled substances.

23. Advanced Registered Nurse Practitioners are not permitted to issue prescriptions for controlled substances.

24. The PA in question failed to justify and/or document justifications for prescribing the types and quantities of controlled substances provided to patient T.B.

25. The ARNP in question failed to justify and/or document justifications for prescribing the types and quantities of controlled substances provided to patient T.B.

**COUNT ONE**

26. Petitioner re-alleges and incorporates paragraphs one (1) through twenty-five (25) as fully set forth herein.

27. Section 459.015(1)(ee), Florida Statutes (2005), provides that pre-signing blank prescription forms constitutes grounds for discipline by the Board of Osteopathic Medicine.

28. Respondent pre-signed blank prescription forms and left them with the PA in question, which were then used to prescribe controlled substances to Patient T.B.

29. Respondent pre-signed blank prescription forms and left them with the ARNP in question, which were then used to prescribe controlled substances to Patient T.B.

30. Based on the foregoing, Respondent violated Section 459.015(1)(ee), Florida Statutes (2005), by pre-signing blank prescription forms.

### **COUNT TWO**

31. Petitioner re-alleges and incorporates paragraphs one (1) through twenty-five (25) as fully set forth herein.

32. Section 459.015(1)(aa), Florida Statutes (2005), provides that delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience or licensure to perform them, constitutes grounds for disciplinary action by the Board of Osteopathic Medicine.

33. Respondent delegated professional responsibilities to a person not qualified by training, experience or licensure to perform them, by leaving pre-signed prescription forms with a PA he supervised at Doctor's Urgent Care and/or allowing the PA in question to prescribe controlled substances, even though PAs are not licensed or qualified to prescribe controlled substances.

34. Respondent delegated professional responsibilities to a person not qualified by training, experience or licensure to perform them, by leaving pre-signed prescription forms with an ARNP he supervised at Doctor's Urgent Care and/or allowing the ARNP in question to prescribe controlled substances, even though ARNPs are not licensed or qualified to prescribe controlled substances.

35. Based on the foregoing, Respondent violated Section 459.015(1)(aa) Florida Statutes (2005), by delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience or licensure to perform them.

### **COUNT THREE**

36. Petitioner re-alleges and incorporates paragraphs one (1) through twenty-five (25) as fully set forth herein.

37. Section 459.015(1)(hh), Florida Statutes (2005), provides that failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, advanced registered nurse practitioners, or other persons acting under the supervision of the osteopathic physician, constitutes grounds for discipline by the Board of Osteopathic Medicine.

38. Respondent failed to adequately supervise the PA who treated Patient T.B. through one or more of the following:

- a) By failing to ensure that an adequate history of Patient T.B. was performed and/or recorded when Patient T.B. presented for treatment;
- b) By failing to ensure that an adequate examination of Patient T.B. was performed and/or recorded when Patient T.B. presented for treatment;
- c) By permitting the PA in question to utilize pre-signed prescriptions.

d) By permitting the PA in question to prescribe controlled substances to Patient T.B.

e) By permitting the PA in question to prescribe inappropriate and/or excessive amounts of controlled substances to Patient T.B., including but not limited to the dosage and frequency.

39. Respondent failed to adequately supervise the ARNP who treated Patient T.B. through one or more of the following:

a) By failing to ensure that an adequate history of Patient T.B. was performed and/or recorded when Patient T.B. presented for treatment;

b) By failing to ensure that an adequate examination of Patient T.B. was performed and/or recorded when Patient T.B. presented for treatment;

c) By permitting the ARNP in question to utilize pre-signed prescriptions.

d) By permitting the ARNP in question to prescribe controlled substances to Patient T.B.

e) By permitting the ARNP in question to prescribe inappropriate and/or excessive amounts of controlled substances to Patient T.B., including but not limited to the dosage and frequency.

40. Based on the foregoing, Respondent has violated Section 459.015(1)(hh), Florida Statutes (2005), by failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, advanced registered nurse practitioners, or other persons acting under the supervision of the osteopathic physician.

WHEREFORE, Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 12<sup>th</sup> day of November, 2009.

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK: Angele Barton  
DATE 11/12/09

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

  
Tobey Schultz  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar No. 0542131  
(850) 245-4640, ext. 8176  
(850) 245-4684 FAX

PCP: 11/10/09 Andriole & Palladino

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

*Angelo Sordani*  
Deputy Agency Clerk

*CR*

**STATE OF FLORIDA  
BOARD OF BOARD OF OSTEOPATHIC MEDICINE**

**DEPARTMENT OF HEALTH**

Petitioner,

vs.

Case No: 2010-18278  
License No.: OS 7064

**TY RESO ANDERSON, D.O.,**

Respondent.

\_\_\_\_\_ /

**FINAL ORDER**

This matter appeared before the Board of Osteopathic Medicine (hereinafter the "Board") at a duly-noticed public meeting on February 18, 2012, in Ft. Lauderdale, Florida, for a hearing not involving disputed issues of material fact pursuant to Sections 120.569 and 120.57(2), Florida Statutes. Pursuant to the Administrative Complaint, attached hereto as Exhibit A, it was alleged that Respondent, Ty Reso Anderson, D.O., violated specific sections of Chapter 456, Florida Statutes. Petitioner was represented by Michael G. Lawrence, Jr., Assistant General Counsel, Florida Department of Health. Respondent was present and was represented by Edwin Bayó, Esquire. Martha Brown, M.D., Assistant Medical Director of Professionals Resource Network, Inc. (PRN) was also present.

Respondent requested a hearing pursuant to Section 120.57(2), Florida Statutes. Petitioner has filed a Motion for Final Order After Hearing Not Involving Disputed Issues of Material Facts and an Amended Motion. Respondent did not object to either motion. Petitioner also filed a Motion to Assess costs in Accordance with section 456.072(4), Florida Statutes. Respondent did not file a response nor object to the motion.

The prosecuting attorney offered the investigative file into evidence to prove the facts as alleged in the Administrative Complaint. The investigative file was received into evidence and the Board finds that the uncontested facts adequately support the allegations. After a complete review of the record in this matter, including consideration of the Administrative Complaint, any written evidence or testimony, and any mitigating or aggravating circumstances, the Board makes the following findings and conclusions.

#### **FINDINGS OF FACT**

The allegations of fact set forth in the Administrative Complaint are approved, adopted, and incorporated herein by reference as the findings of fact of the Board. There is competent, substantial evidence to support the Board's findings and conclusions.

#### **CONCLUSIONS OF LAW**

The Petitioner's Motion for Final Order After Hearing Not Involving Disputed Issues of Material Facts is granted.

The conclusions of law alleged and set forth in the Administrative Complaint are approved, adopted, and incorporated herein by reference as the conclusions of law by the Board.

The violations set forth warrant disciplinary action by the Board.

Based upon the Findings of Fact, the Board concludes that Respondent violated Section 456.072(1)(q), Florida Statutes (2008-2010).

The Board is empowered by Section 456.072(2), Florida Statutes, to impose a penalty against Respondent.

**THEREFORE IT IS ORDERED AND ADJUDGED:**

1. **Reprimand.** The Respondent's license is hereby reprimanded.
2. **Fine.** The Respondent shall pay a fine of \$5,000.00 at the time his license to practice osteopathic medicine in Florida is reinstated.

### **RULING ON MOTION TO ASSESS COSTS**

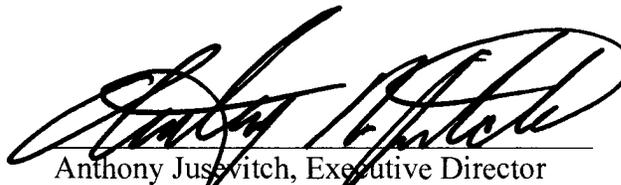
The Board reviewed the Petitioner's Motion to Assess Costs in the amount of \$161.34. Accordingly, the Board imposes the costs associated with this case in the amount of **\$161.34**. Said costs are to be paid **prior to reinstatement**.

**Payment of Fine and Costs.** Payment of all fine and costs shall be made within prior to reinstatement to the Board of Osteopathic Medicine and mailed to: DOH- Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Osteopathic Compliance Officer.

This Final Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 12 day of March, 2012.

BOARD OF OSTEOPATHIC MEDICINE



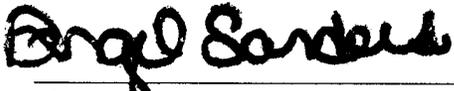
Anthony Jusevitch, Executive Director  
on behalf of Anna Hayden, D.O., CHAIR

## NOTICE OF RIGHT TO JUDICIAL REVIEW

A party who is adversely affected by this Final Order is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health, and a second copy, accompanied by filing fees prescribed by law, with the District Court of Appeal, First District, or with the District Court of Appeal in the Florida appellate district where the party resides. The Notice of Appeal must be filed within thirty (30) days of rendition of the Order to be reviewed.

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **Certified U.S. Mail** to **Ty Reso Anderson, D.O.**, 8898 Hershey Lane, Seminole FL 33777; and **Edwin Bayó, Esq.**, and **William Furlow, Esq.**, Grossman, Furlow & Bayó, L.L.C., 2022-2 Raymond Diehl Road, Tallahassee, FL 32308; to **Martha Brown, M.D.**, Assistant Medical Director, Professionals Resource Network, Inc., P.O. Box 1020, Fernandina Beach, FL 32035-1020; by interoffice mail to **Donna C. McNulty**, Assistant Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; and **Michael G. Lawrence, Jr.**, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin # C-65, Tallahassee, Florida 32399-3265, this 13<sup>th</sup> day of March, 2012.

  
**Deputy Agency Clerk**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2010-18278**

**TY RESO ANDERSON, D.O.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, Ty Reso Anderson, D.O., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 7064 on or about July 19, 1995.

3. Respondent's address of record is 8898 Hershey Lane, Seminole, Florida 33777.

4. On or about August 30, 2006, the Board of Osteopathic Medicine filed a Final Order in Department of Health Case Number 2006-14457.

5. The August 30, 2006, Final Order required Respondent to, among other things, pay an administrative fine in the amount of \$12,500.00, within 90 days of the Final Order being issued.

6. The August 30, 2006, Final Order required Respondent to, among other things, pay costs of investigation and prosecution in the amount of \$6,008.03, within 90 days of the Final Order being issued.

7. On or about January 9, 2008, the Board issued an Order modifying the terms of the Final Order. The modification provided that Respondent shall have to pay \$750.00 quarterly until all the fines and costs are paid in full.

8. Respondent's most recent payment was received by the Department on or about March 17, 2009. Respondent failed to make any new payments to the Department after that date towards the outstanding

fine and costs as required by the Final Order even though the payments were expected to continue until August 30, 2010.

9. Respondent currently has an outstanding balance of approximately \$7,435.00 on the fine and approximately \$1,120.53 on the costs.

10. Section 456.072(1)(q), Florida Statutes (2008)-(2010), provides that violating a lawful order of the board or department constitutes grounds for discipline by the Board of Osteopathic Medicine.

11. Respondent violated the August 30, 2006, Final Order, as modified by the January 9, 2008, order by failing to make quarterly payments of \$750 after approximately March 17, 2009.

12. Based on the foregoing, Respondent violated Section 456.072(1)(q), Florida Statutes (2008)-(2010), by violating a lawful order of the Board of Osteopathic Medicine previously entered in a disciplinary hearing.

WHEREFORE, Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a

reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this** 31<sup>st</sup> **day of** August, **2011.**

H. Frank Farmer, Jr., MD, PhD, FACP  
State Surgeon General

  
\_\_\_\_\_  
Tobey Schultz  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar No. 0542131  
(850) 245-4640, Ext. 8176  
(850) 245-4684 Fax

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK **Angel Sanders**  
DATE 8-31-2011

PCP: 8/30/11  
Andriole & Maian

### **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

### **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case No.: 2006-14457

License No.: OS 7064

TY ANDERSON, D.O.

Respondent.

FINAL ORDER

This matter appeared before the Board of Osteopathic Medicine at a duly-noticed public meeting on August 12, 2006, in Clearwater, Florida, for consideration of a Consent Agreement (attached hereto as Exhibit "A"). Petitioner was represented by Blake Hunter, Assistant General Counsel. Respondent was present with counsel, Edwin A. Bayo, Esq. The Consent Agreement was orally amended as follows:

1. Respondent shall read Chapter 456 and 459, Florida Statutes, Rule 64B15 of the Florida Administrative Code, and execute a notarized affidavit affirming that he has read and understood the aforementioned statutes and rules; sending the original affidavit to the Board office within 30 days of this Order.

2. Costs shall be assessed at **\$6,008.03**.

Respondent accepted the Consent Agreement as amended.

Upon consideration of the Consent Agreement, the documents submitted in support thereof, the arguments of the parties and otherwise being advised in the premises,

IT IS HEREBY ORDERED AND ADJUDGED that the Consent Agreement as amended

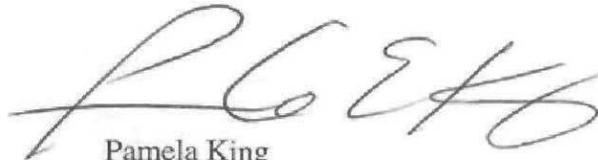
be and hereby is approved and adopted in toto and incorporated by reference herein.

Accordingly, the parties shall adhere to and abide by all the terms and conditions of the Consent Agreement as amended.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

**DONE AND ORDERED** this 30 day of August, 2006.

BOARD OF OSTEOPATHIC MEDICINE

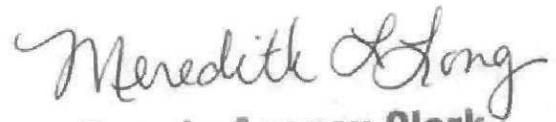


Pamela King  
Executive Director *on behalf of*  
Robert Fedor, D.O., CHAIR

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. Mail to **TY ANDERSON, D.O.**, 8898 Hershey Lane, Seminole, FL 33777; Edwin A. Bayo, GrayRobinson, P.O. Box 11189, Tallahassee, Florida 32301; by interoffice mail to **Michael T. Flury**, Assistant Attorney General, Office of the Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; **Blake Hunter**, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin # C-65, Tallahassee, Florida 32399-3265 this 30 day of

August, 2006.

  
**Deputy Agency Clerk**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOH Case No. 2006-14457**

**TY ANDERSON, D.O.**

**Respondent.**

---

**SETTLEMENT AGREEMENT**

Ty Anderson, D.O., referred to as the "Respondent," and the Department of Health, referred to as "Department" stipulate and agree to the following Settlement Agreement and to the entry of a Final Order of the Board of Osteopathic Medicine, referred to as "Board," incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Petitioner is a state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes, and Chapter 456, Florida Statutes, and Chapter 459, Florida Statutes.

**STIPULATED FACTS**

1. At all times material hereto, Respondent was a licensed osteopathic physician in the State of Florida having been issued license number OS 7064.
2. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent with violations of

Chapter 459, Florida Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit A.

3. Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint for purposes of these proceedings only.

#### **STIPULATED CONCLUSIONS OF LAW**

1. Respondent admits that, in his/her capacity as a licensed osteopathic physician, he/she is subject to the provisions of Chapters 456 and 459, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of Chapter 459, Florida Statutes, as alleged in the Administrative Complaint.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

#### **STIPULATED DISPOSITION**

1. **Reprimand** - The Board shall reprimand the license of Respondent.

2. **Fine** - The Board of Osteopathic Medicine shall impose an administrative fine of Twelve Thousand Five Thousand Dollars (\$12,500.00) against the license of Respondent, to be paid by Respondent to the Department of Health, HMQAMS/Client Services, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer, within ninety-days (90) from the date of filing of the Final Order accepting this Agreement. All fines

shall be paid by check or money order. The Board office does not have the authority to change the terms of payment of any fine imposed by the Board.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HIS/HER LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN 135 DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.**

3. **Reimbursement Of Costs** - Pursuant to Section 456.072, Florida Statutes, Respondent agrees to pay the Department for any administrative costs incurred in the investigation and preparation of this case. Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, and the Board's administrative cost directly associated with Respondent's probation, if any. The agreed upon amount of Department costs to be paid in this case includes but shall not exceed Four Thousand Dollars (\$4,000.00). Respondent will pay costs to the Department of Health, HMQAMS/Client Services, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer within ninety-days

(90) from the date of filing of the Final Order in this cause. Any post-Board costs, such as the costs associated with probation, are not included in this agreement.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HIS/HER LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN 135 DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.**

4. **Community Service** - Respondent shall perform fifty (50) hours of community service, within one (1) year of the date of filing of the Final Order. Community Service shall be defined as the delivery of medical services directly to patients, or the delivery of other volunteer services in the community, without fee or cost to the patient or the entity, for the good of the people of the State of Florida. Community service shall be performed outside the physician's regular practice setting. Respondent shall submit a written plan for performance and completion of the community service to the Probation Committee for approval prior to performance of said community service. Affidavits detailing the completion of

community service requirements shall be filed with the Board as required by the Probation Committee.

5. **Drug Course** - Respondent shall complete the course, "Protecting Your Medical Practice, Clinical, Legal and Ethical Issues in Prescribing Abusable Drugs," sponsored by the University of South Florida, or a Board-approved equivalent, within one year of the date of filing of the Final Order.

6. **Suspension Language** - Respondent's license shall be suspended for a period of twelve (12) months; however, the Board will stay this suspension.

7. **Probation Language** - Effective on the date of the filing of the Final Order incorporating the terms of this Agreement, Respondent's license to practice osteopathic medicine shall be placed on probation for a period of three (3) years. The purpose of probation is not to prevent Respondent from practicing osteopathic medicine. Rather, probation is a supervised educational experience designed by the Board to make Respondent aware of certain obligations to Respondent's patients and the profession and to ensure Respondent's continued compliance with the high standards of the profession through interaction with another osteopathic physician in the appropriate field of expertise. To this end, during the period of probation, Respondent shall comply with the following obligations and requirements:

(A) **Restrictions During Probation** - During the period of probation, Respondent's license shall be restricted as follows:

i. **Indirect Supervision** - Respondent shall practice only under the indirect supervision of a Board-approved osteopathic physician, hereinafter referred to as the "monitor", whose responsibilities are set by the Board. Indirect supervision does not require that the monitor practice on the same premises as Respondent, however, the monitor shall practice within a reasonable geographic proximity to Respondent, which shall be within 20 miles unless otherwise provided by the Board and shall be readily available for consultation. The monitor shall be Board Certified in Respondent's specialty area unless otherwise provided by the Board. In this regard, Respondent shall allow the monitor access to Respondent's medical records, calendar, patient logs or other documents necessary for the monitor to supervise Respondent as detailed below.

ii. **Required Supervision:**

a) If the terms of the Settlement Agreement include indirect monitoring of the licensee's practice, Respondent shall not practice osteopathic medicine without an approved monitor/supervisor, as specified by the Agreement, unless otherwise ordered by the Board.

b) The monitor/supervisor must be a licensee under Chapter 459, Florida Statutes, in good standing and without restriction or limitation on his license. In addition, the Board

may reject any proposed monitor/supervisor on the basis that he has previously been subject to any disciplinary action against his medical license in this or any other jurisdiction, is currently under investigation, or is the subject of a pending disciplinary action. The monitor/supervisor must be actively engaged in the same or similar specialty area unless otherwise provided by the Board and be practicing within a reasonable distance of Respondent's practice, a distance of twenty (20) miles unless otherwise specifically provided for in the Settlement Agreement. The Board may also reject any proposed monitor/supervisor for good cause shown.

**iii. Mechanism For Approval Of Monitor/Supervisor:**

a) **Temporary Approval** - The Board confers authority on the Chairman of the Probation Committee to temporarily approve Respondent's monitor/supervisor. To obtain this temporary approval, Respondent shall submit to the Chairman of the Probation Committee the name and curriculum vitae of the proposed monitor/supervisor at the time this agreement is considered by the Board. **Once a Final Order adopting the Agreement is filed, Respondent shall not practice osteopathic medicine without an approved monitor/supervisor. Temporary approval shall only**

**remain in effect until the next meeting of the Probation Committee.**

b) **Formal Approval** - Respondent shall have the monitor/supervisor with Respondent at Respondent's first probation appearance before the Probation Committee. Prior to the consideration of the monitor/supervisor by the Probation Committee, Respondent shall provide to the monitor/supervisor a copy of the Administrative Complaint and Final Order in this case. Respondent shall submit a current curriculum vita and a description of current practice from the proposed monitor/supervisor to the Board office no later than fourteen (14) days before Respondent's first scheduled probation appearance. Respondent's monitor/supervisor shall also appear before the Probation Committee at such other times as directed by the Probation Committee. It shall be Respondent's responsibility to ensure the appearance of the monitor/supervisor as directed. Failure of the monitor/supervisor to appear as directed shall constitute a violation of the terms of this Settlement Agreement and shall subject Respondent to disciplinary action.

**iv. Change In Monitor/Supervisor** - In the event that Respondent's monitor/supervisor is unable or unwilling to fulfill

the responsibilities of a monitor/supervisor as described above, Respondent shall immediately advise the Probation Committee of this fact. Respondent shall immediately submit to the Chairman of the Probation Committee the name of a temporary monitor/supervisor for consideration. Respondent shall not practice pending approval of this temporary monitor/supervisor by the Chairman of the Probation Committee. Furthermore, Respondent shall make arrangements with his temporary monitor/supervisor to appear before the Probation Committee at its next regularly scheduled meeting for consideration of the monitor/supervisor by the Probation Committee. Respondent shall only practice under the auspices of the temporary monitor/supervisor (approved by the Chairman) until the next regularly scheduled meeting of the Probation Committee at which the issue of the Probation Committee's approval of Respondent's new monitor/supervisor shall be addressed.

v. **Responsibilities Of The Monitor/Supervisor** - The Monitor shall:

- a) Review 25 percent of Respondent's active patient records at least once every quarter for the purpose of ascertaining that Respondent is adequately documenting the medical records and is appropriately prescribing controlled

substances. The monitor shall go to Respondent's office once every quarter and shall review Respondent's calendar or patient log and shall select the records to be reviewed.

b) Consult with Respondent on all cases involving the prescribing of controlled substances. For the purposes of this Settlement, the scope of consultation shall be as follows:

1) Receive and review copies of all controlled substance prescriptions in order to determine the appropriateness of Respondent's prescribing of controlled substances;

c) Submit reports on a quarterly/semiannual basis, in affidavit form, which shall include:

1) A brief statement of why Respondent is on probation;

2) A description of Respondent's practice (type and composition);

3) A statement addressing Respondent's compliance with the terms of probation;

4) A brief description of the monitor's relationship with Respondent;

5) A statement advising the Probation Committee of any problems which have arisen; and

6) A summary of the dates the monitor went to Respondent's office, the number of records reviewed, and the overall quality of the records reviewed, and the dates Respondent contacted the monitor pursuant to subsection c), 3), above.

d) Report immediately to the Board any violations by Respondent of Chapters 456 or 459, Florida Statutes, and the rules promulgated thereto.

e) Respondent's monitor shall appear before the Probation Committee at the first meeting of said committee following commencement of the probation, and at such other times as directed by the Committee. It shall be Respondent's responsibility to ensure the appearance of Respondent's monitor to appear as requested or directed. If the approved monitor fails to appear as requested or directed by the Probation Committee, **Respondent shall immediately cease practicing medicine until such time as the approved monitor or alternate monitor appears before the Probation Committee.**

vi. **Reports From Respondent** - Respondent shall submit quarterly reports, in affidavit form, the contents of which may be further specified by the Board, but which shall include:

- a) A brief statement of why Respondent is on probation;
- b) A description of practice location;
- c) A description of current practice (type and composition);
- d) A brief statement of compliance with probationary terms;
- e) A description of the relationship with monitoring osteopathic physician;
- f) A statement advising the Board of any problems which have arisen; and
- g) A statement addressing compliance with any restrictions or requirements imposed.

vii. **Continuity Of Practice:**

- a) **Tolling Provisions** - In the event Respondent leaves the State of Florida for a period of thirty days or more or otherwise does not engage in the active practice of medicine in the State of Florida, then certain provisions of Respondent's

probation (and only those provisions of the probation) shall be tolled as enumerated below and shall remain in a tolled status until Respondent returns to active practice in the State of Florida:

- 1) The time period of probation shall be tolled;
- 2) The provisions regarding supervision whether direct or indirect by another osteopathic physician, and required reports from the monitor/supervisor shall be tolled;
- 3) The provisions regarding preparation of investigative reports detailing compliance with this Settlement Agreement shall be tolled; and
- 4) Any provisions regarding community service shall be tolled.

b) **Active Practice** - In the event that Respondent leaves the active practice of medicine for a period of one year or more, the Board may require Respondent to appear before the Board and demonstrate his ability to practice medicine with skill and safety to patients prior to resuming the practice of medicine in this State.

viii. **Controlled Substances** - Respondent may prescribe controlled substances only in compliance with the restrictions set forth below:

a) Respondent shall utilize sequentially numbered triplicate prescriptions;

b) Respondent shall immediately provide one copy of each prescription to the monitor/supervisor;

c) Respondent shall provide one copy of each prescription to the Department's investigator within one month after issuing said prescription; and

d) Respondent shall maintain one copy of each prescription in the patient's medical records. This copy may be a xerox copy.

8. **Restriction Language:**

(A) **Restriction on Practice (Physician Assistants)** - Respondent's practice is restricted in that Respondent may not supervise or be designated as the supervising osteopathic physician for any physician assistant during the period that he is on probation pursuant to the Final Order in the case at hand.

**STANDARD PROVISIONS**

9. **Appearance:** Respondent is required to appear before the Board at the meeting of the Board where this Agreement is considered.

10. **No force or effect until final order** - It is expressly understood that this Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Agreement.

11. **Addresses** - Respondent must keep current residence and practice addresses on file with the Board. Respondent shall notify the Board within ten (10) days of any changes of said addresses.

12. **Future Conduct** - In the future, Respondent shall not violate Chapter 456, 459 or 893, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice medicine. Prior to signing this agreement, the Respondent shall read Chapters 456, 459 and 893 and the Rules of the Board of Osteopathic Medicine, at Chapter 64B15, Florida Administrative Code.

13. **Violation of terms considered** - It is expressly understood that a violation of the terms of this Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to Chapters 456 and 459, Florida Statutes.

14. **Purpose of Agreement** - Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with

consideration of the Agreement. Respondent agrees to support this Agreement at the time it is presented to the Board and shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

15. **No preclusion of additional proceedings** - Respondent and the Department fully understand that this Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit A.

16. **Waiver of attorney's fees and costs** - Upon the Board's adoption of this Agreement, the parties hereby agree that with the exception of costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

17. **Waiver of further procedural steps** - Upon the Board's adoption of this Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or

contest the validity of the Agreement and the Final Order of the Board incorporating said Agreement.

SIGNED this 12 day of July, 2006.

[Signature]  
Ty Anderson, D.O.

Before me, personally appeared Ty R Anderson, whose identity is known to me by FL DL (type of identification) and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 12 day of July, 2006.



[Signature]  
NOTARY PUBLIC

My Commission Expires: 3/30/09

APPROVED this 14<sup>th</sup> day of July, 2006.

M. Rony François, M.D., M.S.P.H., Ph.D.  
Secretary Department of Health

[Signature]  
By: J. Blake Hunter  
Assistant General Counsel  
Department of Health

**Priority One Case**

[Signature]  
By: Mari M. Presley  
Deputy General Counsel  
Department of Health

J. Blake Hunter  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way  
Tallahassee, FL 32399-3265  
Florida Bar No. 0570788  
(850) 245-4640 Telephone  
(850) 245-4682 FAX

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**V.**

**CASE NO. 2006-14457**

**TY ANDERSON, D.O.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, Ty Anderson, D.O., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 7064.

3. Respondent's address of record is 4900 33<sup>rd</sup> Avenue North, Saint Petersburg, Florida 33710.

4. Respondent is the medical director for Doctors Urgent Care Walk-In Clinic ("Doctors Urgent Care"), which is located in St. Petersburg, Florida.

5. On or about March 15, 2006, an undercover detective working with the Pinellas County Sheriff's Office, presented to Doctors Urgent Care. The detective was seen by Dr. M.J.E, an osteopathic physician employed at Doctors Urgent Care.

6. Dr. M.J.E. completed and provided a pre-signed prescription to the detective for Skelaxin, four hundred (400) mg, sixty (60) tablets; Alprazolam two (2) mg, twenty (20) tablets; and Roxicodone, thirty (30) mg, ninety (90) tablets. The prescriptions had been pre-signed by Respondent as the authorizing physician. Respondent was not on the premises of Doctors Urgent Care at the time the undercover detective obtained the prescription. Dr. M.J.E. had retired her Drug Enforcement Administration ("DEA") number in 1994 and she did not have the authority to prescribe controlled substances to the detective.

7. Skelaxin is a muscle relaxant and a legend drug that requires a prescription from a licensed physician to obtain.

8. Alprazolam is a Schedule IV controlled substance as listed under Chapter 893, Florida Statutes. Alprazolam has a low potential for abuse and has a currently accepted medical use in treatment in the United States. Abuse of this substance may lead to limited physical or psychological dependence.

9. Roxicodone, also known as Oxycodone, is a Schedule II controlled substance as listed under Chapter 893, Florida Statutes. Oxycodone has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of this substance may lead to severe psychological or physical dependence.

10. After leaving Doctors Urgent Care, the undercover detective presented to G & H Pharmacy with the prescriptions for Skelaxin, Alprazolam and Roxicodone. The undercover detective had the prescriptions filled and he received Skelaxin, eight hundred (800) mg, thirty (30) tablets; Alprazolam, two (2) mg, twenty (20) tablets; and Oxycodone, thirty (30) mg, ninety (90) tablets.

11. On or about March 17, 2006, an undercover detective working with the Pinellas County Sheriff's Office, presented to Doctors Urgent Care. The undercover detective was seen by Dr. M.J.E.

12. Dr. M.J.E. completed a pre-signed prescription for Percocet 5, three hundred twenty-five (325) mg, ninety (90) tablets and Soma, three hundred fifty (350) mg, thirty (30) tablets. The prescriptions had been pre-signed by Respondent as the authorizing physician. Respondent was not on the premises of Doctors Urgent Care at the time the undercover detective obtained the prescription.

13. Soma contains Carisoprodol, which is a Schedule IV controlled substance as listed under Chapter 893, Florida Statutes. Carisoprodol is a muscle relaxant used as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions. The effects of Carisoprodol and other central nervous system depressants may be additive. A substance in Schedule IV has a low potential for abuse, and a currently accepted medical use in treatment. Abuse of this substance may lead to limited physical or psychological dependence.

14. Percocet, also known as Oxycodone, is a Schedule II controlled substance as listed under Chapter 893, Florida Statutes. Oxycodone has a high potential for abuse and has a currently accepted by severely restricted medical use in treatment in the United States. Abuse of this substance may lead to severe psychological or physical dependence.

15. After leaving Doctors Urgent Care, the undercover detective presented to G & H Pharmacy with the prescriptions for Percocet and Soma. The undercover detective had the prescriptions filled and received Oxycodone 5, three hundred twenty-five (325) mg, ninety (90) tablets and Carisoprodol, three hundred fifty (350) mg, thirty (30) tablets.

16. On or about March 22, 2006, an undercover officer working with the Pinellas County Sheriff's Office, presented to Doctors Urgent Care. The undercover detective was seen by S.S., a physician assistant that was employed at Doctors Urgent Care.

17. S.S. completed a pre-signed prescription and provided a prescription for Vicodin ES, one hundred twenty (120) tablets to the detective. The prescription had been pre-signed by Respondent as the authorizing physician. Respondent was not on the premises of Doctors Urgent Care at the time the undercover detective obtained the prescription.

18. Vicodin, also known as Hydrocodone, is a Schedule II controlled substance as listed under Chapter 893, Florida Statutes. Hydrocodone has a high potential for abuse and has a currently accepted by severely restricted medical use in treatment in the United States. Abuse of the substance may lead to severe psychological or physical dependence.

19. After leaving Doctors Urgent Care, the undercover detective presented to G & H Pharmacy with the prescription for Vicodin ES. The undercover detective had the prescriptions filled and received Hydrocodone 7.5, seven hundred fifty (750) mg, one hundred twenty (120) tablets.

20. On or about March 23, 2006, an undercover detective working with the Pinellas County Sheriff's Office, presented to Doctors Urgent Care. The undercover detective was seen by S.S.

21. S.S. completed a pre-signed prescription and faxed the prescription to G & H Pharmacy for Celebrex, one hundred (100) mg, sixty (60) tablets. Celebrex is an anti-inflammatory pain reliever and also a legend drug that requires a prescription from a licensed physician to obtain. The prescription had been pre-signed by Respondent as the authorizing physician. Respondent was not on the premises of Doctors Urgent Care at the time the undercover detective obtained the prescription.

22. After leaving Doctors Urgent Care, the undercover detective presented to G & H Pharmacy and picked up the prescription for Celebrex, two hundred (200) mg, sixty (60) tablets.

23. On or about March 24, 2006, an undercover detective working with the Pinellas County Sheriff's Office, presented to Doctors Urgent Care. The undercover detective was seen by S.S.

24. S.S. completed a pre-signed prescription and faxed the prescription to G & H Pharmacy for Vicodin ES 7.5, six hundred fifty (650) mg, ninety (90) tablets. The prescription had been pre-signed by Respondent as the authorizing physician. Respondent was not on the premises of Doctors Urgent Care at the time the undercover detective obtained the prescription.

25. After leaving Doctors Urgent Care, the undercover detective presented to G & H Pharmacy and picked up a prescription for Hydrocodone 7.5, six hundred fifty (650) mg, ninety (90) tablets.

26. On or about March 29, 2006, an undercover detective working with the Pinellas County Sheriff's Office, presented to Doctors Urgent Care. After a short conversation with the Office Manager and without seeing any physician or physician assistant, the undercover detective obtained a

prescription for Vicodin ES 7.5, seven hundred fifty (750) mg, one hundred twenty (120) tablets. The Office Manager for Doctors Urgent Care holds no medical degree or certifications. The prescription had been pre-signed by Respondent as the authorizing physician. Respondent was not on the premises of Doctors Urgent Care at the time the undercover detective obtained the prescription.

27. After leaving Doctors Urgent Care, the undercover detective took the Vicodin ES prescription to G & H Pharmacy to have it filled. The undercover detective received Hydrocodone 7.5, seven hundred (750) mg, one hundred twenty (120) tablets.

28. On or about March 29, 2006, an undercover officer working with the Pinellas County Sheriff's Office, presented to Doctors Urgent Care. The undercover detective was seen by S.S.

29. S.S. completed a pre-signed prescription and prescribed Percocet 2.5, three hundred twenty-five (325) mg, sixty (60) tablets, and Dilaudid, two (2) mg, forty-five (45) tablets, to the undercover detective. The prescription had been pre-signed by Respondent as the authorizing physician. Respondent was not on the premises of Doctors Urgent Care at the time the undercover detective obtained the prescription.

30. Dilaudid, also known as Hydromorphone, is a Schedule II controlled substance as listed under Chapter 893, Florida Statutes. Hydromorphone has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of this substance may lead to severe psychological or physical dependence.

31. After leaving Doctors Urgent Care, the undercover detective presented to G & H Pharmacy with the prescriptions for Percocet and Dilaudid. The undercover detective received Hydromorphone, two (2) mg, forty-five (45) tablets and Oxycodone 5, three hundred twenty-five (325) mg, thirty (30) tablets.

32. On or about April 11, 2006, an undercover detective working with the Pinellas County Sheriff's Office, presented to Doctor's Urgent Care. The detective was seen by S.S.

33. S.S. completed a pre-signed prescription and prescribed the detective Roxycodone, thirty (30) mg, one hundred twenty (120) tablets; Skelaxin, eight hundred (800) mg, sixty (60) tablets; and Xanax, two (2) mg, twenty (20) tablets. The prescriptions had been pre-signed by Respondent as the authorizing physician. Respondent was not on the

premises of Doctors Urgent Care at the time the undercover detective obtained the prescription.

34. Xanax, which contains Alprazolam, is a Schedule IV controlled substance as listed under Chapter 893, Florida Statutes. A substance in Schedule IV has a low potential for abuse, and a currently accepted medical use in treatment. Abuse of this substance may lead to limited physical or psychological dependence.

35. After leaving Doctors Urgent Care, the undercover detective took the prescriptions for Roxicodone, Skelaxin and Xanax to G & H Pharmacy to be filled. The detective received Oxycodone, thirty (30) mg, one hundred twenty (120) tablets.

36. When the Pinellas County Sheriff's Office searched Doctors Urgent Care, the officers found one hundred thirty-two (132) prescriptions that had been pre-signed by Respondent in Dr. A.P.'s desk, a chiropractic physician that owned Doctors Urgent Care, and thirty-six (36) prescriptions that had been pre-signed by Respondent in S.S.'s pocket.

37. The employees at Doctor's Urgent Care stated that on one occasion an employee went to Respondent's office to pick up prescriptions that had been pre-signed by Respondent and on another occasion an

employee went to Respondent's house to pick up pre-signed prescriptions. Further, an employee of Doctor's Urgent Care stated that Respondent presented to Doctor's Urgent Care on several occasions to pre-sign prescriptions.

### **COUNT ONE**

38. Petitioner realleges and incorporates paragraphs one (1) through thirty-seven (37) as fully set forth herein.

39. Section 459.015(1)(ee), Florida Statutes (2005), provides that pre-signing blank prescription forms constitutes grounds for discipline by the Board of Osteopathic Medicine.

40. Respondent pre-signed blank prescription forms and left them with M.J.E. or S.S., which were then used to prescribe controlled substances to the detectives.

41. Based on the foregoing, Respondent violated Section 459.015(1)(ee), Florida Statutes (2005), by pre-signing blank prescription forms.

### **COUNT TWO**

42. Petitioner realleges and incorporates paragraphs one (1) through thirty-seven (37) as fully set forth herein.

43. Section 459.015(1)(aa), Florida Statutes (2005), provides that delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience or licensure to perform them, constitutes grounds for disciplinary action by the Board of Osteopathic Medicine.

44. Respondent delegated professional responsibilities to a person not qualified by training, experience or licensure to perform them, in one or more of the following ways:

a. by allowing M.J.E. to prescribe controlled substances by leaving pre-signed prescription forms with M.J.E., even though she had retired her DEA number and did not have the proper licensure to prescribe controlled substances to anyone; or

b. by leaving pre-signed prescription forms with S.S. and allowing S.S. to prescribe controlled substances, even though S.S. was not licensed or qualified to prescribe controlled substances.

45. Based on the foregoing, Respondent violated Section 459.015(1)(aa) Florida Statutes (2005), by delegating professional

responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience or licensure to perform them.

### **COUNT THREE**

46. Petitioner realleges and incorporates paragraphs one (1) through thirty-seven (37) as fully set forth herein.

47. Section 459.015(1)(hh), Florida Statutes (2005), provides that failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, advanced registered nurse practitioners, or other persons acting under the supervision of the osteopathic physician, constitutes grounds for discipline by the Board of Osteopathic Medicine.

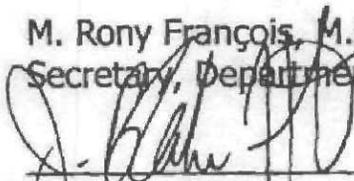
48. Respondent failed to adequately supervise S.S., by allowing S.S. to prescribe controlled substances to the undercover detectives, even though S.S. was not qualified or licensed to prescribe controlled substances. Respondent rarely visited or treated patients at Doctors Urgent Care and was never present when S.S. prescribed controlled substances to the detectives.

49. Based on the foregoing, Respondent has violated Section 459.015(1)(hh), Florida Statutes (2005), by failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, advanced registered nurse practitioners, or other persons acting under the supervision of the osteopathic physician.

WHEREFORE, Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 11<sup>th</sup> day of July, 2006.

M. Rony Francois, M.D., M.S.P.H., Ph.D  
Secretary, Department of Health



J. Blake Hunter  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar No. 0570788  
(850) 245-4640, ext 8114/245-4682 FAX

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK: Kelly Bailey  
DATE: 7/12/06

PCP: *Waived*

PCP Members:

Reviewed and approved by: *JAA* (initials) 07-11-06 (date)

### NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

### NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

ck

Final Order No. DOH-12-0511-<sup>FOI</sup> MQA  
FILED DATE **MAR 13 2012**  
Department of Health  
By: Angelo Sardenes  
Deputy Agency Clerk

**STATE OF FLORIDA  
BOARD OF BOARD OF OSTEOPATHIC MEDICINE**

**DEPARTMENT OF HEALTH**

Petitioner,

vs.

Case No: 2009-20078

License No.: OS 7064

**TY RESO ANDERSON, D.O.,**

Respondent.

\_\_\_\_\_ /

**FINAL ORDER**

This matter appeared before the Board of Osteopathic Medicine (hereinafter the "Board") at a duly-noticed public meeting on February 18, 2012, in Ft. Lauderdale, Florida, for a hearing not involving disputed issues of material fact pursuant to Sections 120.569 and 120.57(2), Florida Statutes. Pursuant to the Administrative Complaint, attached hereto as Exhibit A, it was alleged that Respondent, Ty Reso Anderson, D.O., violated specific sections of Chapter 456, Florida Statutes. Petitioner was represented by Michael G. Lawrence, Jr., Assistant General Counsel, Florida Department of Health. Respondent was present and was represented by Edwin Bayó, Esquire. Martha Brown, M.D., Assistant Medical Director of Professionals Resource Network, Inc. (PRN) was also present.

Respondent requested a hearing pursuant to Section 120.57(2), Florida Statutes. Petitioner has filed a Motion for Final Order After Hearing Not Involving Disputed Issues of Material Facts and an Amended Motion. Respondent did not object to either motion. Petitioner also filed a Motion to Assess costs in Accordance with section 456.072(4), Florida Statutes. Respondent did not file a response nor object to the motion.

The prosecuting attorney offered the investigative file into evidence to prove the facts as alleged in the Administrative Complaint. The investigative file was received into evidence and the Board finds that the uncontested facts adequately support the allegations. After a complete review of the record in this matter, including consideration of the Administrative Complaint, any written evidence or testimony, and any mitigating or aggravating circumstances, the Board makes the following findings and conclusions.

#### **FINDINGS OF FACT**

The allegations of fact set forth in the Administrative Complaint are approved, adopted, and incorporated herein by reference as the findings of fact of the Board. There is competent, substantial evidence to support the Board's findings and conclusions.

#### **CONCLUSIONS OF LAW**

The Petitioner's Motion for Final Order After Hearing Not Involving Disputed Issues of Material Facts is granted.

The conclusions of law alleged and set forth in the Administrative Complaint are approved, adopted, and incorporated herein by reference as the conclusions of law by the Board.

The violations set forth warrant disciplinary action by the Board.

Based upon the Findings of Fact, the Board concludes that Respondent violated Section 456.072(1)(c), Florida Statutes (2011).

The Board is empowered by Section 456.072(2), Florida Statutes, to impose a penalty against Respondent.

THEREFORE IT IS ORDERED AND ADJUDGED:

1. **Fine.** The Respondent shall pay a fine of **two thousand dollars (\$2,000.00)** prior to reinstatement of his license in Case Number 2010-07709
2. **Probation.** The Board reserves jurisdiction in this matter to impose terms and conditions of probation, if any, at the time of reinstatement of Respondent's license in Case Number 2010-07709.

### **RULING ON MOTION TO ASSESS COSTS**

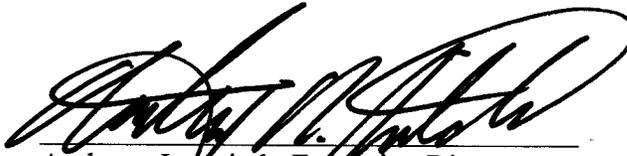
The Board reviewed the Petitioner's Motion to Assess Costs in the amount of \$747.43. Accordingly, the Board imposes the costs associated with this case in the amount of **seven hundred forty-seven dollars and forty-three cents (\$747.43)**. Said costs are to be paid **prior to reinstatement** of Respondent's license in Case Number 2010-07709.

**Payment of Fine and Costs.** Payment of all fine and costs shall be made to the Board of Osteopathic Medicine and mailed to: DOH-Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Osteopathic Compliance Officer.

This Final Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 12 day of March, 2012.

BOARD OF OSTEOPATHIC MEDICINE

  
\_\_\_\_\_  
Anthony Jusevitch, Executive Director  
on behalf of Anna Hayden, D.O., CHAIR

## NOTICE OF RIGHT TO JUDICIAL REVIEW

A party who is adversely affected by this Final Order is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health, and a second copy, accompanied by filing fees prescribed by law, with the District Court of Appeal, First District, or with the District Court of Appeal in the Florida appellate district where the party resides. The Notice of Appeal must be filed within thirty (30) days of rendition of the Order to be reviewed.

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **Certified U.S. Mail** to **Ty Reso Anderson, D.O.**, 8898 Hershey Lane, Seminole FL 33777; and **Edwin Bayó, Esq.**, and **William Furlow, Esq.**, Grossman, Furlow & Bayó, L.L.C., 2022-2 Raymond Diehl Road, Tallahassee, FL 32308; to **Martha Brown, M.D.**, Assistant Medical Director, Professionals Resource Network, Inc., P.O. Box 1020, Fernandina Beach, FL 32035-1020; by interoffice mail to **Donna C. McNulty**, Assistant Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; and **Michael G. Lawrence, Jr.**, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin # C-65, Tallahassee, Florida 32399-3265, this 13<sup>th</sup> day of March, 2012.

  
**Deputy Agency Clerk**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2009-20078**

**TY RESO ANDERSON, D.O.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, Ty Reso Anderson, D.O., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.
2. At all times material to this Administrative Complaint, Respondent was a licensed osteopathic physician within the state of Florida, having been issued license number OS 7064.

3. Respondent's address of record is 8898 Hershey Lane, Seminole, Florida 33777.

4. On or about November 8, 2011, in the Circuit Court for the Sixth Judicial Circuit of Florida, in and for Pinellas County, Florida, in case number CRC 09-19974CFANO-D, Respondent entered a plea of guilty to one count of possession of cocaine, a felony in the third degree, in violation of Section 893.13(6)(a), Florida Statutes, and one count of possession of paraphernalia, a misdemeanor in the first degree, in violation of Section 893.147(1)(b), Florida Statutes.

5. Section 456.072(1)(c), Florida Statutes (2011), provides that being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of, or the ability to practice, a licensee's profession constitutes grounds for disciplinary action.

6. Respondent is licensed pursuant to Chapter 459, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2011).

7. On or about November 8, 2011, in the Circuit Court for the Sixth Judicial Circuit of Florida, in and for Pinellas County, Florida, in case

number CRC 09-19974CFANO-D, Respondent entered a plea of guilty to one count of possession of cocaine, a felony in the third degree, in violation of Section 893.13(6)(a), Florida Statutes, which is a crime that relates to the practice of, or the ability to practice, osteopathic medicine.

8. On or about November 8, 2011, in the Circuit Court for the Sixth Judicial Circuit of Florida, in and for Pinellas County, Florida, in case number CRC 09-19974CFANO-D, Respondent entered a plea of guilty to one count of possession of paraphernalia, a misdemeanor in the first degree, in violation of Section 893.147(1)(b), Florida Statutes, which is a crime that relates to the practice of, or the ability to practice, osteopathic medicine.

9. Based on the foregoing, Respondent violated Section 456.072(1)(c), Florida Statutes (2011), by being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of, or the ability to practice, a licensee's profession.

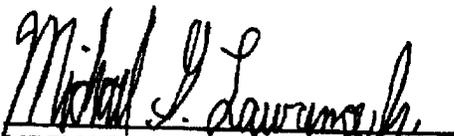
WHEREFORE, the Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 22<sup>nd</sup> day of December, 2011.

H. FRANK FARMER, JR., M.D., Ph.D., F.A.C.P.  
State Surgeon General  
Florida Department of Health

NICHOLAS W. ROMANELLO  
General Counsel  
Florida Department of Health

WM. FREEMAN MILLER  
Attorney Supervisor  
Prosecution Services Unit

  
MICHAEL G. LAWRENCE, JR.  
Assistant General Counsel  
Fla. Bar No. 0011265  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK Angel Sanders  
DATE DEC 22 2011

Telephone: (850) 245-4640  
Facsimile: (850) 245-4683  
Email: michael\_lawrence@doh.state.fl.us

/MGL

PCP: 12/22/11  
PCP Members: Milan  
Andricle

### NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

### NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

## Board Appearances

|                   |                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| November 15, 2017 | Board reviewed application and voted to issue license with conditions<br>Dr. Miguel Fana approved as monitor                                                                                                                                                                                                                                                                                   |
| January 11, 2018  | Notice of Intent to Issue License with Conditions filed                                                                                                                                                                                                                                                                                                                                        |
| February 20, 2018 | License issued (Licensee met the pre-licensure conditions)                                                                                                                                                                                                                                                                                                                                     |
| August 24, 2018   | Licensee appeared for required appearance after six months of probation which was accepted.<br><br>Licensee requested approval of replacement of monitor (Dr. Fana) (inability to secure a position with Dr. Fana, therefore, needed new monitor)<br>Proposed monitor Aron Schlau appeared with licensee.<br><br>The board approved Dr. Schlau as new monitor to be effective October 1, 2018. |
| May 17, 2019      | Licensee appeared for required appearance prior to moving to indirect supervision. (Dr. Schlau appeared with him).<br><br>The board accepted the appearance as the required appearance prior to moving to indirect supervision.                                                                                                                                                                |
| August 23, 2019   | This was not a board appearance; however, supervision changed.<br><br>Dr. Schlau withdrew as licensee's monitor in June.<br><br>Dr. McAlister could not appear at August meeting. Prior to meeting, Dr. Rose granted temporary approval of Dr. McAlister as monitor and required licensee and Dr. McAlister to appear at the November meeting.                                                 |
| November 15, 2019 | Request for an Extension of Approval of Dr. McAlister to serve as licensee's monitor was on the agenda. (Licensee was not required to appear). Dr. McAlister was unable to appear.<br><br>Board denied request.                                                                                                                                                                                |
| February 28, 2020 | Dr. Rose provided temporary approval of Dr. McAlister as licensee's monitor. (Both licensee and monitor are to appear at May meeting).                                                                                                                                                                                                                                                         |

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To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

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July 30, 2020

Edwin A. Bayo, Esq.  
Grossman, Furlow, & Bayo  
2022-2 Raymond Diehl Road  
Tallahassee, Florida 32308

**Re: PETITION FOR TERMINATION OF LICENSURE CONDITIONS**  
**Licensee: TY RESO ANDERSON, D.O.; FILE #14603**

Dear Mr. Bayo:

This letter is to advise you that the above referenced matter has been placed on the agenda for the August 21, 2020, Board of Osteopathic Medicine meeting. Your client is required to attend the meeting.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**  
**Please join from your computer,**  
**tablet or smartphone.**  
<https://global.gotomeeting.com/join/793180125>  
**You can also dial in using your phone.**  
**United States (Toll Free): 1-866-899-4679**  
**Access Code: 793-180-125**

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board.** We appreciate your continued cooperation and assistance.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**Accredited Health Department**  
Public Health Accreditation Board

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

July 30, 2020

Ty Reso Anderson, D.O.  
3820 Tampa Road, Suite 202  
Palm Harbor, Florida 34684

**Re: PETITION FOR TERMINATION OF LICENSURE CONDITIONS**  
**Licensee: TY RESO ANDERSON, D.O.; FILE #14603**

Dear Dr. Anderson:

This letter is to advise you that the above referenced matter has been placed on the agenda for the August 21, 2020, Board of Osteopathic Medicine meeting. You are required to attend the meeting.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**  
**Please join from your computer,**  
**tablet or smartphone.**  
<https://global.gotomeeting.com/join/793180125>  
**You can also dial in using your phone.**  
**United States (Toll Free): 1-866-899-4679**  
**Access Code: 793-180-125**

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board.** We appreciate your continued cooperation and assistance.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



## Peace, Christa

---

**Sent:** Thursday, July 30, 2020 4:04 PM  
**To:** Ty Anderson; Edwin Bayo  
**Cc:** Monroe, Kama  
**Subject:** RE: Ty Anderson, D.O.  
**Attachments:** Ty Anderson ptlc..pdf; Ty Anderson ptlc1.pdf

### *Christa Peace, Regulatory Specialist III*

**From:** Ty Anderson <tyberiousta@gmail.com>  
**Sent:** Thursday, July 30, 2020 12:26 PM  
**To:** Edwin Bayo <e.bayo@gfblawfirm.com>  
**Cc:** Monroe, Kama <Kama.Monroe@flhealth.gov>; Peace, Christa <Christa.Peace@flhealth.gov>  
**Subject:** Re: Ty Anderson, D.O.

Thank you for the update. Dr. Mac wrote the letter because he could not be present.

On Thu, Jul 30, 2020 at 9:40 AM Edwin Bayo <[e.bayo@gfblawfirm.com](mailto:e.bayo@gfblawfirm.com)> wrote:

Dear Ladies:

Our client just forwarded a copy of the attached notice. The notice requests the appearance of Dr. McAllister. He has informed our client that he was previously advised that he needed to appear at the February 2021 meeting. Dr. McAllister will be out of town celebrating his anniversary on August 21. Please let me know if the Petition will be heard on August if he is unable to appear.

*Edwin A. Bayó*

Board Certified in State & Federal Government  
and Administrative Practice



Grossman, Furlow, & Bayó

2022-2 Raymond Diehl Road

Tallahassee, FL 32308

Phone: (850)385-1314

Fax: (850)385-4240

This e-mail is intended for the individual(s) or entity(s) named within the message. This e-mail might contain legally privileged and confidential information. If you properly received this e-mail as a client or retained expert, please hold it in confidence to protect the attorney-client or work product privileges. Should the intended recipient forward or disclose this message to another person or party, that action could constitute a waiver of the attorney-client privilege.

If the reader of this message is not the intended recipient, or the agent responsible to deliver it to the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is prohibited by the sender and to do so might constitute a violation of the Electronic Communication Privacy Act, 18 U.S.C. section 2510-2521.

If this communication was received in error we apologize for the intrusion. Please notify us by reply e-mail or by telephone at (850) 385-1314 and delete the original message without reading same. Nothing in this e-mail message shall, in and of itself, create an attorney-client relationship with the sender.

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**Vision:** To be the **Healthiest State** in the Nation

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## **MEMORANDUM**

To: Board of Osteopathic Medicine  
From: Sondra Nelson Allen, Operations Analyst II  
Date: July 29, 2020  
Respondent: Louis A. Kovacs, D.O. – OS1417  
3910 Deer Crossing Court, #201  
Naples, FL 34114  
Case: 201319612  
RE: Termination of Probation Request

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**License Status/Restrictions:**

- License is currently Probation, Active and expires March 31, 2022

**Reason for Agenda item:**

- Respondent has filed a petition to appear before the Board to consider a reduction or the termination of his probation.

**Basis for Request:**

- Respondent shall appear before the Board at the last meeting of the Board preceding scheduled termination of the probation.

**Attorney:** M. Christopher Lyon, Esquire  
Lewis, Longman & Walker  
315 South Calhoun Street, Suite 830  
Tallahassee, FL 32301  
(850) 222-5702  
[clyon@llw-law.com](mailto:clyon@llw-law.com)

**Discipline Imposed:**

- Placed on Probation = 5 years; including:
  - Respondent Reports
  - Supervisor/Monitor Reports
  - Records Review
  - Indirect Supervision
  - First and Last Appearances
  - Controlled Substance
  - Continuity of Practice – Tolling Provisions
  - Supervision Restriction – notify any physician assistant or anesthesiologist assistant which the respondent supervises, of probationary status
- Fine = \$3,500.00; Costs = \$1,679.05; Due 01/17/2017

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Enforcement  
4052 Bald Cypress Way, Bin C-76 • Tallahassee, FL 32399-3276  
PHONE: (850) 245-4268 • FAX: (850) 488-0796



**Accredited Health Department**  
Public Health Accreditation Board

**Completed Requirements:**

- Fine = \$3,500.00; Paid 01/23/2017
- Costs = \$1,679.05; Paid 01/23/2017
- First Appearance

**Outstanding Requirements:**

- Probation
- Quarterly Reports
- Last Appearance
- Tolling Provisions
- Supervision Restriction
- Indirect Supervision

**MQA Reports**  
**CMU Board Summary/Case File 201319612 Report**  
**July 29, 2020**

Processed: 4:27:55PM

Page 1 of 7

**Current Issue:**

Appearing for termination of probation

**In Compliance**

**Profession:** 1901 : Osteopathic Physician

**Licensee:** Louis A Kovacs D.O., Dr.

**License Nbr:** 1417

**File Nbr:** 499

**License Status:** Probation/Active

**Mailing Address:** 3910 Deer Crossing Ct #201  
Naples, FL 34114

**Primary Location:** 3900 Broadway  
Fort Myers, FL 33901

**Phone:** (330) 232-2316

**Email:** laknaples@gmail.com

**Attorney:** M. Christopher Lyon, Esq.

**Address:** 315 South Calhoun Street  
Suite 830  
Tallahassee, FL 32301

**Phone:** 850-222-5702

**Monitor:** None on Record

**Supervisor:** None on Record

**Respondent:** Louis A Kovacs

**Appeal:** N

**Address:** 3910 Deer Crossing Ct #201  
Naples, FL 34114

**File Date:** 7/18/2016

**Info Package Mailed Date:** 7/18/2016

**Disposition:** Probation

**Violation:** Violate Statut/rule of Board

**Summary:** Possible Violations: ss. 456.072(1)(f)(k)(ll)(dd), 459.015(1)(b)(c)(g)(pp), F.S.; Out of state discipline; Violate Statute/Rule of Board; Conviction related to the practice; Failure to perform legal obligation; Having a license acted against by the licensing authority of any jurisdiction; Conviction of a crime.

Self-Report received alleging on 11/04/13 the Subject entered a plea of guilty in the Court of Common Pleas, Ross County, Ohio, to six violations of ORC 2923.01(A)/2925.23(B)(1), each first degree misdemeanors. As part of his plea deal, the Subject allegedly agreed to voluntarily relinquish his Ohio medical license as he no longer lives or practices in Ohio. The Subject further alleges he has updated his practitioner profile to reflect he voluntarily relinquished his Ohio license.

Analyzed by: Krista Davis

| <b>Discipline Imposed:</b> | <b>Start Date</b> | <b>End Date</b> | <b>Comments</b>                                                                                                                       |
|----------------------------|-------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Probation                  | 08/02/2016        |                 | 8/2/16 Dr. Joseph O'Lear temporarily approved as monitor. Scheduled to appear at the 11/18/16 meeting for formal approval.....5 YEARS |

| <b>Compliance:</b> | <b>Record</b>                      | <b>Due Date</b> | <b>Cmpl Date</b> | <b>Amt Imposed</b> | <b>Amt Paid</b> |
|--------------------|------------------------------------|-----------------|------------------|--------------------|-----------------|
|                    | Pre-approval of Supervisor/Monitor |                 | 08/02/2016       |                    |                 |
|                    | Curriculum Vitae                   |                 | 08/02/2016       |                    |                 |
|                    | Monitor Reports                    | 11/01/2016      | 11/03/2016       |                    |                 |
|                    | Respondent Report                  | 11/01/2016      | 11/03/2016       |                    |                 |
|                    | Costs                              | 01/17/2017      | 01/23/2017       | 1,679.05           | 1,679.05        |
|                    | Fine                               | 01/17/2017      | 01/23/2017       | 3,500.00           | 3,500.00        |
|                    | Respondent Report                  | 02/01/2017      | 02/05/2017       |                    |                 |
|                    | Monitor Reports                    | 02/01/2017      | 02/05/2017       |                    |                 |
|                    | Respondent Report                  | 05/01/2017      | 06/05/2017       |                    |                 |
|                    | Monitor Reports                    | 05/01/2017      | 06/05/2017       |                    |                 |
|                    | Respondent Report                  | 08/01/2017      | 08/02/2017       |                    |                 |
|                    | Monitor Reports                    | 08/01/2017      | 08/02/2017       |                    |                 |
|                    | Respondent Report                  | 11/01/2017      | 11/30/2017       |                    |                 |
|                    | Monitor Reports                    | 11/01/2017      | 11/30/2017       |                    |                 |
|                    | Respondent Report                  | 02/01/2018      | 02/27/2018       |                    |                 |
|                    | Monitor Reports                    | 02/01/2018      | 03/30/2018       |                    |                 |
|                    | Respondent Report                  | 05/01/2018      | 05/11/2018       |                    |                 |
|                    | Monitor Reports                    | 05/01/2018      | 07/06/2018       |                    |                 |
|                    | Respondent Report                  | 08/01/2018      | 08/06/2018       |                    |                 |
|                    | Monitor Reports                    | 08/01/2018      | 09/25/2018       |                    |                 |
|                    | Respondent Report                  | 11/01/2018      | 11/05/2018       |                    |                 |
|                    | Monitor Reports                    | 11/01/2018      | 02/06/2019       |                    |                 |
|                    | Respondent Report                  | 02/01/2019      | 02/06/2019       |                    |                 |
|                    | Monitor Reports                    | 02/01/2019      | 02/06/2019       |                    |                 |
|                    | Respondent Report                  | 05/01/2019      | 05/03/2019       |                    |                 |
|                    | Monitor Reports                    | 05/01/2019      | 05/03/2019       |                    |                 |
|                    | Respondent Report                  | 08/01/2019      | 08/01/2019       |                    |                 |
|                    | Monitor Reports                    | 08/01/2019      | 08/01/2019       |                    |                 |
|                    | Respondent Report                  | 11/01/2019      | 10/31/2019       |                    |                 |
|                    | Monitor Reports                    | 11/01/2019      | 10/31/2019       |                    |                 |
|                    | Respondent Report                  | 02/01/2020      | 02/07/2020       |                    |                 |
|                    | Monitor Reports                    | 02/01/2020      | 02/13/2020       |                    |                 |
|                    | Monitor Reports                    | 05/01/2020      | 05/15/2020       |                    |                 |
|                    | Respondent Report                  | 05/01/2020      | 05/21/2020       |                    |                 |
|                    | Respondent Report                  | 08/01/2020      |                  |                    |                 |
|                    | Monitor Reports                    | 08/01/2020      |                  |                    |                 |
|                    | Respondent Report                  | 11/01/2020      |                  |                    |                 |
|                    | Monitor Reports                    | 11/01/2020      |                  |                    |                 |
|                    | Respondent Report                  | 02/01/2021      |                  |                    |                 |
|                    | Monitor Reports                    | 02/01/2021      |                  |                    |                 |
|                    | Respondent Report                  | 05/01/2021      |                  |                    |                 |
|                    | Monitor Reports                    | 05/01/2021      |                  |                    |                 |
|                    | Respondent Report                  | 08/01/2021      |                  |                    |                 |
|                    | Monitor Reports                    | 08/01/2021      |                  |                    |                 |
| <b>NO</b>          | <b>First Appearance</b>            |                 |                  |                    |                 |
| <b>NO</b>          | <b>Monitor Appearance</b>          |                 |                  |                    |                 |
| <b>NO</b>          | <b>Records Review</b>              |                 |                  |                    |                 |
| <b>NO</b>          | <b>Failure to Comply</b>           |                 |                  |                    |                 |
| <b>NO</b>          | <b>Indirect Supervision</b>        |                 |                  |                    |                 |
| <b>NO</b>          | <b>Last Appearance</b>             |                 |                  |                    |                 |
| <b>NO</b>          | <b>Change of Supervisor</b>        |                 |                  |                    |                 |

**NO Tolling**  
**NO Return to Practice**  
**NO Controlled Substance**  
**NO Supervision Restriction**  
**NO Motions Filed with CRU**

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| <b>Activities:</b> | <b>Activity Date</b> | <b>Actv Code</b> | <b>Activity Description</b>      |
|--------------------|----------------------|------------------|----------------------------------|
|                    | 10/13/2014           | 975              | Referred to Support Staff        |
|                    | 07/09/2015           | 911              | Returned Mail                    |
|                    | 07/18/2016           | 901              | Info pack mailed                 |
|                    | 07/25/2016           | 931              | Respondent Contacted CO          |
|                    | 07/28/2016           | 916              | Fax Received                     |
|                    | 07/29/2016           | 931              | Respondent Contacted CO          |
|                    | 08/02/2016           | 923              | Mail Processed/Reviewed          |
|                    | 08/02/2016           | 992              | Submitted for Temporary Approval |
|                    | 08/02/2016           | 926              | Submitted to the Chair           |
|                    | 08/02/2016           | 917              | Approved by the Chair            |
|                    | 08/02/2016           | 993              | Temporary Approval -Granted      |
|                    | 08/02/2016           | 932              | CO Contacted Respondent          |
|                    | 09/27/2016           | 931              | Respondent Contacted CO          |
|                    | 09/28/2016           | 932              | CO Contacted Respondent          |
|                    | 09/30/2016           | 931              | Respondent Contacted CO          |
|                    | 10/07/2016           | 931              | Respondent Contacted CO          |
|                    | 10/17/2016           | 931              | Respondent Contacted CO          |
|                    | 10/17/2016           | 995              | Agenda Item for Full Board       |
|                    | 10/24/2016           | 916              | Fax Received                     |
|                    | 10/26/2016           | 916              | Fax Received                     |
|                    | 10/27/2016           | 916              | Fax Received                     |
|                    | 11/02/2016           | 923              | Mail Processed/Reviewed          |
|                    | 11/02/2016           | 926              | Submitted to the Chair           |
|                    | 11/03/2016           | 917              | Approved by the Chair            |
|                    | 11/03/2016           | 906              | Warning Letter                   |
|                    | 11/08/2016           | 962              | Board Contacted CO               |
|                    | 11/18/2016           | 905              | Monitor/Employer approved        |
|                    | 01/23/2017           | 923              | Mail Processed/Reviewed          |
|                    | 01/31/2017           | 916              | Fax Received                     |
|                    | 02/01/2017           | 916              | Fax Received                     |
|                    | 02/02/2017           | 923              | Mail Processed/Reviewed          |
|                    | 02/02/2017           | 926              | Submitted to the Chair           |
|                    | 02/05/2017           | 917              | Approved by the Chair            |
|                    | 05/02/2017           | 916              | Fax Received                     |
|                    | 05/04/2017           | 916              | Fax Received                     |
|                    | 05/17/2017           | 926              | Submitted to the Chair           |
|                    | 06/05/2017           | 917              | Approved by the Chair            |
|                    | 07/12/2017           | 931              | Respondent Contacted CO          |
|                    | 08/01/2017           | 916              | Fax Received                     |
|                    | 08/02/2017           | 916              | Fax Received                     |
|                    | 08/02/2017           | 923              | Mail Processed/Reviewed          |
|                    | 08/02/2017           | 931              | Respondent Contacted CO          |
|                    | 08/02/2017           | 926              | Submitted to the Chair           |
|                    | 08/02/2017           | 923              | Mail Processed/Reviewed          |
|                    | 08/02/2017           | 917              | Approved by the Chair            |
|                    | 11/01/2017           | 916              | Fax Received                     |
|                    | 11/13/2017           | 931              | Respondent Contacted CO          |
|                    | 11/28/2017           | 923              | Mail Processed/Reviewed          |
|                    | 11/28/2017           | 926              | Submitted to the Chair           |
|                    | 11/30/2017           | 931              | Respondent Contacted CO          |
|                    | 11/30/2017           | 917              | Approved by the Chair            |
|                    | 12/01/2017           | 926              | Submitted to the Chair           |
|                    | 12/18/2017           | 917              | Approved by the Chair            |
|                    | 01/02/2018           | 906              | Warning Letter                   |
|                    | 01/30/2018           | 916              | Fax Received                     |
|                    | 02/01/2018           | 923              | Mail Processed/Reviewed          |
|                    | 02/01/2018           | 926              | Submitted to the Chair           |
|                    | 02/05/2018           | 931              | Respondent Contacted CO          |

|            |     |                         |
|------------|-----|-------------------------|
| 02/12/2018 | 926 | Submitted to the Chair  |
| 02/27/2018 | 917 | Approved by the Chair   |
| 02/27/2018 | 918 | Denied by the Chair     |
| 03/06/2018 | 931 | Respondent Contacted CO |
| 03/15/2018 | 916 | Fax Received            |
| 03/30/2018 | 923 | Mail Processed/Reviewed |
| 03/30/2018 | 926 | Submitted to the Chair  |
| 03/30/2018 | 917 | Approved by the Chair   |
| 03/30/2018 | 906 | Warning Letter          |
| 05/01/2018 | 916 | Fax Received            |
| 05/04/2018 | 923 | Mail Processed/Reviewed |
| 05/04/2018 | 926 | Submitted to the Chair  |
| 05/07/2018 | 916 | Fax Received            |
| 05/08/2018 | 923 | Mail Processed/Reviewed |
| 05/08/2018 | 926 | Submitted to the Chair  |
| 05/11/2018 | 917 | Approved by the Chair   |
| 05/11/2018 | 918 | Denied by the Chair     |
| 06/13/2018 | 916 | Fax Received            |
| 06/19/2018 | 923 | Mail Processed/Reviewed |
| 06/19/2018 | 926 | Submitted to the Chair  |
| 07/06/2018 | 917 | Approved by the Chair   |
| 07/12/2018 | 906 | Warning Letter          |
| 07/30/2018 | 916 | Fax Received            |
| 07/31/2018 | 923 | Mail Processed/Reviewed |
| 08/03/2018 | 926 | Submitted to the Chair  |
| 08/06/2018 | 917 | Approved by the Chair   |
| 08/09/2018 | 916 | Fax Received            |
| 08/09/2018 | 923 | Mail Processed/Reviewed |
| 09/05/2018 | 926 | Submitted to the Chair  |
| 09/06/2018 | 918 | Denied by the Chair     |
| 09/11/2018 | 932 | CO Contacted Respondent |
| 09/11/2018 | 931 | Respondent Contacted CO |
| 09/24/2018 | 932 | CO Contacted Respondent |
| 09/25/2018 | 926 | Submitted to the Chair  |
| 10/23/2018 | 917 | Approved by the Chair   |
| 10/25/2018 | 906 | Warning Letter          |
| 10/29/2018 | 916 | Fax Received            |
| 10/29/2018 | 923 | Mail Processed/Reviewed |
| 11/05/2018 | 926 | Submitted to the Chair  |
| 11/05/2018 | 932 | CO Contacted Respondent |
| 11/05/2018 | 917 | Approved by the Chair   |
| 11/07/2018 | 931 | Respondent Contacted CO |
| 01/29/2019 | 916 | Fax Received            |
| 01/30/2019 | 916 | Fax Received            |
| 02/05/2019 | 923 | Mail Processed/Reviewed |
| 02/05/2019 | 926 | Submitted to the Chair  |
| 02/05/2019 | 931 | Respondent Contacted CO |
| 02/05/2019 | 926 | Submitted to the Chair  |
| 02/06/2019 | 917 | Approved by the Chair   |
| 02/06/2019 | 917 | Approved by the Chair   |
| 05/01/2019 | 916 | Fax Received            |
| 05/01/2019 | 923 | Mail Processed/Reviewed |
| 05/02/2019 | 916 | Fax Received            |
| 05/03/2019 | 926 | Submitted to the Chair  |
| 05/06/2019 | 918 | Denied by the Chair     |
| 05/21/2019 | 931 | Respondent Contacted CO |
| 05/29/2019 | 932 | CO Contacted Respondent |
| 05/29/2019 | 916 | Fax Received            |
| 06/03/2019 | 926 | Submitted to the Chair  |

|            |     |                            |
|------------|-----|----------------------------|
| 06/07/2019 | 917 | Approved by the Chair      |
| 07/16/2019 | 931 | Respondent Contacted CO    |
| 07/29/2019 | 916 | Fax Received               |
| 07/31/2019 | 916 | Fax Received               |
| 08/01/2019 | 926 | Submitted to the Chair     |
| 08/01/2019 | 923 | Mail Processed/Reviewed    |
| 08/02/2019 | 917 | Approved by the Chair      |
| 10/31/2019 | 916 | Fax Received               |
| 10/31/2019 | 923 | Mail Processed/Reviewed    |
| 11/13/2019 | 916 | Fax Received               |
| 11/13/2019 | 923 | Mail Processed/Reviewed    |
| 11/21/2019 | 926 | Submitted to the Chair     |
| 11/21/2019 | 917 | Approved by the Chair      |
| 02/05/2020 | 916 | Fax Received               |
| 02/05/2020 | 923 | Mail Processed/Reviewed    |
| 02/06/2020 | 926 | Submitted to the Chair     |
| 02/07/2020 | 917 | Approved by the Chair      |
| 02/13/2020 | 915 | Mail Received in CMU       |
| 02/13/2020 | 923 | Mail Processed/Reviewed    |
| 02/14/2020 | 931 | Respondent Contacted CO    |
| 02/20/2020 | 926 | Submitted to the Chair     |
| 02/20/2020 | 931 | Respondent Contacted CO    |
| 02/20/2020 | 917 | Approved by the Chair      |
| 03/03/2020 | 931 | Respondent Contacted CO    |
| 05/14/2020 | 916 | Fax Received               |
| 05/14/2020 | 923 | Mail Processed/Reviewed    |
| 05/15/2020 | 967 | Audited by CO              |
| 05/15/2020 | 926 | Submitted to the Chair     |
| 05/15/2020 | 917 | Approved by the Chair      |
| 05/18/2020 | 955 | Referral to CSU            |
| 05/21/2020 | 931 | Respondent Contacted CO    |
| 05/21/2020 | 931 | Respondent Contacted CO    |
| 05/21/2020 | 917 | Approved by the Chair      |
| 06/01/2020 | 915 | Mail Received in CMU       |
| 06/01/2020 | 923 | Mail Processed/Reviewed    |
| 06/26/2020 | 995 | Agenda Item for Full Board |
| 07/29/2020 | 976 | Board Summary Submitted    |

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| <b>Contact History:</b> | <b>Contact Date</b> | <b>Letter Code</b> | <b>Letter Description</b>       |
|-------------------------|---------------------|--------------------|---------------------------------|
|                         | 07/18/2016          | DSPNRT             | Discipline Narrative            |
|                         | 07/18/2016          | DSPNRT             | Discipline Narrative            |
|                         | 07/18/2016          | NN157              | CMU WELCOME LETTER              |
|                         | 07/18/2016          | NN179              | INVOICE                         |
|                         | 08/02/2016          | NN184              | CMU BOM MONITORED APPROVAL      |
|                         | 11/03/2016          | NN175              | CMU RECEIVED LETTER             |
|                         | 11/03/2016          | NN141              | CMU - WARNING LETTER PAYMENT    |
|                         | 01/23/2017          | NN152              | CMU RECEIPT LETTER              |
|                         | 02/14/2017          | NN175              | CMU RECEIVED LETTER             |
|                         | 06/05/2017          | NN175              | CMU RECEIVED LETTER             |
|                         | 08/04/2017          | NN175              | CMU RECEIVED LETTER             |
|                         | 12/01/2017          | NN175              | CMU RECEIVED LETTER             |
|                         | 01/02/2018          | NN198              | PROBATION REPORT WARNING LETTER |
|                         | 02/27/2018          | NN175              | CMU RECEIVED LETTER             |
|                         | 02/27/2018          | NN175              | CMU RECEIVED LETTER             |
|                         | 03/30/2018          | NN146              | PROBATION REPORTS CREDIT        |
|                         | 05/15/2018          | NN175              | CMU RECEIVED LETTER             |
|                         | 05/15/2018          | NN146              | PROBATION REPORTS CREDIT        |
|                         | 07/12/2018          | NN146              | PROBATION REPORTS CREDIT        |
|                         | 08/06/2018          | NN175              | CMU RECEIVED LETTER             |
|                         | 10/25/2018          | NN146              | PROBATION REPORTS CREDIT        |
|                         | 11/06/2018          | NN175              | CMU RECEIVED LETTER             |
|                         | 02/06/2019          | NN146              | PROBATION REPORTS CREDIT        |
|                         | 05/13/2019          | NN175              | CMU RECEIVED LETTER             |
|                         | 06/10/2019          | NN146              | PROBATION REPORTS CREDIT        |
|                         | 08/02/2019          | NN175              | CMU RECEIVED LETTER             |
|                         | 11/25/2019          | NN146              | PROBATION REPORTS CREDIT        |
|                         | 02/20/2020          | NN146              | PROBATION REPORTS CREDIT        |
|                         | 02/20/2020          | NN146              | PROBATION REPORTS CREDIT        |
|                         | 05/18/2020          | NN91               | REFFERAL LETTER                 |
|                         | 05/22/2020          | NN146              | PROBATION REPORTS CREDIT        |

**Attachments:**

1. Compliance Tracking File
2. Correspondence from Respondent
3. Final Order for Case

Received in CSCMU 02/20/2020  
1901 499  
201319612

**Nelson, Sondra**

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**From:** Lou Kovacs <laknaples@gmail.com>  
**Sent:** Thursday, February 20, 2020 11:38 AM  
**To:** Nelson, Sondra  
**Subject:** Re: Probation

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK *Angel Sanders*  
DATE **FEB 20 2020**

Yes, that will be fine.Thanks.

Sent from my iPhone

On Feb 20, 2020, at 11:34 AM, Nelson, Sondra <[Sondra.Nelson@flhealth.gov](mailto:Sondra.Nelson@flhealth.gov)> wrote:

Good morning Dr. Kovacs,

The next Board meeting will be held on May 15, 2020 in Ft. Lauderdale. Is this the meeting you would like to attend?

*Sondra Nelson Allen, Operations Analyst II  
Department of Health, Division of Medical Quality Assurance, Compliance Management Unit  
4052 Buld Cypress Way, Bin C-76  
Tallahassee, FL 32399-3275  
(850) 901-6756, extension 6756 / Fax (850) 488-0796*



*Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.*

**From:** Lou Kovacs <laknaples@gmail.com>  
**Sent:** Thursday, February 20, 2020 10:41 AM  
**To:** Nelson, Sondra <[Sondra.Nelson@flhealth.gov](mailto:Sondra.Nelson@flhealth.gov)>  
**Subject:** Probation

Hi Sondra,

I would appreciate your assistance in scheduling an appearance before the Board to consider a reduction or termination of my probation.

My case number is 201319612. I feel that I have faithfully observed and completed all requirements for the past 31/2 years and for financial reasons I would appreciate the Boards consideration.

Thank you very much,

Louis A. Kovacs, D.O.  
OS1417.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

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February 20, 2020

Louis A. Kovacs, DO  
3910 Deer Crossing Court, #201  
Naples, FL 34114

Case Number: 201319612  
License Number: 1417

Dear Dr. Kovacs:

The Board of Osteopathic Medicine has received and reviewed your February 1, 2020 respondent and. You have been given credit for the report. Your next set of reports are due May 1, 2020. Please ensure the reports are received timely to remain in compliance with the final order.

The mission of the Department of Health is to protect, promote, & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please contact me at (850) 245-4268, Option 3.

Sincerely,

Sondra N. Allen  
Operations Analyst II

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Enforcement  
4052 Bald Cypress Way, Bin C-76 • Tallahassee, FL 32399-3276  
PHONE: (850) 245-4268 • FAX: (850) 488-0796



Accredited Health Department  
Public Health Accreditation Board

## Nelson, Sondra

---

**From:** Joel Rose <jrose@jrosem.com>  
**Sent:** Friday, February 7, 2020 10:58 AM  
**To:** Nelson, Sondra  
**Subject:** Re: Louis A. Kovacs, 201319612, OS 1417

Good morning Sondra,

Respondent's report is approved.

Joel B. Rose, DO  
Chair, FBOOM.

PS: Enjoy the weekend.

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**From:** Sondra Nelson <Sondra.Nelson@flhealth.gov>  
**Date:** Thursday, February 6, 2020 at 4:22 PM  
**To:** "jrose@jrosem.com" <jrose@jrosem.com>, "joelbrose@me.com" <joelbrose@me.com>  
**Subject:** Louis A. Kovacs, 201319612, OS 1417  
**Resent-From:** Proofpoint Essentials <do-not-reply@proofpointessentials.com>  
**Resent-To:** "jrose@jrosem.com" <jrose@jrosem.com>  
**Resent-Date:** Thursday, February 6, 2020 at 4:16 PM

Good afternoon Dr. Rose,

Please review the February 2020 respondent report for approval.

Thanks and have a great evening.

*Sondra Nelson Allen, Operations Analyst II  
Department of Health/ Division of Medical Quality Assurance/ Compliance Management Unit  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, FL 32399-3275  
(850) 901-6756, extension 6756 / Fax (850) 488-0796*



*Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.*

## Nelson, Sondra

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**From:** Nelson, Sondra  
**Sent:** Thursday, February 6, 2020 4:17 PM  
**To:** 'Joel Rose'; 'Joel Rose'  
**Subject:** Louis A. Kovacs, 201319612, OS 1417  
**Attachments:** DOH 16-1526 S 201319612-1.pdf; Kovacs\_February 2020 Respondent Report.pdf

Good afternoon Dr. Rose,

Please review the February 2020 respondent report for approval.

Thanks and have a great evening.

*Sondra Nelson Allen, Operations Analyst II  
Department of Health/ Division of Medical Quality Assurance/ Compliance Management Unit  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, FL 32399-3275  
(850) 901-6756, extension 6756 / Fax (850) 488-0796*



*Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.*

TRANSMISSION VERIFICATION REPORT

DOH Consumer Services

FEB 04 2020

TIME : 10/31/2019 12:15  
NAME :  
FAX : 2397743593  
TEL :  
SER.# : U63274G2J190624

|              |             |
|--------------|-------------|
| DATE, TIME   | 10/31 12:13 |
| FAX NO./NAME | 18504880796 |
| DURATION     | 00:01:15    |
| PAGE(S)      | 03          |
| RESULT       | OK          |
| MODE         | STANDARD    |

FROM: L.A. KOVAES ~~DO~~  
 330.2322316  
 TO SONDRRA ALLEN  
 1-850 488-0796

DOH Consumer Services

FEB 05 2020

BOARD OF OSTEOPATHIC MEDICINE  
RESPONDENT QUARTERLY REPORT

DOH Consumer Services  
FEB 05 2020

Please print or write legibly.

|                              |                                                                   |              |               |
|------------------------------|-------------------------------------------------------------------|--------------|---------------|
| Respondent's Name:           | LOUIS ANDREW KOVACS                                               |              |               |
| Respondent's License Number: | 051417                                                            | Case Number: | 201319612     |
| Address:                     | 3910 DEER CREEK RD<br>#201<br>City NAPLES State FLORIDA Zip 34114 |              |               |
| Telephone Number             | 330 232 2316                                                      |              |               |
| Monitor:                     | JOSEPH O'LEARY M.D.                                               |              |               |
| Quarter (3 months)           | From: NOV. 1, 2019                                                | To:          | JAN. 31, 2020 |

Brief statement of why Respondent is on probation: FOR VIOLATION OF STATUTES

AND/OR RULES OF THE BOARD HAVING BEEN DISCIPLINED BY ANOTHER STATE: OHIO, CONVICTIONS RELATED TO PRACTICE OF OSTEOPATHIC MEDICINE AND FAILURE TO PERFORM LEGAL OBLIGATIONS.

Description of current practice (type and composition): I TREAT ADDICTION PATIENTS ONE DAY/WEEK, 15-20/WEEK. THIS QUARTER I HAD 163 VISITS.

Statement addressing Respondent's compliance with the terms of probation. I HAVE FAITHFULLY OBSERVED THE TERMS, PRESCRIBING ONLY BUPRENORPHINE, A SCHEDULE III MEDICATION.

Brief description of the monitor's relationship with respondent. DR. JOSEPH O'LEARY IS ALSO EMPLOYED BY MILESTONES WELLNESS CENTERS, AS AN I.

Detail any problems which may have arisen with probationer.

Detail any problems which may have arisen with probationer.

A summary of the dates the Monitor/Supervisor went to Respondent's office, the number of records reviewed, and the overall quality of the records reviewed, and the dates Respondent contacted the Monitor/Supervisor pursuant to above subsections.

DR. D'LEAP REVIEWED 163 CHARTS/VISITS, 100% OF MY QUARTERLY VISITS FROM HE ADVISED HE THAT ALL CHARTS WERE SATISFACTORY.

Report immediately to the Board any violations by Respondent of Chapters 458 or 459, Florida Statutes, and the rules promulgated thereto.

Signature: [Signature]

Date: Feb 3, 2020

STATE OF Florida  
CITY/COUNTY OF Naples/Collier

Before me personally appeared LOUIS A. KOVACS whose identity is known to me by FLDL (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 03 day of February, 2020.

[Signature]  
Notary Public - State Of Florida

05/24/2020

My Commission Expires  
Tatiana Aranzola  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FP991750  
Expires 5/24/2020

Tatiana Aranzola  
Type or Print Name

Please mail, fax or email the reports to:  
Division of Medical Quality Assurance  
Compliance Management Unit - Osteopathic Medicine Compliance Officer  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, Florida 32399-3276  
Facsimile: (850) 488-0796

Email:

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

February 20, 2020

Louis A. Kovacs, DO  
3910 Deer Crossing Court , #201  
Naples, FL 34114

Case Number: 201319612  
License Number: 1417

Dear Dr. Kovacs:

The Board of Osteopathic Medicine has received and reviewed your February 1, 2020 Monitor/Supervisor report. You have been given credit for the report. The next set of reports are due in our office by May 1, 2020. Please ensure reports are received timely to remain in compliance with the final order.

The mission of the Department of Health is to protect, promote, & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please contact me at (850) 245-4268, Option 3.

Sincerely,

Sondra N. Allen  
Operations Analyst II

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Enforcement  
4052 Bald Cypress Way, Bin C-76 • Tallahassee, FL 32399-3276  
PHONE: (850) 245-4268 • FAX: (850) 488-0796



**Accredited Health Department**  
Public Health Accreditation Board

## Nelson, Sondra

---

**From:** Joel Rose <jrose@jrosem.com>  
**Sent:** Thursday, February 20, 2020 2:00 PM  
**To:** Nelson, Sondra  
**Subject:** Re: Louis A. Kovacs, OS 1417, 201319612

Hi Sondra,

Monitor report is approved.

Joel B. Rose, DO  
Chair, FBOOM

---

**From:** Sondra Nelson <Sondra.Nelson@flhealth.gov>  
**Date:** Thursday, February 20, 2020 at 10:35 AM  
**To:** "joelbrose@me.com" <joelbrose@me.com>, "jrose@jrosem.com" <jrose@jrosem.com>  
**Subject:** Louis A. Kovacs, OS 1417, 201319612  
**Resent-From:** Proofpoint Essentials <do-not-reply@proofpointessentials.com>  
**Resent-To:** "jrose@jrosem.com" <jrose@jrosem.com>  
**Resent-Date:** Thursday, February 20, 2020 at 10:27 AM

Good morning Dr. Rose,

Please review the February 2020 monitor report for approval.

Thanks and have a great day!

*Sondra Nelson Allen, Operations Analyst II  
Department of Health/ Division of Medical Quality Assurance/ Compliance Management Unit  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, FL 32399-3275  
(850) 901-6756, extension 6756 / Fax (850) 488-0796*



*Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.*

## Nelson, Sondra

---

**From:** Nelson, Sondra  
**Sent:** Thursday, February 20, 2020 10:27 AM  
**To:** 'Joel Rose'; 'Joel Rose'  
**Subject:** Louis A. Kovacs, OS 1417, 201319612  
**Attachments:** DOH 16-1526 S 201319612-1.pdf; 201319612\_February 2020 Monitor Report.pdf

Good morning Dr. Rose,

Please review the February 2020 monitor report for approval.

Thanks and have a great day!

*Sondra Nelson Allen, Operations Analyst II  
Department of Health/ Division of Medical Quality Assurance/ Compliance Management Unit  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, FL 32399-3275  
(850) 901-6756, extension 6756 / Fax (850) 488-0796*



*Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.*

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Vision:** To be the Healthiest State in the Nation

February 13, 2020

**FROM:**

Joseph E. O'Lear, M. D., P.L.L.C.  
1100 Simonton St  
Key West, FL 33040  
Phone: 305-809-5280  
Fax: 305-809-5289  
Mobile: 305-393-3040

DOH Consumer Services

FEB 13 2020

**TO:**

FAX: 850-488-0796 ✓  
Board of Osteopathic Medicine  
4052 Bald Cypress way  
Bin-C-06  
Tallahassee, FL  
32399-3257

Attn: Ms Sondra Nelson

Re: Monitor/Supervisor Louis A. Kovacs, D.O.  
Case 2013-19612

|                              |                                             |              |           |
|------------------------------|---------------------------------------------|--------------|-----------|
| Respondent's Name:           | Louis Andrew Kovacs                         |              |           |
| Respondent's License Number: | 051417                                      | Case Number: | 201319612 |
| Address:                     | 3910 Deer Crossing Road<br>Naples, FL 34114 |              |           |
| Telephone Number             | 330-232-2316                                |              |           |
| Monitor/Supervisor:          | Joseph E. O'Lear, M.D.                      |              |           |
| Quarter (3 months)           | From: November 1, 2019 to January 31, 2020  |              |           |

*Brief statement of why Respondent is on probation:*

Final Court Order adopted by Board of Osteopathic Medicine for violation of statutes and/or rules of the board, having been disciplined by another state (Ohio) regarding convictions related to practice of osteopathic medicine and failure to perform legal obligations.

Probation imposed for a period of five years

*Respondent's practice (type and composition):*

Dr. Kovacs works in an opioid addiction clinic prescribing buprenorphine approximately 6-8 hours per week

*Statement addressing Respondent's compliance with the terms of probation:*

Dr. Kovacs is compliant with the terms of probation and is monitored by Dr. O'Lear

Both employed by Milestones Wellness Center

*Detail any problems which may have arisen with probationer:* None

*The number of records reviewed, and the overall quality of the records reviewed, and the dates Respondent contacted the Monitor/Supervisor pursuant to above subsections.*

Summary of Dr. Kovacs records which were reviewed:

|                   |    |
|-------------------|----|
| November 1, 2019  | 13 |
| November 8, 2019  | 12 |
| November 15, 2019 | 10 |
| November 22, 2019 | 10 |
| November 30, 2019 | 9  |
| December 6, 2019  | 12 |
| December 13, 2019 | 9  |
| December 20, 2019 | 11 |
| December 27, 2019 | 11 |
| January 3, 2020   | 12 |
| January 10, 2020  | 11 |
| January 17, 2020  | 12 |
| January 24, 2020  | 14 |
| January 31, 2020  | 17 |

Total: 163 records reviewed and quality of documentatiuon is good.

I have reviewed 100% of Dr. Kovac's cases and 100% of the prescriptions Dr. Kovacs has written for Buprenorphone that each of his patients received. He has prescribed no other medications.

The number of patients Dr. Kovacs evaluates is typically an average of 9-17 per work dayworking one day per week. His time at the office seeing patients is approximately 6-8 hours per day. This duration of time is adequate for him to see and evaluate his patients and in my professional opnion his patients are properly monitored and are receiving effective treatment. His documentation is good.

I have reviewed the Final Order and Dr. Kovacs is in full compliance.

Respectfully,

  
Signature:

Joseph E. O'Lear, M.D.

Psychiatrist

Certified Diplomate of the American Board of Addiction Medicine

Senior Staff Physician

Monroe County Health Department

Florida Department of Health

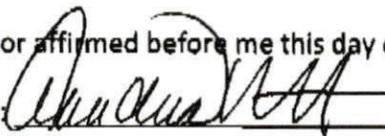
STATE OF: Florida

CITY: Key West

COUNTY: Monroe

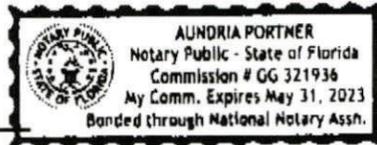
Before me personally appeared Joseph E. O'Leary whose identity is known to me (type of identification) personally I acknowledge that his signature appears as above.

Sworn to or affirmed before me this day of 13<sup>th</sup> February 2020

Signature:  Type or Print Name: \_\_\_\_\_

Notary Public – State of Florida

My commission expires: \_\_\_\_\_



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Vision:** To be the Healthiest State in the Nation

February 13, 2020

**FROM:**

Joseph E. O'Lear, M. D., P.L.L.C.  
1100 Simonton St  
Key West, FL 33040  
Phone: 305-809-5280  
Fax: 305-809-5289  
Mobile: 305-393-3040

**TO:**

FAX: 850-488-0796 ✓  
Board of Osteopathic Medicine  
4052 Bald Cypress way  
Bin-C-06  
Tallahassee, FL  
32399-3257

Attn: Ms Sondra Nelson

Re: Monitor/Supervisor Louis A. Kovacs, D.O.  
Case 2013-19612



SN

|                              |                                             |              |           |
|------------------------------|---------------------------------------------|--------------|-----------|
| Respondent's Name:           | Louis Andrew Kovacs                         |              |           |
| Respondent's License Number: | 051417                                      | Case Number: | 201319612 |
| Address:                     | 3910 Deer Crossing Road<br>Naples, FL 34114 |              |           |
| Telephone Number             | 330-232-2316                                |              |           |
| Monitor/Supervisor:          | Joseph E. O'Lear, M.D.                      |              |           |
| Quarter (3 months)           | From: November 1, 2019 to January 31, 2020  |              |           |

*Brief statement of why Respondent is on probation:*

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Both employed by Milestones Wellness Center

*Detail any problems which may have arisen with probationer:* None

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| January 24, 2020  | 14 |
| January 31, 2020  | 17 |

Total: 163 records reviewed and quality of documentation is good.

I have reviewed 100% of Dr. Kovacs' cases and 100% of the prescriptions Dr. Kovacs has written for Buprenorphine that each of his patients received. He has prescribed no other medications.

The number of patients Dr. Kovacs evaluates is typically an average of 9-17 per work day working one day per week. His time at the office seeing patients is approximately 6-8 hours per day. This duration of time is adequate for him to see and evaluate his patients and in my professional opinion his patients are properly monitored and are receiving effective treatment. His documentation is good.

I have reviewed the Final Order and Dr. Kovacs is in full compliance.

Respectfully,

  
Signature:

Joseph E. O'Lear, M.D.

Psychiatrist

Certified Diplomate of the American Board of Addiction Medicine

Senior Staff Physician

Monroe County Health Department

Florida Department of Health

STATE OF: Florida

CITY: Key West

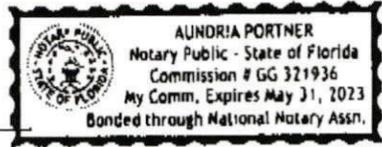
COUNTY: Monroe

Before me personally appeared Joseph E. O'Leary whose identity is known to me (type of identification) personally I acknowledge that his signature appears as above.

Sworn to or affirmed before me this day of 13<sup>th</sup> February 2020

Signature: [Handwritten Signature] Type or Print Name: \_\_\_\_\_

Notary Public – State of Florida



My commission expires: \_\_\_\_\_

## Nelson, Sondra

---

**From:** Nelson, Sondra  
**Sent:** Friday, May 22, 2020 10:14 AM  
**To:** Lou Kovacs  
**Subject:** RE: reports  
**Attachments:** 201319612\_Letter.pdf

Good morning Dr. Kovacs,

The May 1, 2020 respondent report was approved. Attached is a letter for your records.

Have a great holiday weekend!

*Sondra Nelson Allen, Operations Analyst II  
Department of Health/ Division of Medical Quality Assurance/ Compliance Management Unit  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, FL 32399-3275  
(850) 901-6756, extension 6756 / Fax (850) 488-0796*



*Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.*

**From:** Lou Kovacs <laknaples@gmail.com>  
**Sent:** Thursday, May 21, 2020 2:46 PM  
**To:** Nelson, Sondra <Sondra.Nelson@flhealth.gov>  
**Subject:** reports

Hi Sondra,

Please confirm receipt.

Thanks

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

May 22, 2020

Louis A. Kovacs, DO  
3910 Deer Crossing Court, #201  
Naples, FL 34114

Case Number: 201319612  
License Number: 1417

Dear Dr. Kovacs:

The Board of Osteopathic Medicine has received and reviewed your May 1, 2020 Respondent report. You have been given credit for the report. Your next set of reports are due August 1, 2020.

The mission of the Department of Health is to protect, promote, & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please contact me at (850) 245-4268, Option 3.

Sincerely,

Sondra N. Allen  
Operations Analyst II

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Enforcement  
4052 Bald Cypress Way, Bin C-76 • Tallahassee, FL 32399-3276  
PHONE: (850) 245-4268 • FAX: (850) 488-0796



**Accredited Health Department**  
Public Health Accreditation Board

## Nelson, Sondra

---

**From:** Joel Rose <jrose@jrosem.com>  
**Sent:** Thursday, May 21, 2020 3:24 PM  
**To:** Nelson, Sondra  
**Subject:** Re: Louis Kovacs, 201319612

Respondent's report is approved.

Joel B. Rose, DO  
FBOOM Chair

Have a good evening!

---

**From:** Sondra Nelson <Sondra.Nelson@flhealth.gov>  
**Date:** Thursday, May 21, 2020 at 3:21 PM  
**To:** "jrose@jrosem.com" <jrose@jrosem.com>, "joelbroseido@me.com" <joelbroseido@me.com>  
**Subject:** Louis Kovacs, 201319612  
**Resent-From:** Proofpoint Essentials <do-not-reply@proofpointessentials.com>  
**Resent-To:** "jrose@jrosem.com" <jrose@jrosem.com>  
**Resent-Date:** Thursday, May 21, 2020 at 3:15 PM

Hi Dr. Rose,

Please review the May 1, 2020 Respondent report for approval. Thanks and have a great evening!

*Sondra Nelson Allen, Operations Analyst II  
Department of Health/ Division of Medical Quality Assurance/ Compliance Management Unit  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, FL 32399-3275  
(850) 901-6756, extension 6756 / Fax (850) 488-0796*



*Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.*

**BOARD OF OSTEOPATHIC MEDICINE  
RESPONDENT QUARTERLY REPORT**

Please print or write legibly.

|                              |                         |                |           |
|------------------------------|-------------------------|----------------|-----------|
| Respondent's Name:           | LOUIS ANDREW KOVACS     |                |           |
| Respondent's License Number: | 051417                  | Case Number:   | 201319612 |
| Address:                     | 3910 DEER CREEK RD #201 |                |           |
| City:                        | VAPLES                  | State:         | FLORIDA   |
| Zip:                         | 34114                   |                |           |
| Telephone Number:            | 330 232 2316            |                |           |
| Monitor:                     | JOSEPH O'LEARY M.D.     |                |           |
| Quarter (3 months)           | From:                   | To:            |           |
|                              | FEB. 1, 2020            | APRIL 30, 2020 |           |

Brief statement of why Respondent is on probation: FOR VIOLATION OF STATUTES

AND/OR RULES OF THE BOARD HAVING BEEN DISCIPLINED BY ANOTHER STATE: OHIO, CONVICTIONS RELATED TO PRACTICE OF OSTEOPATHIC MEDICINE AND FAILURE TO PERFORM LEGAL OBLIGATIONS.

Description of current practice (type and composition): I TREAT OPIOID ADDICTION PATIENTS ONE DAY/WEEK, 15-20/WEEK. THIS QUARTER I HAD 138 VISITS.

Statement addressing Respondent's compliance with the terms of probation. I HAVE FAITHFULLY OBSERVED THE TERMS, PRESCRIBING ONLY BUPRENORPHINE, A SCHEDULE III MEDICATION.

Brief description of the monitor's relationship with respondent. D.A. JOSEPH O'LEARY IS ALSO EMPLOYED BY MILESTONES WELLNESS CENTERS, AS AN I.

Detail any problems which may have arisen with probationer.

---



---



---

Detail any problems which may have arisen with probationer.

A summary of the dates the Monitor/Supervisor went to Respondent's office, the number of records reviewed, and the overall quality of the records reviewed, and the dates Respondent contacted the Monitor/Supervisor pursuant to above subsections.

DR. O'LEARY REVIEWED 128 CHARTS/VISITS 100% OF MY QUARTERLY VISITS FROM FEB 1 - APRIL 30, 2020 HE ADVISED ME THAT ALL CHARTS WERE SATISFACTORY.

Report immediately to the Board any violations by Respondent of Chapters 456 or 459, Florida Statutes, and the rules promulgated thereto.

Signature: [Signature] Date: 4/28/20

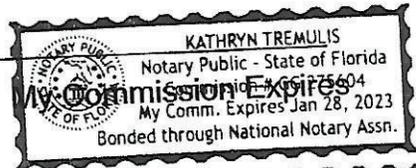
STATE OF Florida

CITY/COUNTY OF Collier

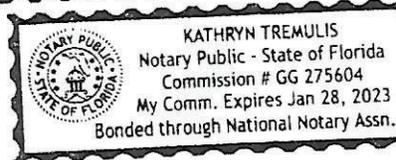
Before me personally appeared Louis Kovacs whose identity is known to me by FL DL (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 28 day of April, 2020

Kathryn Tremulis  
Notary Public - State Of Florida



Kathryn Tremulis  
Type or Print Name



Please mail, fax or email the reports to:  
Division of Medical Quality Assurance  
Compliance Management Unit - Osteopathic Medicine Compliance Officer  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, Florida 32399-3276  
Facsimile: (850) 488-0796

Email:

## Nelson, Sondra

---

**From:** Joel Rose <jrose@jrosem.com>  
**Sent:** Friday, May 15, 2020 4:38 PM  
**To:** Nelson, Sondra  
**Subject:** Re: Louis Kovacs, 201319612

Monitor's report approved.

JR

PS: Have a good weekend.

---

**From:** Sondra Nelson <Sondra.Nelson@flhealth.gov>  
**Date:** Friday, May 15, 2020 at 12:16 PM  
**To:** "jrose@jrosem.com" <jrose@jrosem.com>, "joelbroseido@me.com" <joelbroseido@me.com>  
**Subject:** Louis Kovacs, 201319612  
**Resent-From:** Proofpoint Essentials <do-not-reply@proofpointessentials.com>  
**Resent-To:** "jrose@jrosem.com" <jrose@jrosem.com>  
**Resent-Date:** Friday, May 15, 2020 at 12:01 PM

Hi Dr. Rose,

Please review the May 1, 2020 monitor report for approval. Thanks and have a great weekend!

*Sondra Nelson Allen, Operations Analyst II  
Department of Health/ Division of Medical Quality Assurance/ Compliance Management Unit  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, FL 32399-3275  
(850) 901-6756, extension 6756 / Fax (850) 488-0796*



*Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.*

## Nelson, Sondra

---

**From:** Nelson, Sondra  
**Sent:** Friday, May 15, 2020 12:01 PM  
**To:** Joel Rose; Joel Rose  
**Subject:** Louis Kovacs, 201319612  
**Attachments:** DOH 16-1526 S 201319612-1.pdf; 201319612\_May 2020 Monitor Report.pdf

Hi Dr. Rose,

Please review the May 1, 2020 monitor report for approval. Thanks and have a great weekend!

*Sondra Nelson Allen, Operations Analyst II*

*Department of Health/ Division of Medical Quality Assurance/ Compliance Management Unit*

*4052 Bald Cypress Way, Bin C-76*

*Tallahassee, FL 32399-3275*

*(850) 901-6756, extension 6756 / Fax (850) 488-0796*



*Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.*

May 1, 2020

FROM:

Joseph E. O'Lear, M. D., P.L.L.C.  
2505 Flagler Ave.  
Key West, FL 33040  
Phone: 305-295-6790  
Fax: 305-642-8455  
Mobile: 305-393-3040

TO:

FAX: 850-488-0796 ✓  
Board of Osteopathic Medicine  
4052 Bald Cypress way  
Bin-C-06  
Tallahassee, FL  
32399-3257

Attn: Ms. Sondra Nelson

Re: Monitor/Supervisor Louis A. Kovacs, D.O.  
Case 201319612

DOH Consumer Services

MAY 13 2020

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Vision:** To be the Healthiest State in the Nation

**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Joseph E. O'Lear, M.D., P.L.L.C.**  
2505 Flagler Ave  
Key West, Florida 33040  
Phone: 305-295-6790  
Fax: 305-602-8455

**To: BOARD OF OSTEOPATHIC MEDICINE**  
**Monitor/Supervisor Quarterly Report**

May 1, 2020

|                                     |                                             |                     |           |
|-------------------------------------|---------------------------------------------|---------------------|-----------|
| <b>Respondent's Name:</b>           | Louis Andrew Kovacs                         |                     |           |
| <b>Respondent's License Number:</b> | 051417                                      | <b>Case Number:</b> | 201319612 |
| <b>Address:</b>                     | 3910 Deer Crossing Road<br>Naples, FL 34114 |                     |           |
| <b>Telephone Number</b>             | 330-232-2316                                |                     |           |
| <b>Monitor/Supervisor:</b>          | Joseph E. O'Lear, M.D.                      |                     |           |
| <b>Quarter (3 months)</b>           | From: February 7, 2020 To: April 24, 2020   |                     |           |

**Brief statement of why Respondent is on probation:**

Final Court Order adopted by Board of Osteopathic Medicine for violation of statutes and/or rules of the Board, having been disciplined by another state (Ohio) regarding convictions related to practice of osteopathic medicine and failure to perform legal obligations.

Probation imposed for a period of five years

**Respondent's practice (type and composition):**

Dr. Kovacs works in an opioid addiction clinic evaluating patients and prescribing buprenorphine approximately 5-7 hours per week

**Statement addressing Respondent's compliance with the terms of probation:**

Dr. Kovacs is compliant with the terms of probation and is monitored by Dr. O'Lear

**Brief description of the monitor's relationship with respondent:**

Both employed by Milestones Wellness Center

**Detail any problems which may have arisen with probationer:**

No problems have arisen with probationer.

A summary of the dates of supervision of Respondent's office patient contacts, the number of records reviewed, the overall quality of the records reviewed, and the dates Respondent contacted the Monitor/Supervisor pursuant to above subsections.

Summary of Dr. Kovacs records which were reviewed:

- February 7, 2020 – 8 records reviewed quality:good
- February 14, 2020 – 15 records reviewed quality:good
- February 21, 2020 – 10 records reviewed quality:good
- February 28, 2020 – 13 records reviewed quality:good
- March 6, 2020 – 10 records reviewed quality:good
- March 13, 2020 – 12 records reviewed quality:good
- March 20, 2020 – 15 records reviewed quality:good
- March 27, 2020 – 12 records reviewed quality:good
- April 3, 2020 – 15 records reviewed quality:good
- April 10, 2020 – 7 records reviewed quality:good
- April 17, 2020 – 12 records reviewed quality:good
- April 24, 2020 – 9 records reviewed quality:good

Dr. Kovacs saw a total of 138 patients during the period of time reflected in this report. He provided a prescription to each patient for only the medication Buprenorphine an opioid partial agonist and a Schedule III medication. He wrote a total of 138 prescriptions during this period, one prescription per patient per visit.

Respectfully,

Joseph E. O'Lear, M.D., P.L.L.C.  
 Psychiatrist  
 Senior Staff Physician, Florida Department of Health in Monroe County  
 Diplomate of The American Board of Addiction Medicine

Signature: [Handwritten Signature] Date: MAY 1 2020

STATE OF Florida  
CITY/COUNTY OF Monroe

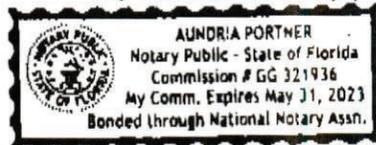
Before me personally appeared Joseph O'Lear whose identity is known to me by personally (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 1st day of May, 2020

[Handwritten Signature]  
Notary Public - State Of Florida

My Commission Expires

Type or Print Name



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

November 25, 2019

Louis A. Kovacs, DO  
3910 Deer Crossing Court, #201  
Naples, FL 34114

Case Number: 201319612  
License Number: 1417

Dear Dr. Kovacs:

The Board of Osteopathic Medicine has reviewed your November respondent and supervisor's reports for this quarter. You have been given credit for the reports. Your next set of reports are due by February 1, 2020.

The mission of the Department of Health is to protect, promote, & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please contact me at (850) 245-4268, Option 3.

Sincerely,

Sondra N. Allen  
Operations Analyst II

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Enforcement  
4052 Bald Cypress Way, Bin C-76 • Tallahassee, FL 32399-3276  
PHONE: (850) 245-4268 • FAX: (850) 488-0796



**Accredited Health Department**  
Public Health Accreditation Board

## Nelson, Sondra

---

**From:** Joel Rose <jrose@jrosem.com>  
**Sent:** Thursday, November 21, 2019 5:18 PM  
**To:** Nelson, Sondra  
**Subject:** Re: 201319612, Louis Kovacs

Respondent and Monitor reports are approved.

Joel B. Rose, DO  
FBOOM Chair

---

**From:** Sondra Nelson <Sondra.Nelson@flhealth.gov>  
**Date:** Thursday, November 21, 2019 at 3:37 PM  
**To:** "jrose@jrosem.com" <jrose@jrosem.com>  
**Subject:** 201319612, Louis Kovacs  
**Resent-From:** Proofpoint Essentials <do-not-reply@proofpointessentials.com>  
**Resent-To:** "jrose@jrosem.com" <jrose@jrosem.com>  
**Resent-Date:** Thursday, November 21, 2019 at 3:32 PM

Good afternoon Dr. Rose,

Please review the November 2019 quarterly reports for approval. Please let me know if you have any questions.

*Sondra Nelson Allen, Operations Analyst II  
Department of Health/ Division of Medical Quality Assurance/ Compliance Management Unit  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, FL 32399-3275  
(850) 901-6756, extension 6756 / Fax (850) 488-0796*



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## Nelson, Sondra

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**From:** Nelson, Sondra  
**Sent:** Thursday, November 21, 2019 3:33 PM  
**To:** Joel Rose  
**Subject:** 201319612, Louis Kovacs  
**Attachments:** DOH 16-1526 S 201319612-1.pdf; 201319612\_November 2019 Reports.pdf

Good afternoon Dr. Rose,

Please review the November 2019 quarterly reports for approval. Please let me know if you have any questions.

*Sondra Nelson Allen, Operations Analyst II  
Department of Health/ Division of Medical Quality Assurance/ Compliance Management Unit  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, FL 32399-3275  
(850) 901-6756, extension 6756 / Fax (850) 488-0796*



*Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.*

DOH Consumer Service

OCT 31 2019

FROM: L.A. KOVAES ~~W~~  
330.2322316

TO SONDRA ALLEN

1-850 488-0796

BOARD OF OSTEOPATHIC MEDICINE  
RESPONDENT QUARTERLY REPORT

Please print or write legibly.

|                              |                             |               |               |
|------------------------------|-----------------------------|---------------|---------------|
| Respondent's Name:           | LOUIS ANDREW KOVACS         |               |               |
| Respondent's License Number: | 051417                      | Case Number:  | 201319612     |
| Address:                     | 3910 DEER CROSSLING CT #201 |               |               |
|                              | City NAPLES                 | State FLORIDA | Zip 34114     |
| Telephone Number             | 330 232 2316                |               |               |
| Monitor:                     | JOSH O'LEARY M.D.           |               |               |
| Quarter (3 months)           | From: AUGUST 2, 2019        | To:           | OCT. 26, 2019 |

Brief statement of why Respondent is on probation: FOR VIOLATION OF STATUTES

AND/OR RULES OF THE BOARD HAVING BEEN DISCIPLINED BY ANOTHER STATE: OHIO, CONVICTIONS RELATED TO PRACTICE OF OSTEOPATHIC MEDICINE AND FAILURE TO PERFORM LEGAL OBLIGATIONS.

Description of current practice (type and composition): I TREAT OPIOID ADDICTION PATIENTS ONE DAY/WEEK, 15-20/PATIENTS PER WEEK. THIS QUARTER I HAD 172 VISITS.

Statement addressing Respondent's compliance with the terms of probation. I HAVE FAITHFULLY OBSERVED THE TERMS, PRESCRIBING ONLY BUPRENORPHINE A SCHEDULE III MEDICATION.

Brief description of the monitor's relationship with respondent. DR. JOSEPH O'LEARY IS ALSO EMPLOYED BY MILESTONES WELLNESS CENTERS, AS AN I.

Detail any problems which may have arisen with probationer.

Detail any problems which may have arisen with probationer.

A summary of the dates the Monitor/Supervisor went to Respondent's office, the number of records reviewed, and the overall quality of the records reviewed, and the dates Respondent contacted the Monitor/Supervisor pursuant to above subsections.

DR. O'LEARY REVIEWED 172 CHARTS/VISITS, 100% OF MY QUARTERLY VISITS FROM AUG 2 - OCT. 26, 2019 HE ADVISED HE THAT ALL CHARTS WERE SATISFACTORY.

Report immediately to the Board any violations by Respondent of Chapters 456 or 459, Florida Statutes, and the rules promulgated thereto.

Signature: [Signature] Date: 10/30/19

STATE OF FL  
CITY/COUNTY OF Collier  
Before me personally appeared LOUIS A. KOVALS whose identity is known to me by FLDL (type of identification) and who acknowledges that his/her signature appears above.  
Sworn to or affirmed by Affiant before me this 30 day of October, 2019.

[Signature] 5/24/2019  
Notary Public - State Of Florida My Commission Expires  
Tatiana Aruzolo  
Tatiana Aruzolo  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF991750  
Expires 6/24/2020

Type or Print Name

Please mail, fax or email the reports to:  
Division of Medical Quality Assurance  
Compliance Management Unit - Osteopathic Medicine Compliance Officer  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, Florida 32399-3276  
Facsimile: (850) 488-0796

Email:

**Mission:**

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**Ron DeSantis**  
Governor

**Vision:** To be the Healthiest State in the Nation

November 6, 2019

**FROM:**

Joseph E. O'Lear, M. D., P.L.L.C.  
1100 Simonton St  
Key West, FL 33040  
Phone: 305-809-5280  
Fax: 305-809-5289  
Mobile: 305-393-3040

**TO:**

FAX: 850-488-0796  
Board of Osteopathic Medicine  
4052 Bald Cypress way  
Bin-C-06  
Tallahassee, FL  
32399-3257

Attn: Ms Sondra Nelson

Re: Monitor/Supervisor Louis A. Kovacs, D.O.  
Case 2013-19612

DOH Consumer Services  
NOV 13 2019

|                              |                                             |              |           |
|------------------------------|---------------------------------------------|--------------|-----------|
| Respondent's Name:           | Louis Andrew Kovacs                         |              |           |
| Respondent's License Number: | 051417                                      | Case Number: | 201319612 |
| Address:                     | 3910 Deer Crossing Road<br>Naples, FL 34114 |              |           |
| Telephone Number             | 330-232-2316                                |              |           |
| Monitor/Supervisor:          | Joseph E. O'Lear, M.D.                      |              |           |
| Quarter (3 months)           | From: August 2, 2019 – October 26, 2019     |              |           |

*Brief statement of why Respondent is on probation:*

Final Court Order adopted by Board of Osteopathic Medicine for violation of statutes and/or rules of the board, having been disciplined by another state (Ohio) regarding convictions related to practice of osteopathic medicine and failure to perform legal obligations.

Probation imposed for a period of five years

*Respondent's practice (type and composition):*

Dr. Kovacs works in an opioid addiction clinic prescribing buprenorphine approximately 6-8 hours per week

*Statement addressing Respondent's compliance with the terms of probation:*

Dr. Kovacs is compliant with the terms of probation and is monitored by Dr. O'Lear

Both employed by Milestones Wellness Center

*Detail any problems which may have arisen with probationer: None*

*The number of records reviewed, and the overall quality of the records reviewed, and the dates Respondent contacted the Monitor/Supervisor pursuant to above subsections.*

**Summary of Dr. Kovacs records which were reviewed:**

|               |    |
|---------------|----|
| Aug, 2, 2019  | 15 |
| Aug, 9, 2019  | 13 |
| Aug 16, 2019  | 10 |
| Aug 23, 2019  | 20 |
| Aug 30, 2019  | 16 |
| Sept 6, 2019  | 18 |
| Sept 13, 2019 | 11 |
| Sept 20, 2019 | 20 |
| Sept 27, 2019 | 9  |
| Oct 4, 2019   | 14 |
| Oct 11, 2019  | 14 |
| Oct 18, 2019  | 12 |

Total: 172 records reviewed

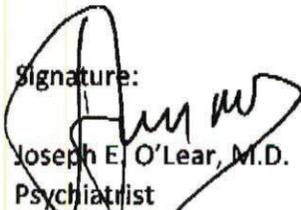
I have reviewed 100% of Dr. Kovacs' cases and 100% of the prescriptions Dr. Kovacs has written for Buprenorphone that each of his patients received. He has prescribed no other medications.

The number of patients Dr. Kovacs evaluates is typically an average of 16 per work day. His time at the office seeing patients is approximately 6-8 hours per day. This duration of time is adequate for him to see and evaluate his patients and in my professional opinion his patients are properly monitored and are receiving effective treatment.

I have reviewed the Final Order and Dr. Kovacs is in full compliance.

Respectfully,

Signature:



Joseph E. O'Lear, M.D.

Psychiatrist

Certified Diplomate of the American Board of Addiction Medicine

Senior Staff Physician

Monroe County Health Department

Florida Department of Health

STATE OF: Florida

CITY: Key West

COUNTY: Monroe

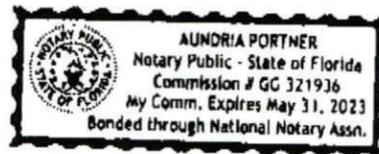
Before me personally appeared Joseph O'Leary whose identity is known to me (type of identification) personally I acknowledge that his signature appears as above.

Sworn to or affirmed before me this day of 13, November 2019

Signature: [Handwritten Signature] Type or Print Name: \_\_\_\_\_

Notary Public - State of Florida

My commission expires: \_\_\_\_\_



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the Healthiest State in the Nation

January 23, 2017

Louis A Kovacs  
3910 Deer Crossing Ct #201  
Naples, FL 34114

Final Order filed: 07/18/2016  
Case Number: 201319612  
License Number: 1417

Dear Mr. Kovacs:

The Compliance Management Unit has received your payment of the fines and/or costs imposed in the Final Order for Case Number 201319612.

Amount Paid: \$5,179.05  
Date Received: 01/18/2017  
Receipt Number: 916024797  
Balance Paid in Full: Yes

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please contact me by telephone at (850) 245-4268, select option 3 or by fax at (850) 488-0796.

Sincerely,

Sondra N. Allen  
Operations Analyst II

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Enforcement  
4052 Bald Cypress Way, Bin C-76 • Tallahassee, FL 32399-3276  
PHONE: (850) 245-4268 • FAX: (850) 488-0796



Accredited Health Department  
Public Health Accreditation Board

# COMPLIANCE MANAGEMENT FINE/COSTS INVOICE

01/18/2017 5,179.05  
 ID: 499 Type: F  
 BT: 3010834  
 R#: 916024797

|                                   |                                    |                     |           |
|-----------------------------------|------------------------------------|---------------------|-----------|
| <b>Respondent:</b>                | Louis A. Kovacs, DO                |                     |           |
| <b>Profession-License Number:</b> | 1901 Osteopathic Physician<br>1417 | <b>Entity#</b>      | 35072     |
| <b>File Number:</b>               | 499                                | <b>Case Number:</b> | 201319612 |

|                              |            |                                   |
|------------------------------|------------|-----------------------------------|
| <b>Fine:</b>                 | \$ 3500.00 | <b>Due Date:</b> January 17, 2017 |
| <b>Administrative Costs:</b> | \$ 1679.05 | <b>Due Date:</b> January 17, 2017 |
| <b>TOTAL:</b>                | \$ 5179.05 |                                   |

**To receive credit for your payment attach cashier's check or money order here and return to:**  
**Please make checks payable to the Department of Health**

**Department of Health  
 Compliance Management Unit, BIN C-76  
 P.O. Box 6320  
 Tallahassee, Florida 32314-6320**

**Partial payment shall be accepted, however full payment must be made by the due date specified in the Final Order. Each payment must be accompanied by a copy of this invoice. Please make additional copies if needed.**

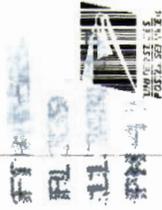
**IMPORTANT:** Payment in full of all fines and costs imposed by your Final Order are due upon the due date specified by the Final Order. Failure to pay all fines and costs on or before the due date specified will result in the following:

- > A referral will be filed with Consumer Services for investigation regarding non-compliance with your Final Order and possible further disciplinary action.
- > Failure to pay in full within thirty (30) days of the due date specified by the Final Order will result in the account being deemed "past due". Payment of "past due" accounts will avoid assignment to a collection agency for collection; however it will not result in closing of the referral for non-compliance with your Final Order."

DOH Consumer Services  
 JAN 23 2017

WL

Doctor Louis A. Kovacs  
Apt 201  
3910 Deer Crossing Ct  
Naples, FL 34114



U.S. POSTAGE  
PAID  
NAPLES, FL  
34108  
JAN 11, 17  
AMOUNT

\$6.47

1100  
32314  
R2205 09221-15

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7016 0910 0000 7176 1730

FLORIDA DEPARTMENT OF HEALTH  
COMPLIANCE MANAGEMENT UNIT BIN-C-76

P.O. BOX 6320

~~32314-6329~~ 32314-6329

FILED DATE **JUL 18 2016**

Department of Health

By: *[Signature]*  
Deputy Agency Clerk

**STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE**

**DEPARTMENT OF HEALTH**

Petitioner,

vs.

Case No: 2013-19612

License No.: OS 1417

**LOUIS A. KOVACS, D.O.,**

Respondent.

\_\_\_\_\_ /

**FINAL ORDER**  
**ACCEPTING COUNTER SETTLEMENT AGREEMENT**

This matter appeared before the Board of Osteopathic Medicine (hereinafter “Board”) pursuant to Sections 120.569 and 120.57(4), Florida Statutes, at a duly-noticed public meeting on May 20, 2016, in St. Petersburg, Florida, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit “A”) entered into between the parties in this cause and incorporated by reference into this Order. The Department of Health (hereinafter “Petitioner”) was represented by Christopher Dierlam, Assistant General Counsel, with the Department of Health. Louis A. Kovacs, D.O., (hereinafter “Respondent”) was present and was represented by Christopher Lyons, Esquire.

The Petitioner filed an Administrative Complaint against the Respondent on April 20, 2015, attached hereto as Exhibit “B” and incorporated by reference into this Order.

Upon consideration of the Settlement Agreement, the documents submitted in support thereof, the arguments of the parties and otherwise being advised in the premises, the Board rejected the Settlement Agreement. After discussion, the Board offered a Counter Settlement Agreement which the Respondent was given seven days to accept.

By correspondence dated June 27, 2016, the Respondent accepted the Board's Counter Settlement Agreement Offer.

The Counter Settlement Agreement incorporates the original Settlement Agreement with the following Amendments to the Proposed Stipulated Disposition section of the agreement:

1) Par. 4 – Probation Language.

a. Subparagraph (A)iii – Mechanism for Approval of Monitor/Supervisor

(a) Temporary Approval. The second sentence of this subparagraph is modified in italics to read: “To obtain this temporary approval, Respondent shall submit to the Compliance Officer the name and curriculum vitae of the proposed Monitor/Supervisor, a letter from the proposed Monitor/Supervisor stating he/she is willing to serve as a Monitor/Supervisor, that he/she has received a copy of the Administrative Complaint, and *until the Final Order issues in this case, states what he/she understands as the requirements of the proposed Settlement Agreement,* that he/she is aware of the duties and responsibilities as a Monitor/Supervisor, and that he/she will appear before the Board for formal approval at the next meeting of the Board. All other sentences in this subparagraph remain the same.

b. Subparagraph (A) v. – Responsibilities of the Monitor Supervisor:

(a) Subsection a) – The first sentence is modified to require the Monitor/Supervisor to review 100 percent of the Respondent's active patient records at least once every quarter for the purpose of ascertaining

whether Respondent is prescribing controlled substances in accordance with this Settlement Agreement, practicing osteopathic medicine within the standard of care, and maintaining appropriate patient records. The rest of this subsection remains the same.

(b) Subsection d) - In addition to the items already specified, the Monitor/Supervisor's quarterly reports also shall include the total number of controlled substances prescriptions written by the Respondent and the total number of drugs, per category of Schedule III and Schedule IV.

2) The costs set forth in Paragraph 2 of the Stipulated Disposition shall be set at \$1,679.05.

WHEREFORE, the Board hereby accepts the Counter Settlement Agreement, settling all matters in this case consistent with the terms of the agreement between the parties, and Respondent is hereby ORDERED to abide by the terms of the Counter Settlement Agreement. This Final Order shall be placed in and made part of the Respondent's official records.

This Final Order shall become effective upon filing with the Clerk for the Department of Health.

DONE AND ORDERED this 15 day of July, 2016.

BOARD OF OSTEOPATHIC MEDICINE

  
Kama Monroe, J.D., Executive Director  
on behalf of Bridget Bellinger, D.O., CHAIR

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. Mail to **Louis A. Kovacs, D.O.**, 3910 Deer Crossing Ct., #201, Naples, FL 34114; and **M. Christopher Lyon, Esq.**, Lewis, Longman & Walker, P.A., 315 South Calhoun Street, Suite 830, Tallahassee, FL 32301; and by email to **Donna C. McNulty**, Senior Assistant Attorney General, at [Donna.McNulty@myfloridalegal.com](mailto:Donna.McNulty@myfloridalegal.com); and **Matthew Witters**, Assistant General Counsel, at [Matthew.Witters@flhealth.gov](mailto:Matthew.Witters@flhealth.gov); and **Christopher Dierlam**, Assistant General Counsel, at [Christopher.Dierlam@flhealth.gov](mailto:Christopher.Dierlam@flhealth.gov); this 18<sup>th</sup> day of July, 2016.

*Bryce Sanders*  
**Deputy Agency Clerk**

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO.: 2013-19612

LOUIS A. KOVACS, D.O.,

RESPONDENT.

---

SETTLEMENT AGREEMENT

Louis A. Kovacs, D.O., referred to as the "Respondent", and the Department of Health, referred to as "Department" stipulate and agree to the following Settlement Agreement and to the entry of a Final Order of the Board of Osteopathic Medicine, referred to as "Board", incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Department is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes, and Chapter 456, Florida Statutes, and Chapter 459, Florida Statutes.

### STIPULATED FACTS

1. At all times material hereto, Respondent was a licensed osteopathic physician in the State of Florida having been issued license number OS 1417, on August 12, 1960.

2. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent with violations of Chapter 459, Florida Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit "A."

3. Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint for purposes of these proceedings only.

### STIPULATED CONCLUSIONS OF LAW

1. Respondent admits that, in his capacity as a licensed physician, he is subject to the provisions of Chapters 456 and 459, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of

Chapters 456 and/or 459, Florida Statutes, as alleged in the Administrative Complaint.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

### STIPULATED DISPOSITION

1. **Fine** - The Board of Osteopathic Medicine shall impose an administrative fine of **three thousand five hundred dollars and no cents (\$3,500.00)** against the license of Respondent, to be paid by Respondent to the Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer, within one hundred eighty (180) days from the date of filing of the Final Order incorporating this Settlement Agreement. All fines shall be paid by certified funds or money order. The Board office does not have the authority to change the terms of payment of any fine imposed by the Board.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY  
PAYMENT OF THE FINE IS HIS LEGAL OBLIGATION AND  
RESPONSIBILITY AND RESPONDENT AGREES TO CEASE**

PRACTICING IF THE FINE IS NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN ONE HUNDRED NINETY-FIVE (195) DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.

2. Reimbursement Of Costs - Pursuant to Section 456.072, Florida Statutes, Respondent agrees to pay the Department for any and all costs incurred in the investigation and prosecution of this case. Such costs exclude the costs of obtaining supervision or monitoring of the practice; the cost of quality assurance reviews, and the Board's administrative cost directly associated with Respondent's probation, if any. The current estimate of the Department's costs in this case is one thousand nine hundred thirty-eight dollars and six cents (1,938.06), but this amount will increase prior to the Board meeting where this Settlement Agreement is presented. Respondent will pay

costs to the Department of Health, Compliance Management Unit, Bin C76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer, within one hundred eighty (180) days from the date of filing of the Final Order in this cause. Any post-Board costs, such as the costs associated with probation, are not included in this Settlement Agreement.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HIS LEGAL OBLIGATION AND RESPONSIBILITY, AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN ONE HUNDRED NINETY-FIVE (195) DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.**

3. **Probation Language** - Effective on the date of the filing of the Final Order incorporating the terms of this Settlement Agreement, Respondent's license to practice osteopathic medicine shall be placed on probation for a period of five years. The purpose of probation is not to prevent Respondent from practicing osteopathic medicine. Rather, probation is a supervised educational experience designed by the Board to make Respondent aware of certain obligations to Respondent's patients and the profession and to ensure Respondent's continued compliance with the high standards of the profession through interaction with another physician in the appropriate field of expertise. To this end, during the period of probation, Respondent shall comply with the following obligations and requirements:

(A) **Restrictions During Probation** - During the period of probation, Respondent's license shall be restricted as follows:

i. **Indirect Supervision** - Respondent shall practice only under the indirect supervision of a Board-approved physician, hereinafter referred to as the "Monitor", whose responsibilities are set by the Board. Indirect supervision does not require that the Monitor practice on the same premises as Respondent,

however, the Monitor shall practice within a reasonable geographic proximity to Respondent, which shall be within forty (40) miles unless otherwise provided by the Board and shall be readily available for consultation. The Monitor shall be Board Certified in Respondent's specialty unless otherwise approved of by the Board. In this regard, Respondent shall allow the Monitor access to Respondent's medical records, calendar, patient logs or other documents necessary for the Monitor to supervise Respondent, as detailed below.

**ii. Required Mentor/Supervision Criteria:**

- a) If the terms of the Settlement Agreement include indirect monitoring of the Respondent's practice, or direct supervising of the Respondent's practice, Respondent shall not practice osteopathic medicine without an approved Monitor/Supervisor, as specified by this Settlement Agreement, unless otherwise stated by the Board.
- b) The Monitor/Supervisor must be a licensee under Chapter 458 and/or 459, Florida

Statutes, in good standing and without restriction or limitation on his license. The Monitor/Supervisor must be actively engaged in the same or similar specialty unless otherwise approved of by the Board and be practicing within forty (40) miles of Respondent's practice, unless otherwise specifically provided for in this Settlement Agreement. The Monitor/Supervisor must be sufficiently qualified and experienced to appropriately monitor/supervise the Respondent. The Board will make a determination whether Respondent's proposed Monitor/Supervisor is appropriate and the Board retains the absolute discretion to reject any Monitor/Supervisor proposed by the Respondent.

iii. **Mechanism for Approval of**

**Monitor/Supervisor:**

a) **Temporary Approval** - The Board confers authority on the Board Chairman to temporarily approve Respondent's Monitor/Supervisor. To obtain this temporary approval, Respondent shall submit to the Compliance Officer the name and curriculum vitae of the proposed Monitor/Supervisor, a letter from the proposed Monitor/Supervisor stating he/she is willing to serve as a Monitor/Supervisor, that he/she has received a copy of the Administrative complaint and Final Order in this case, that he/she is aware of the duties and responsibilities as a Monitor/Supervisor, and that he/she will appear before the Board for formal approval at the next meeting of the Board. **Once a Final Order adopting the Settlement Agreement is filed, Respondent shall not**

practice osteopathic medicine without an approved Monitor/Supervisor. Temporary approval shall only remain in effect until the next meeting of the Board.

- b) **Formal Approval** - Respondent shall have the Monitor/Supervisor with Respondent at Respondent's first probation appearance before the Board. Prior to the consideration of the Monitor/Supervisor by the Board, Respondent shall provide to the Monitor/Supervisor a copy of the Administrative Complaint and Final Order in this case. Respondent shall submit a current curriculum vita and a description of current practice from the proposed Monitor/Supervisor to the Board office no later than fourteen (14) days before Respondent's first scheduled appearance

before the Board. Respondent's Monitor/Supervisor shall also appear before the Board at such other times as directed by the Board or Board Chairman. It shall be Respondent's responsibility to ensure the appearance of the Monitor/Supervisor as directed. Failure of the Monitor/Supervisor to appear, as directed, shall constitute a violation of the terms of this Settlement Agreement and shall subject Respondent to disciplinary action.

iv. **Change In Monitor/Supervisor** - In the event that Respondent's Monitor/Supervisor is unable or unwilling to fulfill the responsibilities of a Monitor/Supervisor as described above, Respondent shall immediately advise the Board and Board Office. Respondent shall immediately submit to the Board Chairman the name of a temporary Monitor/Supervisor for consideration. Respondent shall not practice pending approval of this temporary Monitor/Supervisor by the Board Chairman. Furthermore, Respondent shall make arrangements with his

temporary Monitor/Supervisor to appear before the Board at its next regularly scheduled meeting for consideration of the Monitor/Supervisor by the Board. Respondent shall only practice under the auspices of the temporary Monitor/Supervisor (approved by the Chairman) until the next regularly scheduled meeting of the Board at which time the issue of the Board Chairman's approval of Respondent's new Monitor/Supervisor shall be addressed.

**v. Responsibilities of the Monitor/Supervisor -**

The Monitor/Supervisor shall:

- a) Review 10 percent of Respondent's active patient records at least once every quarter for the purpose of ascertaining whether Respondent is prescribing controlled substances in accordance with this Settlement Agreement, practicing osteopathic medicine within the standard of care, and maintaining appropriate patient records. The Monitor/Supervisor shall go to Respondent's office once every quarter and

shall review Respondent's calendar or patient log and shall select the records to be reviewed.

b) Review all of Respondent's patient records for patients treated for chronic pain with controlled substances. In this regard, Respondent shall maintain a log documenting all such patients.

c) Consult with Respondent on all cases involving chronic pain and prescribing controlled substances. For the purposes of this Settlement Agreement, the scope of consultation shall be as follows:

- 1) Receive and review copies of all controlled substance prescriptions in order to determine the appropriateness of Respondent's prescribing of controlled substances;

- 2) Any other records review requirements; and
- 3) Maintain contact with Respondent on a frequency of at least once per month. In the event that the Monitor/Supervisor is not timely contacted by Respondent, then the Monitor/Supervisor shall immediately report this fact in writing to the Board Chairman.

d) Submit reports on a quarterly basis, in affidavit form, which shall include:

- 1) A brief statement of why Respondent is on probation;
- 2) A description of Respondent's practice (type and composition);
- 3) A statement addressing Respondent's compliance with the terms of probation;

- 4) A brief description of the Monitor's/Supervisor's relationship with Respondent;
  - 5) A statement advising the Board Chairman of any problems which have arisen; and
  - 6) A summary of the dates the Monitor/Supervisor went to Respondent's office, the number of records reviewed, and the overall quality of the records reviewed, and the dates Respondent contacted the Monitor/Supervisor pursuant to subsection c), 3), above.
- e) Report immediately to the Board any violations by Respondent of Chapters 456 or 459, Florida Statutes, and the rules promulgated thereto.

f) Respondent's Monitor/Supervisor shall appear before the Board at the first meeting of the Board following commencement of the probation, and at such other times as directed by the Board or Board Chairman. It shall be Respondent's responsibility to ensure the appearance of Respondent's Monitor/Supervisor to appear as requested or directed. If the approved Monitor/Supervisor fails to appear as requested or directed by the Board or Board Chairman, it is a violation of this Order.

vi. **Reports from Respondent** - Respondent shall submit quarterly reports, in affidavit form, the contents of which may be further specified by the Board, but which shall include:

- a) A brief statement of why Respondent is on probation;
- b) A description of practice location;

- c) A description of current practice (type and composition);
- d) A brief statement of compliance with probationary terms;
- e) A description of the relationship with monitoring/supervising physician;
- f) A statement advising the Board of any problems which have arisen; and
- g) A statement addressing compliance with any restrictions or requirements imposed.

vii. **Continuity of Practice:**

- a) **Tolling Provisions** - In the event Respondent leaves the State of Florida for a period of thirty (30) days or more or otherwise does not engage in the active practice of osteopathic medicine in the State of Florida, then certain provisions of Respondent's probation (and only those provisions of the probation) shall be tolled

as enumerated below and shall remain in a tolled status until Respondent returns to active practice in the State of Florida:

- 1) The time period of probation shall be tolled;
- 2) The provisions regarding supervision, whether direct or indirect by another physician, and required reports from the Monitor/Supervisor shall be tolled;
- 3) The provisions regarding preparation of reports detailing compliance with this Settlement Agreement shall be tolled; and
- 4) Any provisions regarding community service shall be tolled.

- b) **Active Practice** - In the event that Respondent leaves the active practice of osteopathic medicine for a period of one (1) year or more, the Board may require Respondent to appear before the Board and demonstrate his ability to practice osteopathic medicine with skill and safety to patients prior to resuming the practice of osteopathic medicine in this state.

viii. **Controlled Substances** – Respondent may prescribe controlled substances only in compliance with the restrictions set forth below:

- a) Respondent shall utilize sequentially numbered triplicate prescriptions;
- b) Respondent shall provide one copy of each prescription to the Monitor/Supervisor;

- c) Respondent shall provide one copy of each prescription to the Department's investigator upon request; and
- d) Respondent shall maintain one copy of each prescription in the patient's medical records.  
This copy may be a photocopy.

ix. **Other restrictions on scope of practice.**

a) **Obligations/Requirements Of**

**Probation** - During the period of probation, Respondent shall comply with the following obligations and requirements:

- i. **Appearance** - Respondent shall appear before the Board of Osteopathic Medicine at the first Board meeting after probation commences, at the last meeting of the Board preceding scheduled termination of the probation, and at such other

times as requested by the Board or Board Chairman. Respondent shall be noticed by the Board Office of the date, time and place of the Board meeting at which Respondent's appearance is required. Failure of Respondent to appear as requested, or directed, or failure of Respondent to comply with **any** of the terms of this Settlement Agreement shall be considered a violation of the terms of this Settlement Agreement, and shall subject Respondent to disciplinary action.

- ii. **Respondent shall be responsible for ensuring that the**

Monitor/Supervisor submits all required reports.

- iii. **Supervision of Physician Assistants and/or Anesthesiology Assistants -**  
Respondent is required to notify, in writing, any physician assistant and/or anesthesiologist assistant which the Respondent supervises, of his probationary status. A copy of said written notification(s) shall be submitted to the Board's Compliance Officer within thirty (30) days of entry of the Final Order incorporating this Settlement Agreement.

### **STANDARD PROVISIONS**

1. **Appearance:** Respondent is required to appear before the Board at the meeting of the Board where this Settlement Agreement is considered.

2. No Force or Effect Until Final Order - It is expressly understood that this Settlement Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Settlement Agreement.

3. Addresses - Respondent must keep current residence and practice addresses on file with the Board. Respondent shall notify the Board within ten (10) days of any changes of said addresses.

4. Future Conduct - In the future, Respondent shall not violate Chapter 456, 459 or 893, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice osteopathic medicine. Prior to signing this Settlement Agreement, the Respondent shall read Chapters 456, 459 and 893 and the Rules of the Board of Osteopathic Medicine, at Chapter 64B15, Florida Administrative Code.

5. Violation of Settlement Agreement Terms - It is expressly understood that a violation of the terms of this Settlement

Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to Chapters 456 and 459, Florida Statutes.

6. **Purpose of Settlement Agreement** - Respondent, for the purpose of avoiding further administrative action with respect to this case, executes this Settlement Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Settlement Agreement. **Respondent agrees to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law.** Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

7. No Preclusion of Additional Proceedings - Respondent and the Department fully understand that this Settlement Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit "A."

8. Waiver of Attorney's Fees and Costs - Upon the Board's adoption of this Settlement Agreement, the parties hereby agree that with the exception of costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

9. Waiver of Further Procedural Steps - Upon the Board's adoption of this Settlement Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Settlement Agreement and the Final Order of the Board incorporating said Settlement Agreement.

SIGNED this 29<sup>th</sup> Day of September, 2015.

L. Kovacs

Louis A. Kovacs, D.O.

STATE OF Florida  
COUNTY OF Collier

Before me, personally appeared Louis A. Kovacs, D.O., whose identity is known to me by FL DL (type of identification) and who, under oath, acknowledges that his signature appears above. Sworn to and subscribed before me this 29<sup>th</sup> day of September, 2015

Jennifer L. Weimer  
Notary Public State of Florida  
Printed Name: Jennifer L. Weimer  
Commission No.: FF 006933  
Commission Expires: 5-3-2017



APPROVED this 16<sup>th</sup> day of October, 2015.

John H. Armstrong, MD, FACS  
Surgeon General & Secretary  
Florida Department of Health

N. Thomas

Natalia S. Thomas  
Assistant General Counsel  
Florida Department of Health  
Florida Bar Number 83826  
4052 Bald Cypress Way  
Tallahassee, Florida 32399-3265  
Telephone: 850-245-4444, ext. 8218  
Fax: 850-245-4662  
Email: Natalia.Thomas@flhealth.gov

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2013-19612

LOUIS A. KOVACS, D.O.,

RESPONDENT.

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ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against Respondent, Louis A. Kovacs, D.O., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a licensed osteopathic physician within the state of Florida, having been issued license number OS 1417.

3. Respondent is licensed pursuant to Chapter 459, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes.

4. Respondent's address of record is 3910 Deer Crossing Court, #201, Naples, Florida 34114.

**FACTS RELATED TO COUNT ONE**

5. On or about September 12, 2013, the State Medical Board of Ohio issued an Entry of Order which disciplined Respondent's license to practice osteopathic medicine in the state of Ohio.

6. The State Medical Board of Ohio is the licensing authority for osteopathic physicians in the state of Ohio.

**FACTS RELATED TO COUNT TWO**

7. On or about September 17, 2013, in the Court of Common Pleas in Ross County, Ohio, Case No. 13 CR 398, Respondent entered a plea of guilty to six counts of Conspiracy to Commit Illegal Processing of Drug Documents, in violation of ORC 2923.01, each first degree misdemeanors.

COUNT ONE

8. Petitioner realleges and incorporates paragraphs one through six as if fully set forth herein.

9. Section 459.015(1)(b), Florida Statutes (2013), provides that having a license or the authority to practice osteopathic medicine revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions constitutes grounds for disciplinary action.

10. As set forth above, Respondent's license to practice osteopathic medicine was disciplined, on or about September 12, 2013, when the State Medical Board of Ohio issued an Entry of Order to accept the permanent surrender of Respondent's license to practice osteopathic medicine in the state of Ohio.

11. Based on the foregoing, Respondent violated Section 459.015(1)(b), Florida Statutes (2013), by having a license or the authority to practice osteopathic medicine revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions.

COUNT TWO

12. Petitioner realleges and incorporates paragraphs one through four and paragraph seven, as if fully set forth herein.

13. Section 456.072(1)(c), Florida Statutes (2013), provides that being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession constitutes grounds for disciplinary action.

14. An osteopathic physician is one of a handful of categories of licensed professionals that provides for the administration, dispensing, delivery, gift or prescription of any medications to include controlled substances. A plea of guilty to conspiracy to commit illegal processing of drug documents relates to the practice of osteopathic medicine or the ability to practice osteopathic medicine and violates the trust and confidence invested by the Legislature in these licensees.

15. As set forth above, on or about September 17, 2013, in the Court of Common Pleas in Ross County, Ohio, Case No. 13 CR 398, Respondent entered a plea of guilty to six counts of Conspiracy to Commit

Illegal Processing of Drug Documents, in violation of ORC 2923.01, each first degree misdemeanors, which relates to the practice of, or the ability to practice, a licensee's profession.

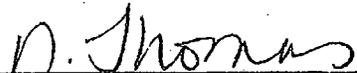
16. Based upon the foregoing, Respondent has violated Section 456.072(1)(c), Florida Statutes (2013), by being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession.

**{REMAINDER OF PAGE INTENTIONALLY LEFT BLANK}**

WHEREFORE, the Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 20<sup>th</sup> day of April, 2015.

John H. Armstrong, MD, FACS  
State Surgeon General and Secretary of Health

  
Natalia S. Thomas  
Assistant General Counsel  
Florida Bar No. 83826  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444 ext. 8218  
Facsimile: (850) 245-4662  
Email: Natalia.Thomas@flhealth.gov

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK *Angel Sanders*  
DATE **APR 20 2015**

/NST

PCP: 4/17/15  
PCP Members: Moran and Hayden

### NOTICE OF RIGHTS

Respondent has the right to request a hearing to be ~~conducted in accordance with Section 120.569 and 120.57,~~ Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

### NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

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August 5, 2020

M. Christopher Lyon, Esq.  
Lewis, Longman & Walker  
315 South Calhoun Street, Suite 830  
Tallahassee, Florida 32301

**Re: REQUEST FOR TERMINATION OF PROBATION  
LOUIS A. KOVACS, D.O.; CASE # 2013-19612**

Dear Mr. Lyon:

This letter is to advise you that the above referenced matter has been placed on the agenda for the August 21, 2020, Board of Osteopathic Medicine meeting. Your client is required to attend the meeting.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**  
**Please join from your computer,  
tablet or smartphone.**  
<https://global.gotomeeting.com/join/793180125>  
**You can also dial in using your phone.**  
**United States (Toll Free): 1-866-899-4679**  
**Access Code: 793-180-125**

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board.** We appreciate your continued cooperation and assistance.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



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**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

August 5, 2020

Louis A. Kovacs, D.O.  
3910 Deer Crossing Court, #201  
Naples, Florida 34114

**Re: REQUEST FOR TERMINATION OF PROBATION  
LOUIS A. KOVACS, D.O.; CASE # 2013-19612**

Dear Dr. Kovacs:

This letter is to advise you that the above referenced matter has been placed on the agenda for the August 21, 2020, Board of Osteopathic Medicine meeting. You are required to attend the meeting.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**  
**Please join from your computer,  
tablet or smartphone.**  
<https://global.gotomeeting.com/join/793180125>  
**You can also dial in using your phone.**  
**United States (Toll Free): 1-866-899-4679**  
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If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**From:** [Peace, Christa](#)  
**To:** [Chris Lyon](#)  
**Cc:** ["laknaples@gmail.com"](mailto:laknaples@gmail.com)  
**Subject:** Board Notification  
**Date:** Wednesday, August 5, 2020 12:29:09 PM  
**Attachments:** [L. Kovacs 2013-19612.pdf](#)  
[Louis Kovacs 2013-19612.pdf](#)

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Greetings,

Your client's Request For Termination of Probation will be presented at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. Your client is required to attend the meeting. Please see the attached correspondence.

Sincerely,

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



**Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the **Healthiest State** in the Nation

**Values:** Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

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***PLEASE NOTE:*** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

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**MEMORANDUM**

To: Board of Osteopathic Medicine  
From: Sondra Nelson Allen, Operations Analyst II  
Date: August 4, 2020  
Respondent: Vincent Joseph Scolaro, D.O. – OS5974  
65 Goddard Drive  
Debary, FL 32713  
Case: 201103025, 201118625, 201114096  
RE: Formal Approval of Payment Extension

---

**License Status/Restrictions:**

- License is currently Probation, Active and expires March 31, 2022.

**Reason for Agenda item:**

- Respondent has petitioned to appear before the Board to request an additional extension to pay the fine/costs. Temporary approval granted June 12, 2020.

**Basis for Request:**

- Respondent must personally appear before the Board to have an extension request approved.

**Attorney:** Allen R. Grossman, Esquire  
Grossman, Furlow & Bayo, LLC  
2022-2 Raymond Diehl Road  
Tallahassee, FL 32308  
(850) 385-1314  
[a.grossman@gfblawfirm.com](mailto:a.grossman@gfblawfirm.com)

**Monitor:** Scott Ravede, DO  
1199 N. Page Court  
Deltona, FL 32725-6015  
(386) 668-1691

**Discipline Imposed:**

- Permanent Practice Restriction = Shall not own, operate, or practice osteopathic medicine in a Pain Management Clinic
- Practice Restriction = Shall not prescribe, administer, dispense, mix or order Schedule II through V controlled substances. **(6/5/2019 order: Lifting prescribing restrictions for Schedules 3 & 4 and only encompasses Schedule II controlled substances)**
- Probation = five (5) years; including:
  - Supervision
  - Mandatory appearance during the last three months of probation
  - Quarterly Reports
  - Annual Appearance
  - Two (2) years Direct Supervision

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Enforcement  
4052 Bald Cypress Way, Bin C-76 • Tallahassee, FL 32399-3276  
PHONE: (850) 245-4268 • FAX: (850) 488-0796



## Nelson, Sondra

---

**From:** Nelson, Sondra  
**Sent:** Friday, June 12, 2020 4:08 PM  
**To:** VINCENT SCOLARO  
**Subject:** RE: Extension of payment

Dr. Scolaro,

Your payment extension request has been temporarily approved and will be scheduled for the August 21, 2020 board meeting for formal approval.

Until a new order is filed, please continue to submit your monthly payments. The next monthly payment will be due on July 18, 2020.

Have a great weekend!

*Sondra Nelson Allen, Operations Analyst II  
Department of Health/ Division of Medical Quality Assurance/ Compliance Management Unit  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, FL 32399-3275  
(850) 901-6756, extension 6756 / Fax (850) 488-0796*



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**From:** VINCENT SCOLARO <vsco257390@aol.com>  
**Sent:** Thursday, June 11, 2020 12:57 AM  
**To:** Nelson, Sondra <Sondra.Nelson@flhealth.gov>  
**Subject:** Extension of payment

## Sondra info

My monthly payments include:  
current mortgage is \$2412  
Electricity bill. \$157.00 per month  
HEAL loan \$500 per month  
Cable bill is \$147.12 per month

Water bill 122 per month  
\$125 Prn monthly fee , 2 UDS per month \$120  
HHS debit payment of \$325 per month (school loans)  
.Gas bill for car averages \$97.74 per month  
Cell phone \$224.12 per month  
Life insurance \$300 per month  
NICA \$250  
DEA license \$731  
Groceries \$274.43 per month  
Car insurance is \$175.05 per month  
Lending club payment \$629.30 per month for 2017 taxes

I cannot afford to take on additional loans from companies as I cannot pay them.

I already have a loan paying to pay 2017 taxes of \$639 per month  
I have not filed for 2018 or 2019 taxes yet as unable to pay,

My last payment from employee was in October 17 2019 for \$1013 for that week.  
I have been trying to get outside work asides from my medical job to help pay bills as I have a wife and son in school.

As I have no steady income nor anticipate to have in Florida as a physician,  
I am requestInfo to continue to pay \$300 per month until payment in full is paid.

I would also ask, with the boards permission and if board sees fit a reduction in total amount that owe in 1 to 2 years so I  
can get my financial obligation completed and get on more insurance plans and have more patients so I can have full  
time job,

Dr. Vincent Scolaro

## Nelson, Sondra

---

**From:** Nelson, Sondra  
**Sent:** Friday, June 12, 2020 2:46 PM  
**To:** Joel Rose  
**Cc:** Taylor, Carol; Donna McNulty  
**Subject:** RE: 201118625, 201114096, 201103025\_Vincent Scolaro OS 5974

Thanks Dr. Rose. Have a great weekend!

*Sondra Nelson Allen, Operations Analyst II  
Department of Health/ Division of Medical Quality Assurance/ Compliance Management Unit  
4052 Bald Cypress Way, Bin C-76  
Tallahassee, FL 32399-3275  
(850) 901-6756, extension 6756 / Fax (850) 488-0796*



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**From:** Joel Rose <jrose@jrosem.com>  
**Sent:** Friday, June 12, 2020 1:12 PM  
**To:** Nelson, Sondra <Sondra.Nelson@flhealth.gov>  
**Cc:** Taylor, Carol <Carol.Taylor@flhealth.gov>; Donna McNulty <Donna.McNulty@myfloridalegal.com>  
**Subject:** Re: 201118625, 201114096, 201103025\_Vincent Scolaro OS 5974

Extension until the next regularly scheduled FBOOM meeting is granted.

Carol, please place on our next regularly scheduled FBOOM agenda for board approval to extend his payment plan.

Also, he has requested the Board to reduce the total amount he owes to 1-2 years. I am not sure what he means by this. Maybe pay \$300 for total of \$7200 (2 years) or \$3600 (1 year) to totally satisfy his obligation? He will need to be present to explain his request if he wants to move forward with it.

Also, his claim of monthly payments including DEA license \$731 and NICA \$250 cannot be accurate. DEA license is \$731 for 3 years or \$20.31 per month NICA is once a year or 20.83 per month. Please have him correct this. Also, is he saying that he has not worked since October 17, 2019? His current balance is \$6,197.33?

Joel B. Rose, DO  
Chair, FBOOM

**Nelson, Sondra**

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**From:** VINCENT SCOLARO <vsco257390@aol.com>  
**Sent:** Thursday, June 11, 2020 12:57 AM  
**To:** Nelson, Sondra  
**Subject:** Extension of payment

**Sondra info**

My monthly payments include:  
current mortgage is \$2412  
Electricity bill. \$157.00 per month  
HEAL loan \$500 per month  
Cable bill is \$147.12 per month  
Water bill 122 per month  
\$125 Prn monthly fee , 2 UDS per month \$120  
HHS debit payment of \$325 per month (school loans)  
.Gas bill for car averages \$97.74 per month  
Cell phone \$224.12 per month  
Life insurance \$300 per month  
NICA \$250  
DEA license \$731  
Groceries \$274.43 per month  
Car insurance is \$175.05 per month  
Lending club payment \$629.30 per month for 2017 taxes

I cannot afford to take on additional loans from companies as I cannot pay them.

I already have a loan paying to pay 2017 taxes of \$639 per month  
I have not filed for 2018 or 2019 taxes yet as unable to pay,

My last payment from employee was in October 17 2019 for \$1013 for that week.  
I have been trying to get outside work asides from my medical job to help pay bills as I have a wife and son in school.

As I have no steady income nor anticipate to have in Florida as a physician,  
I am requestInfo to continue to pay \$300 per month until payment in full is paid.

I would also ask, with the boards permission and if board sees fit a reduction in total amount that owe in 1 to 2 years so I  
can get my financial obligation completed and get on more insurance plans and have more patients so I can have full  
time job,

Dr. Vincent Scolaro

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case Nos.: 2011-18625

2011-14096

2011-03025

License No.: OS 5974

VINCENT JOSEPH SCOLARO, D.O.,

Respondent.

**ORDER ACCEPTING FINAL APPEARANCE PRIOR TO TERMINATION OF  
PROBATION AND MODIFYING RESTRICTION ON LICENSE**

THIS MATTER came before the Board of Osteopathic Medicine (hereinafter "the Board") at a duly noticed public meeting on May 17, 2019, in Orlando, Florida, for consideration of Respondent's final appearance prior to termination of probation and request to lift prescribing restrictions. (Request) Respondent, Vincent Joseph Scolaro, D.O., was present at the meeting and was represented by Allen Grossman, Esquire, Dr. Scolaro's monitor, Scott Ravede, D.O., also was present at the meeting.

By terms of Final Order No. DOH-15-0902-S-MQA, filed June 16, 2015, (Case No. 2011-03025), and Order on Reinstatement, filed June 18, 2014, (Case No. 2011-18625 and 2011-14096), Dr. Scolaro's license to practice osteopathic medicine was disciplined. The Orders placed Dr. Scolaro on probation for five years, the first two under direct supervision followed by three years of indirect supervision. Both Orders included a practice restriction prohibiting him from prescribing, administering, dispensing, mixing, or ordering Schedule II through V controlled substances, and provided that after five years of probation, he may petition to lift this restriction for Schedules III through V provided he is in compliance with his PRN contract.

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK Amber Greene  
DATE JUN 19 2017

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case Nos.: 2011-18625  
2011-14096  
2011-03025  
License No.: OS 5974

VINCENT JOSEPH SCOLARO, D.O.,

Respondent.

**ORDER GRANTING REQUEST FOR EXTENSION OF TIME  
AND DENYING REQUEST TO MODIFY PRESCRIBING RESTRICTION**

THIS MATTER came before the Board of Osteopathic Medicine (hereinafter "the Board") at a duly-noticed public meeting on May 19, 2017, in Tampa, Florida, for consideration of Respondent's Petition for Extension of Time. Respondent, Vincent Joseph Scolaro, D.O., was present at the meeting. Respondent, Vincent Joseph Scolaro, D.O., was present at the meeting and was represented by Allen Grossman, Esquire. Dr. Scolaro's monitor, Dr. Ravede, was also present at the meeting.

Pursuant to the terms of the Final Order in Case Nos. 2011-18625 and 2011-14096, filed November 29, 2012, and Final Order in Case No. 2011-03025, filed June 16, 2015, disciplinary action was taken against Respondent's license including imposition of administrative fines and costs. At the February 26, 2016 meeting, the Board granted a request from Dr. Scolaro for an extension of time to pay the fines and costs, permitting him to pay \$300 per month and to pay the remaining balance within one year of the Order, and modified the prescribing restriction so that Dr. Scolaro is

FILED DATE **JUN 16 2015**

Department of Health

By *[Signature]*  
Denun Agency Clerk

**STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE**

**DEPARTMENT OF HEALTH**

Petitioner,

vs.

Case No: 2011-03025

License No.: OS 5974

**VINCENT JOSEPH SCOLARO, D.O.**

Respondent.

\_\_\_\_\_ /

**FINAL ORDER ACCEPTING SETTLEMENT AGREEMENT**

This matter appeared before the Board of Osteopathic Medicine (hereinafter "Board") pursuant to Sections 120.569 and 120.57(4), Florida Statutes, at a duly-noticed public meeting on May 15, 2015, in Tampa, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit "A") entered into between the parties in this cause and incorporated by reference into this Final Order. The Department of Health (hereinafter "Petitioner") was represented by Yolonda Green, Assistant General Counsel, with the Department of Health. Vincent Joseph Scolaro, D.O., (hereinafter "Respondent") was present and was represented by Kenneth Skinner, Esquire. Penny Ziegler, M.D., Medical Director, Professionals Resource Network, Inc., also was present at the meeting.

The Petitioner filed an Administrative Complaint against the Respondent on October 30, 2013, attached hereto as Exhibit "B" and incorporated by reference into this Final Order.

During the meeting, both parties agreed to the following oral amendments to the Stipulated Disposition of the Settlement Agreement:

**Par. 8 – Restriction Language:** Subparagraphs (A) – (C) are deleted and replaced with the following subparagraphs:

(A) **Permanent Practice Restriction** – Respondent may not own, operate, or practice osteopathic medicine in a Pain Management Clinic as defined by Section 459.0137, Florida Statutes (2013).

(B) **Practice Restriction** – Respondent shall not prescribe, administer, dispense, mix, or order Schedule II through V controlled substances, as defined by Chapter 893, Florida Statutes; however, after five years of probation (set forth below), Respondent may petition to lift this restriction for Schedules III through V provided he is in compliance with his PRN contract.

Upon consideration of the Settlement Agreement, the documents submitted in support thereof, the arguments of the parties and otherwise being advised in the premises, the Board accepted the Settlement Agreement as orally amended. Costs are assessed in the amount of **eleven thousand four hundred ninety-seven dollars and thirty-three cents (\$11,497.33)** and payable within **ninety (90) days** from the filing date of this Final Order.

WHEREFORE, the Board hereby accepts the Settlement Agreement as orally amended, settling all matters in this case consistent with the terms of the agreement between the parties, and Respondent is hereby ORDERED to abide by the terms of the Settlement Agreement. This Final Order shall be placed in and made part of the Respondent's official records.

This Final Order shall become effective upon filing with the Clerk for the Department of Health.

DONE AND ORDERED this 15 day of June, 2015.

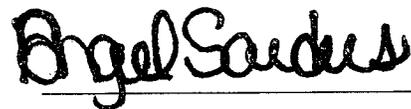
BOARD OF OSTEOPATHIC MEDICINE



Christy Robinson, Executive Director  
*on behalf of* Anna Hayden, D.O., CHAIR

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **U.S. Mail** to **Vincent Joseph Scolaro, D.O.**, 65 Goddard Drive, Debarry, FL 32713; and at Amerinet Health Centers South, Vincent Joseph Scolaro, D.O., 619 Beville Road, South Daytona, FL 32119; and **Kenneth M. Skinner, Esq.**, 1110 North Florida Avenue, Tampa, FL 33602; and by email to Penny Ziegler, M.D., Medical Director, Professionals Resource Network, Inc. (PRN) at [admin@flprn.org](mailto:admin@flprn.org); **Donna C. McNulty**, Senior Assistant Attorney General, at [Donna.McNulty@myfloridalegal.com](mailto:Donna.McNulty@myfloridalegal.com); and **Matthew Witters**, Assistant General Counsel, at [Matthew.Witters@flhealth.gov](mailto:Matthew.Witters@flhealth.gov); this 16<sup>th</sup> day of June 2015.



**Deputy Agency Clerk**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**Case No. 2011-03025**

**VINCENT JOSEPH SCOLARO, D.O.,**

**Respondent,**

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**SETTLEMENT AGREEMENT**

**VINCENT JOSEPH SCOLARO, D.O.,** referred to as the "Respondent", and the Department of Health, referred to as "Department" stipulate and agree to the following Settlement Agreement and to the entry of a Final Order of the Board of Osteopathic Medicine, referred to as "Board", incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes, and Chapter 456, Florida Statutes, and Chapter 459, Florida Statutes.

**STIPULATED FACTS**

1. At all times material hereto, Respondent was a licensed osteopathic physician in the State of Florida having been issued license number OS 5974.

2. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent with violations of Chapter 459, Florida Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit "A".

3. Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint for purposes of these proceedings only.

**STIPULATED CONCLUSIONS OF LAW**

1. Respondent admits that, in his capacity as a licensed physician, he is subject to the provisions of Chapters 456 and 459, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of

Chapters 456 and/or 459, Florida Statutes, as alleged in the Administrative Complaint.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

**STIPULATED DISPOSITION**

1. **Reprimand** - The Board shall reprimand the license of Respondent.

2. **Fine** - The Board of Osteopathic Medicine shall impose an administrative fine of **SEVEN THOUSAND FIVE HUNDRED DOLLARS AND NO/100 CENTS (\$7,500.00)** against the license of Respondent, to be paid by Respondent to the Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer, within ninety (90) days from the date of filing of the Final Order incorporating this Settlement Agreement. All fines shall be paid by certified funds or money order. The Board office does not have the authority to change the terms of payment of any fine imposed by the Board.

RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HIS LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN ONE HUNDRED FIVE (105) DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.

4. Reimbursement Of Costs - Pursuant to Section 456.072, Florida Statutes, Respondent agrees to pay the Department for any and all costs incurred in the investigation and prosecution of this case. Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, and the Board's administrative cost directly associated with Respondent's probation, if any. The current estimate of the Department's costs in this case is **TEN THOUSAND NINE HUNDRED SEVENTY DOLLARS AND**

**SIXTY-EIGHT CENTS (\$10,970.68)**, but this amount will increase prior to the Board meeting where this Settlement Agreement is presented. Respondent will pay costs to the Department of Health, Compliance Management Unit, Bin C76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer, within ninety (90) days from the date of filing of the Final Order in this cause. Any post-Board costs, such as the costs associated with probation, are not included in this Settlement Agreement.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HIS LEGAL OBLIGATION AND RESPONSIBILITY, AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN ONE HUNDRED FIVE (105) DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH**

**WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.**

5. **Laws And Rules Course** - Respondent shall complete course, "Legal and Ethical Implications in Medicine Physician's Survival Guide-Laws and Rules" administered by the Florida Osteopathic Medical Association (FOMA), or a Board-approved equivalent, within twelve (12) months of the date of filing of the Final Order of the Board incorporating this Settlement Agreement. In addition, Respondent shall submit documentation in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical education course within thirteen (13) months of the date of filing of the Final Order incorporating this Settlement Agreement to the Department of Health, Compliance Management Unit, Bin C76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Officer.

6. **Drug Course** - Respondent shall complete the course, "Prescribing Controlled Drugs: Critical Issues and Common Pitfalls of Prescribing," sponsored by the University of Florida, or a Board-approved equivalent, within one year before Respondent applies to the

Board for removal of any restriction on Respondent's practice prohibiting Respondent from prescribing, administering, dispensing, mixing, or ordering Schedule II through V controlled substances during his five year probationary period. In addition, Respondent shall submit documentation in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical education course one year before Respondent applies for the removal of any restriction on Respondent's practice prohibiting Respondent from prescribing, administering, dispensing, mixing, or ordering Schedule II through V controlled substances during his five probationary period.

7. **Continuing Medical Education – "Risk Management"** -

Respondent shall complete five (5) hours of Continuing Osteopathic Medical Education in "Risk Management" within one (1) year of the date of filing of the Final Order. Respondent shall first submit a written request to the Board Chairman for approval prior to performance of said continuing medical education course(s). However, the Board has approved five (5) hours of risk management continuing education for attending the first day of a full Board of Osteopathic Medicine meeting.

8. **Restriction Language:**

(A) **Restriction on Practice (CME)** - Respondent's practice is restricted in that Respondent may not prescribe Schedule II drugs unless or until Respondent has documented to the Board Chairman completion of the Drug, Records, and Risk Management Courses.

(B) **Permanent Practice Restriction**- Respondent may not own, operate or work in a Pain Management Clinic as defined by Section 459.005, Florida Statutes.

(C) **Practice Restriction** - Respondent shall not prescribe, administer, dispense, mix or order Schedule II through V controlled substances, as defined by Chapter 893, Florida Statutes; however, after five years of probation (set forth below and to run concurrently with the probation set forth in Department case nos. 2011-18625 and 2011-14096), Respondent may petition to lift this restriction for Schedules III through V provided he is in compliance with his PRN contract.

9. **Probation** - Respondent shall be placed on probation for a period of five (5) years with the following terms and conditions:

**Supervision.**

A. For two (2) years, to run concurrently with the Order on Reinstatement entered in case nos.: 2011-18625 and 2011-14096, Respondent shall practice only under the direct supervision of a Board-approved osteopathic or allopathic physician, hereinafter referred to as the "supervisor" followed by three (3) years of indirect supervision following successful completion of two years of direct supervision. When working under indirect supervision, Respondent shall practice only under the indirect supervision of a Board-approved osteopathic or allopathic physician. For purposes of this Settlement Agreement, the term for both the supervising physician under direct supervision and the monitoring physician under indirect supervision shall be referred to as the supervisor, the supervising physician, or the Monitor.

B. Respondent shall provide the supervisor with a copy of the Administrative Complaint, Final Order, and other relevant orders. Respondent shall allow the supervisor access to Respondent's medical records, calendar, patient logs, or other documents necessary to supervise Respondent as detailed below.

C. **Restrictions During Probation** - During the period of probation, Respondent's license shall be restricted as follows:

1. **Direct Supervision** - Respondent shall practice only under the direct supervision of a Board-approved osteopathic or allopathic physician, hereinafter referred to as the "Supervisor", whose responsibilities are set by the Board for two years as set forth in paragraph A above. The supervising physician shall be Board Certified in Respondent's specialty unless otherwise approved of by the Board.

2. **Indirect Supervision** - Following the successful completion of two (2) years of direct supervision as set forth above, Respondent shall practice only under the indirect supervision of a Board-approved osteopathic or allopathic physician, hereinafter referred to as the "Monitor", whose responsibilities are set by the Board. Indirect supervision does not require that the Monitor practice on the same premises as Respondent, however, the Monitor shall practice within a reasonable geographic proximity to Respondent, which shall be within twenty (20) miles unless otherwise provided by the Board and shall be readily available for consultation. The Monitor shall be Board Certified in Respondent's specialty unless otherwise approved

of by the Board. In this regard, Respondent shall allow the Monitor access to Respondent's medical records, calendar, patient logs or other documents necessary for the Monitor to supervise Respondent, as detailed below.

**3. Required Mentor/Supervision Criteria:**

a. If the terms of the Settlement Agreement include indirect monitoring of the Respondent's practice, or direct supervising of the Respondent's practice, Respondent shall not practice osteopathic medicine without an approved Monitor/Supervisor, as specified by this Settlement Agreement, unless otherwise stated by the Board.

b. The Monitor/Supervisor must be a licensee under Chapter 458 and/or 459, Florida Statutes, in good standing, in active practice, and without restriction or limitation on his license. The Monitor/Supervisor must be actively engaged in the same or similar specialty unless otherwise approved of by the Board and be practicing within twenty (20) miles of Respondent's practice, unless otherwise specifically provided for in this Settlement Agreement. The Monitor/Supervisor must be sufficiently qualified and experienced, and must not have any conflicts of interest that would prohibit him or her

from impartially performing his or her duties as a Monitor/Supervisor. The Board will make a determination whether Respondent's proposed Monitor/Supervisor is appropriate and the Board retains the absolute discretion to reject any Monitor/Supervisor proposed by the Respondent.

4. **Mechanism For Approval Of Monitor/Supervisor:**

a. **Temporary Approval** - The Board confers authority on the Board Chairman to temporarily approve Respondent's Monitor/Supervisor. To obtain this temporary approval, Respondent shall submit to the Board Chairman the name and curriculum vitae of the proposed Monitor/Supervisor at the time this Settlement Agreement is considered by the Board. **Once a Final Order adopting the Settlement Agreement is filed, Respondent shall not practice osteopathic medicine without an approved Monitor/Supervisor. Temporary approval shall only remain in effect until the next meeting of the Board.**

b. **Formal Approval** - Respondent shall have the Monitor/Supervisor with Respondent at Respondent's first probation appearance before the Board. Prior to the consideration of the

Monitor/Supervisor by the Board, Respondent shall provide to the Monitor/Supervisor a copy of the Administrative Complaint and Final Order in this case. Respondent shall submit a current curriculum vita and a description of current practice from the proposed Monitor/Supervisor to the Board office no later than thirty (30) days before Respondent's first scheduled appearance before the Board. Respondent's Monitor/Supervisor shall also appear before the Board at such other times as directed by the Board or Board Chairman. It shall be Respondent's responsibility to ensure the appearance of the Monitor/Supervisor as directed. Failure of the Monitor/Supervisor to appear, as directed, shall constitute a violation of the terms of this Settlement Agreement and shall subject Respondent to disciplinary action.

5. **Appearances** — Respondent and his proposed Monitor/Supervisor shall appear before the Board at the first meeting after probation commences, and at the Board meeting preceding the completion of the two (2) years of direct supervision as set forth above; and annual appearances thereafter, and at other such times requested by the Board. Respondent shall be noticed by the Board staff of the

date, time, and place of the Board's meeting where Respondent's appearance is required. Respondent's failure to appear as requested or directed shall be considered a violation of the terms of probation, and shall subject Respondent to disciplinary action.

6. **Change In Monitor/Supervisor** - In the event that Respondent's Monitor/Supervisor is unable or unwilling to fulfill the responsibilities of a Monitor/Supervisor as described above, Respondent shall immediately notify the Executive Director of the Board. Respondent shall immediately submit to the Board Chairman the name of a temporary Monitor/Supervisor for consideration. Respondent shall not practice pending approval of this temporary Monitor/Supervisor by the Board Chairman. Furthermore, Respondent shall make arrangements with his temporary Monitor/Supervisor to appear before the Board at its next regularly scheduled meeting for consideration of the Monitor/Supervisor by the Board. Respondent shall only practice under the auspices of the temporary Monitor/Supervisor (approved by the Chairman) until the next regularly scheduled meeting of the Board at which time the issue of the Board Chairman's approval of Respondent's new Monitor/Supervisor shall be addressed.

7. **Responsibilities of the Monitor/Supervisor** - The Monitor/Supervisor shall:

a. Review 25 percent of Respondent's active patient records at least once every month for the purpose of ascertaining whether Respondent is over-prescribing Schedule II and III controlled substances. The Monitor/Supervisor shall go to Respondent's office once every month and shall review Respondent's calendar or patient log and shall select the records to be reviewed. To comply with this responsibility of random review, the Monitor/Supervisor shall be responsible for making the random selection of records to be reviewed.

b. Review all of Respondent's patient records for patients treated for chronic non-malignant pain with Schedule II and III controlled substances. In this regard, Respondent shall maintain a log documenting all such patients.

c. Consult with Respondent on all cases involving chronic non-malignant pain. For the purposes of this Settlement Agreement, the scope of consultation shall be as follows:

i. Receive and review copies of all schedule II and III controlled substance prescriptions in order to determine the appropriateness of Respondent's prescribing of controlled substances;

ii. Any other records review requirements; and

iii. Maintain contact with Respondent on a frequency of at least once per week. In the event that the Monitor/Supervisor is not timely contacted by Respondent, then the Monitor/Supervisor shall immediately report this fact in writing to the Board Chairman.

d. Submit reports on a quarterly basis, in affidavit form, which shall include:

i. A brief statement of why Respondent is on probation;

ii. A description of Respondent's practice (type and composition);

iii. A statement addressing Respondent's compliance with the terms of probation;

- iv. A brief description of the Monitor's/Supervisor's relationship with Respondent;
- v. A statement advising the Board Chairman of any problems which have arisen; and
- vi. A summary of the dates the Monitor/Supervisor went to Respondent's office, the number of records reviewed, and the overall quality of the records reviewed, and the dates Respondent contacted the Monitor/Supervisor.

e. Report immediately to the Board any violations by Respondent of Chapters 456 or 459, Florida Statutes, and the rules promulgated thereto.

f. Respondent's Monitor/Supervisor shall appear before the Board at the first meeting of the Board following commencement of the probation, and at such other times as directed by the Board or Board Chairman. It shall be Respondent's responsibility to ensure the appearance of Respondent's Monitor/Supervisor to appear

as requested or directed. If the approved Monitor/Supervisor fails to appear as requested or directed by the Board or Board Chairman, **Respondent shall immediately cease practicing osteopathic medicine until such time as the approved Monitor/Supervisor or alternate Monitor/Supervisor appears before the Board.**

8. **Reports from Respondent** - Respondent shall submit quarterly reports, in affidavit form, the contents of which may be further specified by the Board, but which shall include:

- a. A brief statement of why Respondent is on probation;
- b. A description of practice location;
- c. A description of current practice (type and composition);
- d. A brief statement of compliance with probationary terms;
- e. A description of the relationship with monitoring/supervising physician;
- f. A statement advising the Board of any problems which have arisen; and

- g. A statement addressing compliance with any restrictions or requirements imposed.

**C. Continuity of Practice:**

1. **Tolling Provisions** - In the event Respondent leaves the State of Florida for a period of thirty (30) days or more or otherwise does not engage in the active practice of osteopathic medicine in the State of Florida, then certain provisions of Respondent's probation (and only those provisions of the probation) shall be tolled as enumerated below and shall remain in a tolled status until Respondent returns to active practice in the State of Florida:

- a. The time period of probation shall be tolled;
- b. The provisions regarding supervision, whether direct or indirect by another physician, and required reports from the Monitor/Supervisor shall be tolled; and
- c. The provisions regarding preparation of reports detailing compliance with this Settlement Agreement shall be tolled; and

2. **Active Practice** - In the event that Respondent leaves the active practice of osteopathic medicine for a period of one (1) year or

more, the Board may require Respondent to appear before the Board and demonstrate his ability to practice osteopathic medicine with skill and safety to patients prior to resuming the practice of osteopathic medicine in this state.

D. **Controlled Substances** - Respondent may prescribe Schedule II and III controlled substances only in compliance with the restrictions set forth below:

1. Respondent shall utilize sequentially numbered triplicate prescriptions;
2. Respondent shall provide one copy of each prescription to the Monitor/Supervisor when they meet each month for patient file review;
3. Respondent shall provide one copy of each prescription to the Department's Compliance Officer upon request; and
4. Respondent shall maintain one copy of each prescription in the patient's medical records. This copy may be a photocopy.

E. **Obligations/Requirements Of Probation** - During the period of probation, Respondent shall comply with the following obligations and requirements:

1. **Appearance** - Respondent shall appear before the Board of Osteopathic Medicine at the first Board meeting after probation commences, at the last meeting of the Board preceding scheduled termination of the probation, and at such other times as requested by the Board or Board Chairman. Respondent shall be noticed by the Board Office of the date, time and place of the Board meeting at which Respondent's appearance is required. Failure of Respondent to appear as requested, or directed, or failure of Respondent to comply with **any** of the terms of this Settlement Agreement shall be considered a violation of the terms of this Settlement Agreement, and shall subject Respondent to disciplinary action.

2. **Respondent shall be responsible for ensuring that the Monitor/Supervisor submits all required reports.**

3. **Supervision of Physician Assistants and/or Anesthesiology Assistants** - Respondent is required to notify, in writing,

any physician assistant and/or anesthesiologist assistant which the Respondent supervises, of his probationary status. A copy of said written notification(s) shall be submitted to the Board's Compliance Officer within thirty (30) days of entry of the Final Order incorporating this Settlement Agreement.

### **STANDARD PROVISIONS**

1. **Appearance**: Respondent is required to appear before the Board at the meeting of the Board where this Settlement Agreement is considered.

2. **No Force or Effect Until Final Order** - It is expressly understood that this Settlement Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Settlement Agreement.

3. **Continuing Medical Education** - Unless otherwise provided in this Settlement Agreement, Respondent shall first submit a written request to the Board Chairman for approval prior to performance of said continuing medical education course(s).

Respondent shall submit documentation in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical course within one (1) year of the date of filing of the Final Order incorporating this Settlement Agreement. All such documentation shall be sent to the Department of Health, Compliance Management Unit, Bin C76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Osteopathic Medicine Compliance Office, regardless of whether some or any of such documentation was provided previously during the course of any audit or discussion with counsel for the Department. These hours shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the Board, said continuing medical education course(s) shall consist of a formal, live lecture format.

4. **Addresses** - Respondent must keep current residence and practice addresses on file with the Board. Respondent shall notify the Board within ten (10) days of any changes of said addresses.

5. **Future Conduct** - In the future, Respondent shall not violate Chapter 456, 459 or 893, Florida Statutes, or the rules

promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice osteopathic medicine. Prior to signing this Settlement Agreement, the Respondent shall read Chapters 456, 459 and 893 and the Rules of the Board of Osteopathic Medicine, at Chapter 64B15, Florida Administrative Code.

6. **Violation of Settlement Agreement Terms** - It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to Chapters 456 and 459, Florida Statutes.

7. **Purpose of Settlement Agreement** - Respondent, for the purpose of avoiding further administrative action with respect to this case, executes this Settlement Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Settlement Agreement. **Respondent agrees to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony or**

**argument that disputes or contravenes any stipulated fact or conclusion of law.** Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

8. **No Preclusion of Additional Proceedings** - Respondent and the Department fully understand that this Settlement Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit "A".

9. **Waiver of Attorney's Fees and Costs** - Upon the Board's adoption of this Settlement Agreement, the parties hereby agree that with the exception of costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or

costs from the Department and the Board in connection with this matter.

10. **Waiver of Further Procedural Steps** - Upon the Board's adoption of this Settlement Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Settlement Agreement and the Final Order of the Board incorporating said Settlement Agreement.

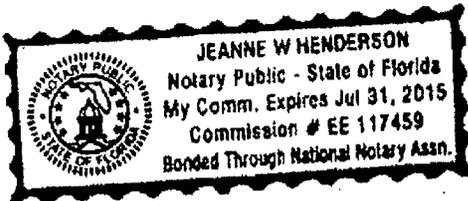
SIGNED this 16 day of February

2015.

Vincent J. Scolaro  
Vincent Joseph Scolaro, D.O.

Before me, personally appeared Vincent Joseph Scolaro, whose identity is known to me by drivers license (type of identification) and who, under oath, acknowledges that his signature appears above.

Sworn to and subscribed before me this 16 day of February, 2015.



Jeanne W Henderson  
Notary Public State Of Florida  
Printed Name: JEANNE W HENDERSON

Commission No.: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_

APPROVED this 20<sup>th</sup> day of February  
2015.

John H. Armstrong, MD, FACS  
Surgeon General & Secretary  
Florida Department of Health

  
Mary S. Miller  
Assistant General Counsel  
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**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO.: 2011-03025**

**VINCENT JOSEPH SCOLARO, D.O.,**

**RESPONDENT.**

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Osteopathic Medicine against the Respondent, Vincent Joseph Scolaro, D.O., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of osteopathic medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 459, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed osteopathic physician within the State of Florida, having been issued license number OS 5974.

**EXHIBIT**

**A**

3. Respondent's address of record is 65 Goddard Drive, Debary, Florida 32713.

4. From on or about February 1, 2011 until on or about December 7, 2011, Respondent practiced pain management at Amerinet Health Center South Daytona, L.L.C. (Amerinet Health), in South Daytona, Deltona, and Sanford, Florida, but was not board certified in pain management.

5. Ambien is the brand name for the drug zolpidem, prescribed to treat insomnia. According to Title 21, Section 1308.14, Code of Federal Regulations, zolpidem is a Schedule IV controlled substance. Zolpidem can cause dependence and is subject to abuse.

6. Amphetamine salts contain amphetamine. According to Section 893.03(2), Florida Statutes, amphetamine is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of amphetamine may lead to severe psychological or physical dependence.

7. Atarax is a trade name for the legend drug hydroxyzine. Atarax is an antihistamine with sedative effects. Atarax is used as a tranquilizer in dental procedures and a short term treatment of anxiety disorders.

8. Ativan is the brand name for lorazepam and is prescribed to treat anxiety. According to Section 893.03(4), Florida Statutes, lorazepam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States. Abuse of lorazepam may lead to limited physical or psychological dependence relative to the substances in Schedule III.

9. Dextroamphetamine contains amphetamine and is used to treat attention deficit hyperactivity disorder (ADHD). According to Section 893.03(2), Florida Statutes, amphetamine is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of amphetamine may lead to severe psychological or physical dependence.

10. Diazepam, commonly known by the brand name Vallium, is prescribed to treat anxiety. According to Section 893.03(4), Florida

Statutes, diazepam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States. Abuse of diazepam may lead to limited physical or psychological dependence relative to the substances in Schedule III.

11. Fioricet is the brand name for a drug that contains butalbital and is commonly prescribed to treat migraine headaches. According to Section 893.03(3), Florida Statutes, butalbital is a Schedule III controlled substance that has a potential for abuse less than the substances in Schedules I and II and has a currently accepted medical use in treatment in the United States. Abuse of butalbital may lead to moderate or low physical dependence or high psychological dependence.

12. Flexeril is a muscle relaxant used to treat strains, sprains, and other muscle injuries.

13. Klonopin is the brand name for clonazepam and is prescribed to treat anxiety. According to Section 893.03(4), Florida Statutes, clonazepam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States. Abuse of clonazepam may

lead to limited physical or psychological dependence relative to the substances in Schedule III.

14. Lortab is the brand name for a drug that contains hydrocodone and is prescribed to treat pain. According to Section 893.03(3), Florida Statutes, hydrocodone, in the dosages found in Lortab, is a Schedule III controlled substance that has a potential for abuse less than the substances in Schedules I and II and has a currently accepted medical use in treatment in the United States. Abuse of the substance may lead to moderate or low physical dependence or high psychological dependence.

15. Neurotin is a legend drug used to treat fibromyalgia, neuropathic pain, and seizures.

16. Oxycodone is commonly prescribed to treat pain. According to Section 893.03(2), Florida Statutes, oxycodone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of oxycodone may lead to severe psychological or physical dependence.

17. Percocet is the brand name for a drug that contains oxycodone and is prescribed to treat pain. According to Section 893.03(2), Florida

Statutes, oxycodone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of oxycodone may lead to severe psychological or physical dependence.

18. Ritalin is the brand name for the drug methylphenidate, commonly prescribed to treat attention deficit disorder. According to Section 893.03(2), Florida Statutes, methylphenidate is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of methylphenidate may lead to severe psychological or physical dependence.

19. Robaxin is a muscle relaxant used to strains, sprains, and other muscle injuries.

20. Suboxone contains buprenorphine and is prescribed to treat pain. According to Section 893.03(5), Florida Statutes, buprenorphine is a Schedule V controlled substance that has a low potential for abuse relative to the substances in Schedule IV and has a currently accepted medical use in treatment in the United States. Abuse of buprenorphine may lead to

limited physical or psychological dependence relative to the substances in Schedule IV.

21. Subutex is the brand name for buprenorphine, and is prescribed to treat pain. According to Section 893.03(5), Florida Statutes, buprenorphine is a Schedule V controlled substance that has a low potential for abuse relative to the substances in Schedule IV and has a currently accepted medical use in treatment in the United States. Abuse of buprenorphine may lead to limited physical or psychological dependence relative to the substances in Schedule IV.

22. Zanaflex is a muscle relaxant used to treat muscle spasms caused by multiple sclerosis, back pain, and other injuries to the spine and/or central nervous system.

23. Zolpidem, commonly known by the brand name Ambien, is prescribed to treat insomnia. According to Title 21, Section 1308.14, Code of Federal Regulations, zolpidem is a Schedule IV controlled substance. Zolpidem can cause dependence and is subject to abuse.

**Patient B.B.**

24. From on or about February 1, 2011 until on or about December 7, 2011, Patient B.B., a 35 year-old patient, presented to Respondent with complaints of back pain, anxiety, insomnia, and arthritis.

25. Medical records indicate that from on or about March 1, 2011 until on or about December 7, 2011, Respondent wrote multiple prescriptions for Diazepam, Lortab, Oxycodone, Amphetamine Salts, Ritalin, and/or Dextroamphetamine, for Patient B.B. on the dates, dosages, and quantities described in the following table:

| DATE       | DRUG              | STRENGTH   | QUANTITY    |
|------------|-------------------|------------|-------------|
| 03/01/2011 | Lortab            | 10mg/500mg | 120 tablets |
| 03/29/2011 | Diazepam          | 10 mg      | 30 tablets  |
| 03/29/2011 | Oxycodone         | 15 mg      | 180 tablets |
| 03/29/2011 | Lortab            | 10mg/500mg | 120 tablets |
| 04/19/2011 | Amphetamine Salts | 20 mg      | 30 tablets  |
| 04/26/2011 | Oxycodone         | 15 mg      | 195 tablets |
| 04/26/2011 | Diazepam          | 10 mg      | 28 tablets  |
| 05/17/2011 | Amphetamine Salts | 30 mg      | 60 tablets  |

| DATE       | DRUG               | STRENGTH   | QUANTITY    |
|------------|--------------------|------------|-------------|
| 05/24/2011 | Lortab             | 10mg/325mg | 120 tablets |
| 06/02/2011 | Diazepam           | 10 mg      | 28 tablets  |
| 06/21/2011 | Oxycodone          | 30 mg      | 130 tablets |
| 06/21/2011 | Lortab             | 10mg/325mg | 120 tablets |
| 06/21/2011 | Diazepam           | 10 mg      | 30 tablets  |
| 06/28/2011 | Ritalin            | 40 mg      | 30 tablets  |
| 07/26/2011 | Dextro-amphetamine | 20 mg      | 30 capsules |
| 08/17/2011 | Diazepam           | 10 mg      | 30 tablets  |
| 08/23/2011 | Dextro-amphetamine | 30 mg      | 60 capsules |
| 09/13/2011 | Oxycodone          | 15 mg      | 30 tablets  |
| 09/13/2011 | Oxycodone          | 30 mg      | 140 tablets |
| 09/13/2011 | Diazepam           | 10 mg      | 60 tablets  |
| 09/20/2011 | Dextro-amphetamine | 20 mg      | 60 capsules |
| 10/11/2011 | Oxycodone          | 15 mg      | 45 tablets  |
| 10/11/2011 | Oxycodone          | 30 mg      | 140 tablets |
| 10/11/2011 | Diazepam           | 10 mg      | 30 tablets  |
| 10/18/2011 | Amphetamine Salts  | 30 mg      | 60 tablets  |

| DATE       | DRUG               | STRENGTH   | QUANTITY    |
|------------|--------------------|------------|-------------|
| 11/08/2011 | Oxycodone          | 30 mg      | 155 tablets |
| 11/08/2011 | Lortab             | 10mg/325mg | 90 tablets  |
| 11/18/2011 | Dextro-Amphetamine | 30 mg      | 60 tablets  |

26. Medical records indicate Respondent failed to obtain documentation from Patient B.B.'s previous health care providers related to Patient B.B.'s prior treatment for chronic pain.

27. Medical records indicate Respondent failed to adequately monitor Patient B.B.'s use of narcotics.

28. Medical records indicate Respondent failed to order specialized consultations for Patient B.B. for alternative forms of pain management.

29. Medical records indicate Respondent failed to obtain appropriate medical histories from Patient B.B.

30. Medical records indicate Respondent failed to perform appropriate physical examinations on Patient B.B.

31. Respondent's simultaneous prescriptions of Oxycodone 15 mg and Oxycodone 30 mg was an inappropriate or excessive amount of immediate release pain medication that fell below the standard of care.

32. Respondent's simultaneous prescriptions of Oxycodone 15 mg and Lortab 10 mg/325 mg was an inappropriate or excessive amount of immediate release pain medication that fell below the standard of care.

33. Respondent's prescriptions of Lortab, Diazepam, Oxycodone, Amphetamine Salts, Ritalin, or Dextroamphetamine, to Patient B.B. were an inappropriate and/or excessive combination of narcotics that fell below the standard of care.

**Patient C.J.**

34. From on or about February 7, 2011 until on or about November 30, 2011, Patient C.J., a 37 year-old patient, presented to Respondent with complaints of back pain, and insomnia.

35. Medical records indicate that from on or about March 18, 2011 until on or about November 30, 2011, Respondent wrote multiple prescriptions for Oxycodone, Diazepam, Percocet, Lortab, Neurontin, Robaxin, and Ativan, for Patient C.J. on the dates, dosages, and quantities described in the following table:

| DATE       | DRUG      | STRENGTH | QUANTITY    |
|------------|-----------|----------|-------------|
| 03/18/2011 | Oxycodone | 30 mg    | 165 tablets |

| DATE       | DRUG      | STRENGTH | QUANTITY    |
|------------|-----------|----------|-------------|
| 03/18/2011 | Neurontin | 300 mg   | 30 tablets  |
| 03/18/2011 | Robaxin   | 750mg    | 60 tablets  |
| 06/14/2011 | Oxycodone | 30 mg    | 165 tablets |
| 06/14/2011 | Oxycodone | 15 mg    | 45 tablets  |
| 03/18/2011 | Oxycodone | 15 mg    | 45 tablets  |
| 06/14/2011 | Ativan    | 2.0 mg   | 30 tablets  |
| 06/14/2011 | Diazepam  | 10 mg    | 30 tablets  |
| 07/12/2011 | Oxycodone | 30 mg    | 165 tablets |
| 07/12/2011 | Oxycodone | 15 mg    | 45 tablets  |
| 07/12/2011 | Diazepam  | 10 mg    | 30 tablets  |
| 07/12/2011 | Ativan    | 2.0 mg   | 30 tablets  |
| 08/09/2011 | Oxycodone | 30 mg    | 165 tablets |
| 08/09/2011 | Oxycodone | 15 mg    | 40 tablets  |
| 08/09/2011 | Diazepam  | 10 mg    | 30 tablets  |
| 08/09/2011 | Ativan    | 2.0 mg   | 30 tablets  |
| 09/06/2011 | Oxycodone | 30 mg    | 170 tablets |
| 09/06/2011 | Oxycodone | 15 mg    | 30 tablets  |

| DATE       | DRUG      | STRENGTH   | QUANTITY    |
|------------|-----------|------------|-------------|
| 09/06/2011 | Ativan    | 2.0 mg     | 30 tablets  |
| 10/04/2011 | Oxycodone | 30 mg      | 170 tablets |
| 10/04/2011 | Oxycodone | 15 mg      | 40 tablets  |
| 10/04/2011 | Diazepam  | 10 mg      | 30 tablets  |
| 09/06/2011 | Diazepam  | 10 mg      | 45 tablets  |
| 11/01/2011 | Oxycodone | 15 mg      | 40 tablets  |
| 11/01/2011 | Oxycodone | 30 mg      | 170 tablets |
| 11/01/2011 | Percocet  | 4.0 mg     | 30 tablets  |
| 11/30/2011 | Oxycodone | 30 mg      | 170 tablets |
| 11/30/2011 | Oxycodone | 15 mg      | 40 tablets  |
| 11/30/2011 | Percocet  | 10mg/325mg | 40 tablets  |
| 11/30/2011 | Lortab    | 10mg/500mg | 30 tablets  |

36. Medical records indicate Respondent failed to obtain documentation from Patient C.J.'s previous health care providers related to Patient C.J.'s prior treatment for chronic pain.

37. Medical records indicate Respondent failed to obtain appropriate medical histories from Patient C.J.

38. Medical records indicate Respondent failed to adequately monitor Patient C.J.'s use of the narcotics.

39. Medical records indicate Respondent to perform appropriate physical examinations on Patient C.J.

40. Patient C.J.'s medical history is significant for testing positive for cocaine on or about September 6, 2011.

41. Medical records indicate Respondent failed to refer Patient C.J. to drug abuse counseling to a drug rehabilitation program after the patient tested positive for cocaine on or about September 6, 2011.

42. Medical records indicate Respondent failed to order specialized consultations for Patient C.J.

43. Medical records indicate Respondent failed to order alternative forms of pain management treatments for Patient C.J.

44. Respondent's simultaneous prescriptions of Oxycodone 15 mg and Oxycodone 30 mg was an inappropriate or excessive amount of immediate release pain medication that fell below the standard of care.

45. Respondent's prescriptions of Oxycodone 30 mg, Oxycodone 15 mg, Lortab 10mg/325mg, Percocet 4.0 mg, Neurontin 300 mg, Robaxin 750 mg, Ativan 2.0 mg, and Diazepam 10 mg, to Patient C.J. were an

inappropriate or excessive combination of narcotic drugs that fell below the standard of care.

**Patient S.B.**

46. From on or about March 28, 2011 until on or about November 23, 2011, Patient S.B. presented to Respondent with complaints of back pain, neck pain, headaches, anxiety, and insomnia.

47. Medical records indicate that from on or about March 28, 2011, until on or about November 8, 2011, Respondent wrote prescriptions for Oxycodone, Klonopin, and Robaxin for Patient S.B. on the dates, dosages, and quantities described in the following table:

| DATE       | DRUG      | STRENGTH | QUANTITY    |
|------------|-----------|----------|-------------|
| 03/28/2011 | Oxycodone | 30 mg    | 150 tablets |
| 03/28/2011 | Oxycodone | 15 mg    | 90 tablets  |
| 03/28/2011 | Robaxin   | 700 mg   | 60 tablets  |
| 04/25/2011 | Oxycodone | 30 mg    | 165 tablets |
| 04/25/2011 | Klonopin  | 1.0 mg   | 60 tablets  |
| 05/23/2011 | Oxycodone | 30 mg    | 180 tablets |
| 05/23/2011 | Klonopin  | 2.0 mg   | 60 tablets  |

| DATE       | DRUG      | STRENGTH | QUANTITY    |
|------------|-----------|----------|-------------|
| 06/20/2011 | Oxycodone | 30 mg    | 180 tablets |
| 04/25/2011 | Oxycodone | 30 mg    | 165 tablets |
| 06/20/2011 | Klonopin  | 2.0 mg   | 60 tablets  |
| 07/19/2011 | Oxycodone | 30 mg    | 180 tablets |
| 07/19/2011 | Klonopin  | 2.0 mg   | 60 tablets  |
| 08/16/2011 | Oxycodone | 30 mg    | 180 tablets |
| 08/16/2011 | Klonopin  | 2.0 mg   | 60 tablets  |
| 09/13/2011 | Oxycodone | 30 mg    | 180 tablets |
| 09/13/2011 | Oxycodone | 30 mg    | 175 tablets |
| 09/13/2011 | Klonopin  | 2.0 mg   | 60 tablets  |
| 09/13/2011 | Klonopin  | 2.0 mg   | 70 tablets  |
| 10/11/2011 | Oxycodone | 30 mg    | 175 tablets |
| 10/11/2011 | Oxycodone | 30 mg    | 165 tablets |
| 10/11/2011 | Klonopin  | 2.0 mg   | 70 tablets  |
| 11/08/2011 | Klonopin  | 2.0 mg   | 70 tablets  |
| 11/08/2011 | Oxycodone | 30 mg    | 82 tablets  |
| 11/23/2011 | Oxycodone | 30 mg    | 82 tablets  |

| DATE       | DRUG      | STRENGTH | QUANTITY   |
|------------|-----------|----------|------------|
| 11/23/2011 | Klonopin  | 2.0 mg   | 35 tablets |
| 11/08/2011 | Oxycodone | 30 mg    | 82 tablets |

48. Medical records indicate Respondent failed to obtain documentation from Patient S.B.'s previous healthcare providers related to Patient S.B.'s prior treatment for chronic pain.

49. Medical records indicate Respondent failed to adequately monitor Patient S.B.'s use of narcotics.

50. Medical records indicate Respondent failed to perform appropriate physical examinations on Patient S.B.

51. Medical records reflect Respondent failed to order specialized consultations for Patient S.B.

52. Medical records indicate Respondent failed to order specialized consultations for Patient S.B. for alternative forms of pain management.

53. Respondent's prescriptions of Oxycodone, 30 mg; Oxycodone 15 mg; Robaxin 700 mg, Klonopin 1.0 mg, and/or Klonopin 2.0 mg to Patient S.B. were an inappropriate or excessive combination of narcotics that fell below the standard of care.

**Patient R.V.**

54. From on or about March 29, 2011 until on or about December 5, 2011, Patient R.V., a 30 year-old patient, presented to Respondent with complaints of back pain, and anxiety.

55. Medical records indicate that from on or about March 29, 2011, until on or about December 5, 2011, Respondent wrote multiple prescriptions for Oxycodone, Diazepam, and Lortab, for Patient R.V. on the dates, dosages, and quantities described in the following table:

| DATE       | DRUG      | STRENGTH   | QUANTITY    |
|------------|-----------|------------|-------------|
| 03/31/2011 | Oxycodone | 30 mg      | 180 tablets |
| 03/31/2011 | Diazepam  | 10 mg      | 30 tablets  |
| 04/29/2011 | Oxycodone | 30 mg      | 180 tablets |
| 04/29/2011 | Diazepam  | 10 mg      | 28 tablets  |
| 04/29/2011 | Lortab    | 10mg/500mg | 60 tablets  |
| 06/14/2011 | Oxycodone | 30 mg      | 180 tablets |
| 06/14/2011 | Oxycodone | 15 mg      | 60 tablets  |
| 06/14/2011 | Diazepam  | 10 mg      | 30 tablets  |
| 10/19/2011 | Oxycodone | 30 mg      | 170 tablets |

| DATE       | DRUG      | STRENGTH | QUANTITY    |
|------------|-----------|----------|-------------|
| 10/19/2011 | Diazepam  | 10 mg    | 30 tablets  |
| 11/18/2011 | Oxycodone | 30 mg    | 170 tablets |
| 11/18/2011 | Oxycodone | 30 mg    | 85 tablets  |
| 11/18/2011 | Oxycodone | 15 mg    | 60 tablets  |
| 11/18/2011 | Oxycodone | 15 mg    | 30 tablets  |
| 10/19/2011 | Oxycodone | 15 mg    | 60 tablets  |
| 11/18/2011 | Diazepam  | 10 mg    | 30 tablets  |
| 11/18/2011 | Diazepam  | 10 mg    | 15 tablets  |
| 12/02/2011 | Oxycodone | 30 mg    | 85 tablets  |
| 12/02/2011 | Oxycodone | 15 mg    | 30 tablets  |
| 12/02/2011 | Diazepam  | 10 mg    | 15 tablets  |

56. Medical records indicate Respondent failed to obtain documentation from Patient R.V.'s previous healthcare providers related to Patient R.V.'s prior treatment for chronic pain.

57. Medical records indicate Respondent failed to order specialized consultations for Patient R.V. for alternative forms of pain management.

58. Medical records indicate Respondent failed to perform appropriate physical examinations on Patient R.V.

59. Patient R.V.'s medical history is significant for testing positive for oxycodone on or about October 19, 2011 after Patient R.V. reported he was incarcerated from on or about June 14, 2011 until on or about October 19, 2011.

60. Medical records indicate Respondent failed to refer Patient R.V. to drug abuse counseling to a drug rehabilitation program after the patient tested positive for oxycodone on or about October 19, 2011.

61. Medical records indicate Respondent failed to order specialized consultations for Patient R.V.

62. Medical records indicate Respondent failed to adequately monitor Patient R.V.'s use of narcotics.

63. Respondent's simultaneous prescriptions of Oxycodone 30 mg and Lortab 10 mg/325 mg was an inappropriate or excessive amount of immediate release pain medication that fell below the standard of care.

64. Respondent's simultaneous prescriptions of Oxycodone 15 mg and Oxycodone 30 mg was an inappropriate or excessive amount of immediate release pain medication that fell below the standard of care.

65. Respondent's prescriptions of Oxycodone 30 mg; Oxycodone 15 mg; Lortab 10 mg/325 mg; and Diazepam 10 mg to Patient R.V. were an inappropriate and/or excessive combination of narcotics that fell below the standard of care.

**Patient F.L.**

66. From on or about May 6, 2011 until on or about December 2, 2011, Patient F.L., a 26 year-old patient, presented to Respondent with complaints of back pain, neck pain, insomnia, headaches, and anxiety.

67. Patient F.L.'s medical history is significant for alcohol abuse.

68. Medical records indicate that from on or about May 6, 2011 until on or about December 2, 2011, Respondent wrote multiple prescriptions for Oxycodone, Lortab, and Fiorcet, for Patient F.L. on the dates, dosages, and quantities described in the following table:

| DATE       | DRUG      | STRENGTH | QUANTITY    |
|------------|-----------|----------|-------------|
| 05/06/2011 | Oxycodone | 30 mg    | 168 tablets |
| 06/03/2011 | Oxycodone | 30 mg    | 168 tablets |
| 06/03/2011 | Oxycodone | 15 mg    | 45 tablets  |
| 07/07/2011 | Oxycodone | 30 mg    | 168 tablets |

| DATE       | DRUG      | STRENGTH   | QUANTITY    |
|------------|-----------|------------|-------------|
| 07/07/2011 | Oxycodone | 15 mg      | 45 tablets  |
| 07/07/2011 | Lortab    | 10mg/500mg | 45 tablets  |
| 08/04/2011 | Oxycodone | 30 mg      | 168 tablets |
| 08/04/2011 | Lortab    | 10mg/500mg | 60 tablets  |
| 09/02/2011 | Oxycodone | 30 mg      | 168 tablets |
| 09/02/2011 | Lortab    | 10mg/500mg | 60 tablets  |
| 09/02/2011 | Fioricet  | 50mg/325mg | 40 tablets  |
| 10/07/2011 | Oxycodone | 30 mg      | 162 tablets |
| 10/07/2011 | Lortab    | 10mg/500mg | 60 tablets  |
| 10/07/2011 | Fioricet  | 50mg/325mg | 40 tablets  |
| 11/04/2011 | Oxycodone | 30 mg      | 162 tablets |
| 11/04/2011 | Lortab    | 10mg/500mg | 60 tablets  |
| 12/02/2011 | Lortab    | 10mg/500mg | 70 tablets  |
| 12/02/2011 | Oxycodone | 10 mg      | 75 tablets  |
| 12/02/2011 | Lortab    | 10mg/500mg | 35 tablets  |
| 12/02/2011 | Oxycodone | 30 mg      | 150 tablets |

69. Medical records indicate Respondent failed to obtain documentation from Patient F.L.'s previous healthcare providers related to Patient F.L.'s prior treatment for chronic pain.

70. Medical records indicate Respondent failed to adequately monitor Patient F.L.'s use of narcotics.

71. Medical records indicate Respondent failed to obtain specialized consultations for Patient F.L. for alternative forms of pain management.

72. Medical records indicate Respondent failed to refer Patient F.L. to drug or alcohol abuse counseling or an alcohol/drug rehabilitation program based on the patient's history of alcohol abuse.

73. Medical records indicate Respondent failed to perform appropriate physical examinations on patient F.L.

74. Medical records indicate Respondent failed to order specialized consultations for Patient F.L.

75. Respondent's simultaneous prescriptions of Oxycodone 30 mg and Lortab 10 mg/500 mg was an inappropriate or excessive amount of immediate release pain medication that fell below the standard of care.

76. Respondent's prescriptions of Oxycodone 30 mg; Oxycodone 15 mg; Lortab 10mg/500mg; and Fioricet 50mg/325mg to Patient F.L. were

an inappropriate or excessive combination of narcotics that fell below the standard of care.

**Patient J.B.**

77. From on or about June 1, 2011 until on or about November 28, 2011, Patient J.B., a 47 year-old patient, presented to Respondent with complaints of back pain, and insomnia.

78. Medical records indicate that from on or about June 1, 2011 until on or about November 28, 2011, Respondent wrote multiple prescriptions for Oxycodone, Lortab, Ambien, Zolpidem, Diazepam, Subutex, and Suboxone for Patient J.B. on the dates, dosages, and quantities described in the following table:

| DATE       | DRUG      | STRENGTH | QUANTITY    |
|------------|-----------|----------|-------------|
| 06/01/2011 | Oxycodone | 30 mg    | 168 tablets |
| 06/01/2011 | Diazepam  | 10 mg    | 28 tablets  |
| 06/29/2011 | Oxycodone | 30 mg    | 168 tablets |
| 06/29/2011 | Diazepam  | 10 mg    | 28 tablets  |
| 06/29/2011 | Ambien    | 10 mg    | 30 tablets  |
| 07/27/2011 | Oxycodone | 30 mg    | 168 tablets |

| DATE       | DRUG      | STRENGTH     | QUANTITY    |
|------------|-----------|--------------|-------------|
| 07/27/2011 | Zolpidem  | 10 mg        | 30 tablets  |
| 08/24/2011 | Ambien    | 10 mg        | 30 tablets  |
| 09/21/2011 | Oxycodone | 30 mg        | 175 tablets |
| 09/21/2011 | Ambien    | 10 mg        | 30 tablets  |
| 10/19/2011 | Oxycodone | 30 mg        | 175 tablets |
| 10/19/2011 | Ambien    | 10 mg        | 30 tablets  |
| 11/16/2011 | Oxycodone | 30 mg        | 175 tablets |
| 11/16/2011 | Lortab    | 10 mg/500 mg | 30 tablets  |
| 11/22/2011 | Oxycodone | 30 mg        | 175 tablets |
| 11/22/2011 | Lortab    | 10 mg/500 mg | 40 tablets  |
| 11/22/2011 | Subutex   | 8 mg         | 2 tablets   |
| 11/22/2011 | Suboxone  | 8 mg         | 14 tablets  |
| 08/24/2011 | Ambien    | 10 mg        | 30 tablets  |

79. Medical records indicate Respondent failed to obtain documentation from Patient J.B.'s previous healthcare providers related to Patient J.B.'s prior treatment for chronic pain.

80. Medical records indicate Respondent failed to order specialized consultations for Patient J.B. for alternative forms of pain management.

81. Patient J.B.'s medical history is significant for testing positive for Suboxone on or about November 22, 2011.

82. Medical records reflect Respondent failed to refer Patient J.B. to drug abuse counseling or a drug rehabilitation program after he tested positive for Suboxone on or about November 22, 2011.

81. Medical records indicate Respondent failed to adequately monitor Patient J.B.'s use of narcotics.

83. Respondent's simultaneous prescriptions of Oxycodone 30 mg and Lortab 10 mg/500 mg was an inappropriate or excessive amount of immediate release pain medication that fell below the standard of care.

84. Respondent's prescriptions of Oxycodone 30 mg; Diazepam 10 mg; Ambien 10 mg; Zolpidem 10 mg, Lortab 10mg/500mg; Subutex 8 mg; and Suboxone 8 mg to Patient J.B. were an inappropriate or excessive combination of legend drugs that fell below the standard of care.

**Patient L.M.**

85. From on or about August 3, 2011 until on or about November 21, 2011, Patient L.M., a 62 year-old patient, presented to Respondent with complaints of back pain, neck pain, and anxiety.

86. Medical records indicate that from on or about August 3, 2011 until on or about November 21, 2011, Respondent wrote multiple prescriptions for Oxycodone, Diazepam, and Ativan for Patient L.M. on the dates, dosages, and quantities described in the following table:

| DATE       | DRUG      | STRENGTH | QUANTITY    |
|------------|-----------|----------|-------------|
| 08/03/2011 | Oxycodone | 30 mg    | 150 tablets |
| 08/03/2011 | Oxycodone | 15 mg    | 60 tablets  |
| 09/02/2011 | Oxycodone | 30 mg    | 150 tablets |
| 09/02/2011 | Oxycodone | 15 mg    | 60 tablets  |
| 09/02/2011 | Diazepam  | 5 mg     | 40 tablets  |
| 09/16/2011 | Oxycodone | 30 mg    | 75 tablets  |
| 09/16/2011 | Oxycodone | 15 mg    | 30 tablets  |
| 09/16/2011 | Diazepam  | 5 mg     | 20 tablets  |
| 09/16/2011 | Ativan    | 1 mg     | 4 tablets   |

| DATE       | DRUG      | STRENGTH | QUANTITY    |
|------------|-----------|----------|-------------|
| 09/30/2011 | Oxycodone | 30 mg    | 75 tablets  |
| 09/30/2011 | Oxycodone | 15 mg    | 30 tablets  |
| 09/30/2011 | Diazepam  | 5 mg     | 20 tablets  |
| 09/30/2011 | Ativan    | 1 mg     | 4 tablets   |
| 10/12/2011 | Oxycodone | 30 mg    | 75 tablets  |
| 10/12/2011 | Oxycodone | 15 mg    | 30 tablets  |
| 10/12/2011 | Diazepam  | 5 mg     | 20 tablets  |
| 10/28/2011 | Oxycodone | 30 mg    | 75 tablets  |
| 10/28/2011 | Oxycodone | 15 mg    | 30 tablets  |
| 10/28/2011 | Diazepam  | 5 mg     | 20 tablets  |
| 11/09/2011 | Oxycodone | 30 mg    | 90 tablets  |
| 11/09/2011 | Oxycodone | 15 mg    | 60 tablets  |
| 11/09/2011 | Diazepam  | 5 mg     | 30 tablets  |
| 11/28/2011 | Oxycodone | 15 mg    | 150 tablets |

87. Medical records indicate Respondent failed to obtain documentation from Patient L.M.'s previous healthcare providers related to Patient L.M.'s prior treatment for chronic pain.

88. Medical records indicate Respondent failed to order specialized consultations for Patient L.M. for alternative forms of pain management.

89. Medical records indicate Respondent failed to adequately monitor Patient L.M.'s use of narcotics.

90. Medical records indicate Respondent failed to obtain appropriate medical histories from Patient L.M.

91. Medical records indicate Respondent failed to perform appropriate physical examinations on Patient L.M.

92. Respondent's simultaneous prescriptions of Oxycodone 15 mg and Oxycodone 30 mg was an inappropriate and/or excessive amount of immediate release pain medication that fell below the standard of care.

93. Respondent's prescriptions of Oxycodone 30 mg; Oxycodone 15 mg; Diazepam two (2) mg; and Ativan one (1) mg to Patient L.M. was an inappropriate and/or excessive combination of narcotics that fell below the standard of care.

**Patient S.H.**

94. From on or about October 21, 2011, until on or about November 18 2011, Patient S.H., a 50 year-old patient, presented to

Respondent with complaints of back pain, neck pain, headaches, and anxiety.

95. Medical records indicate that from on or about October 21, 2011 until on or about November 18, 2011, Respondent wrote multiple prescriptions for Oxycodone, Diazepam, and Lortab for Patient S.H. on the dates, dosages, and quantities described in the following table:

| DATE       | DRUG      | STRENGTH   | QUANTITY    |
|------------|-----------|------------|-------------|
| 10/21/2011 | Oxycodone | 30 mg      | 120 tablets |
| 10/21/2011 | Oxycodone | 15 mg      | 60 tablets  |
| 10/21/2011 | Diazepam  | 10 mg      | 30 tablets  |
| 11/18/2011 | Oxycodone | 30 mg      | 110 tablets |
| 11/18/2011 | Oxycodone | 15 mg      | 60 tablets  |
| 11/18/2011 | Diazepam  | 10 mg      | 15 tablets  |
| 11/18/2011 | Lortab    | 10mg/500mg | 20 tablets  |

96. Medical records indicate Respondent failed to order specialized consultations for Patient S.H. for alternative forms of pain management.

97. Medical records indicate Respondent failed to perform appropriate physical examinations on Patient S.H.

98. Respondent's simultaneous prescriptions of Oxycodone 15 mg and Oxycodone 30 mg was an inappropriate or excessive amount of immediate release pain medication that fell below the standard of care.

99. Medical records indicate Respondent failed to adequately monitor Patient S.H.'s use of narcotics.

100. Respondent's prescriptions of Oxycodone 30 mg; Oxycodone 15 mg; Diazepam 10 mg; and Lortab 10 mg/500 mg to Patient S.H. were an inappropriate or excessive combination of narcotics that fell below the standard of care.

**COUNT ONE**

101. Petitioner realleges and incorporates paragraphs one (1) through one hundred (100), as if fully set forth herein.

102. Section 459.015(1)(x), Florida Statutes (2010 - 2011), allows the Board of Osteopathic Medicine to impose discipline for committing medical malpractice as defined in Section 456.50, Florida Statutes.

103. "Medical malpractice" is defined in Section 456.50(1)(e), Florida Statutes (2010 - 2011), as the "failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure."

104. For purposes of Section 459.015(1)(x), Florida Statutes (2010 - 2011), the Board shall give great weight to the provisions of Section 766.102, Florida Statutes (2010 - 2011), which provides:

The prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

105. From on or about February 1, 2011 until on or about December 7, 2011, Respondent committed medical malpractice in one or more of the following manners:

- a. By failing to obtain documentation relating to chronic pain treatment from previous health care providers for Patients B.B., C.J., S.B., R.V., F.L., J.B., and/or L.M.; and/or
- b. By failing to obtain appropriate medical histories from Patients B.B., C.J., and/or L.M.; and/or
- c. By failing to perform appropriate physical examinations on Patients B.B., C.J., S.B., R.V., F.L., L.M., and/or S.J.; and/or
- d. By failing to order specialized consultations for Patients C.J., S.B., R.V., F.L., and/or J.B., and/or

e. By failing to refer Patients C.J., R.V., F.L., and/or J.B. to drug abuse counseling or drug rehabilitation programs; and/or

f. By failing to monitor the use of narcotics by Patients B.B., C.J., S.B., R.V., F.L., J.B., L.M., and/or S.H.; and/or

g. By simultaneously prescribing two or more immediate release pain medications to Patients B.B., C.J., R.V., F.L., J.B., C.M., and/or S.H.; and/or

h. By prescribing narcotic pain medications more frequently than 28 day intervals to Patients B.B., S.B., J.B., and/or L.M.; and/or

i. By failing to order specialized consultations for Patients B.B., C.J., S.B., R.V., F.L., J.B., L.M., and/or S.H. and/or

j. By prescribing large quantities, combinations and/or dosages of controlled substances to Patients B.B., C.J., S.B., R.V., F.L., J.B., L.M., and/or S.H.

106. Based on the foregoing, Respondent violated Section 459.015(1)(x), Florida Statutes (2010 - 2011), by committing medical malpractice.

**COUNT TWO**

107. Petitioner realleges and incorporates paragraphs one (1) through one hundred (100), as if fully set forth herein.

108. Section 459.015(1)(t), Florida Statutes (2010 – 2011), allows the Board of Osteopathic Medicine to impose discipline against an osteopathic physician for prescribing, dispensing, administering, supplying, selling, giving, mixing, or otherwise preparing a legend drug, including all controlled substances, other than in the course of the osteopathic physician's professional practice. For the purposes of this paragraph, it shall be legally presumed that prescribing, dispensing, administering, supplying, selling, giving, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course of the osteopathic physician's professional practice, without regard to his or her intent.

109. From on or about February 1, 2011 until on or about December 7, 2011, Respondent inappropriately prescribed and/or prescribed excessive or inappropriate quantities of controlled substances in one or more of the following manners:

a. By prescribing large quantities, combinations and/or dosages of controlled substances to Patients B.B., C.J., S.B., R.V., F.L., J.B., L.M., and/or S.H.; and/or

b. By prescribing large quantities, combinations, and/or dosages controlled substances to Patients B.B., C.J., S.B., R.V., F.L., J.B., L.M., and/or S.H., without obtaining documents from the patients prior pain management providers to justify prescribing controlled substances to these patients; and/or

c. By simultaneously prescribing two or more immediate release pain medications to Patients B.B., C.J., R.V., F.L., J.B., L.M., and/or S.H.; and/or

d. By prescribing large quantities, combinations and/or dosages of controlled substances to Patients B.B., C.J., S.B., R.V., F.L., J.B., L.M., and/or S.H., without monitoring these patients' use of the narcotics prescribed to them.

110. Based on the foregoing, Respondent violated Section 459.015(1)(t), Florida Statutes (2010 - 2011), by prescribing, dispensing, administering, supplying, selling, giving, mixing, or otherwise preparing a

legend drug, including all controlled substances, other than in the course of the osteopathic physician's professional practice.

**COUNT THREE**

111. Petitioner realleges and incorporates paragraphs one (1) through one hundred (100), as if fully set forth herein.

112. Section 459.015(1)(pp), Florida Statutes (2010 - 2011), provides that violating any provision of Chapters 456 or 459, Florida Statutes, or any rules adopted pursuant thereto, is grounds for discipline by the Board of Osteopathic Medicine.

113. Rule 64B15-14.005(3), Florida Administrative Code, sets forth guidelines for evaluating the use of controlled substances for pain control, including:

(3) Guidelines. The Board has adopted the following guidelines when evaluating the use of controlled substances for pain control:

(a) Evaluation of the Patient. A complete medical history and physical examination must be conducted and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.

(b) Treatment Plan. The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the osteopathic physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities, including osteopathic manipulative treatment and applications, or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

\* \* \*

(e) Consultation. The osteopathic physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation, and consultation with or referral to an expert in the management of such patients.

114. From on or about February 1, 2011 until on or about December 7, 2011, Respondent failed to follow the guidelines for use of controlled substances in the treatment of pain, in one or more of the following manners:

- a. By failing to obtain documents relevant to chronic pain treatment from previous health care providers for Patients B.B., C.J., S.B., R.V., F.L., J.B., and/or L.M.; and/or
- b. By failing to obtain appropriate medical histories from Patients B.B., C.J., and/or L.M.; and/or
- c. By failing to order specialized consultations for Patients C.J., S.B., R.V., F.L., and/or J.B.

115. Based on the foregoing, Respondent violated Section 459.015(1)(pp), Florida Statutes (2010 – 2011), by violating Rule 64B15-14.005(3), Florida Administrative Code.

WHEREFORE, the Petitioner respectfully requests that the Board of Osteopathic Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 29<sup>th</sup> day of October, 2013.

John H. Armstrong, MD, FACS  
Surgeon General and Secretary of Health

Mary S. Miller  
Mary S. Miller  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0780420  
Telephone (850) 245 - 4640  
Facsimile (850) 245 - 4683  
E-Mail: Mary\_Miller2@doh.state.fl.us

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK Angel Sanders  
DATE OCT 30 2013

/MSM  
PCP: October 29, 2013  
PCP Members: Andriole + St. Louis

### **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

### **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition any other discipline imposed.**

STATE OF FLORIDA  
BOARD OF OSTEOPATHIC MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

vs.

CASE NO.: 2011-18625

2011-14096

LICENSE NO.: OS 5974

VINCENT JOSEPH SCOLARO, D.O.

Respondent.

NOTICE OF SCRIVENER'S ERROR

COMES NOW, the Petitioner, Department of Health, and corrects the scrivener's error contained in the Final Order filed on November 28, 2012, as grounds therefore states:

1. On November 28, 2012, Petitioner filed a Final Order with rendition no. DOH-12-2547-S-MQA.
2. The license number on the Final Order was OS 5874 but should have been OS 5974 on said order.
3. The Order is now correct and remains nunc pro tunc to the filing date.

WHEREFORE, the Petitioner hereby corrects the scrivener's error contained in the Final Order.

Respectfully submitted, on the 29<sup>th</sup> day of November, 2012.



Angel Sanders  
Deputy Agency Clerk  
Department of Health  
Central Records Unit  
4052 Bald Cypress Way, Bin #C01  
Tallahassee, Florida 32399

**MQA Reports**  
**CMU Board Summary/Case File 201103025 Report**  
**August 4, 2020**

Processed: 3:24:08PM

Page 1 of 12

**Current Issue:**

August 21, 2020 Board meeting for formal approval of an additional payment extension with payment plan.

**In Compliance**

**Profession:** 1901 : Osteopathic Physician

**Licensee:** Vincent Joseph Scolaro, DR

**License Nbr:** 5974

**File Nbr:** 4817

**License Status:** Obligations/Active

**Mailing Address:** 65 Goddard Drive  
Debary, FL 32713

**Primary Location:** 211 South Volusia Avenue  
Orange City, FL 32763

**Phone:** (407) 353-3230

**Email:** vsco257390@aol.com

**Attorney:** Kenneth M Skinner

**Address:** 1110 North Florida Avenue  
Tampa, FL 33602

**Phone:** (813) 224-0555

**Attorney:** Allen Grossman, Esq

**Address:** 2022-2 Raymond Diehl Road  
Grossman, Furlow & Bayo, LLC  
Tallahassee, FL 32308

**Monitor:** None on Record

**Supervisor:** None on Record

**Respondent:** Vincent Joseph Scolaro

**Appeal:** N

**Address:** Amerinet Health Centers South  
619 Beville Road  
South Daytona, FL 32119

**File Date:** 6/16/2015

**Info Package Mailed Date:** 6/18/2015

**Disposition:** Probation

**Violation:** Violate Statut/rule of Board; Presc/dispense outside prof prac; Practicing Below Standard of Care

**Summary:** Possible violation of S. 456.072(1)(j), 459.013(1)(e)(2)(d), 459.0137(2)(a), 459.015(1)(f)(g)(pp), F.S.: Aiding/abetting unlicensed activity; violate statute/rule; failure to perform legal obligation; practice in unregistered pain clinic.

Received zzzzfeedback complaint alleging Subject obtained a business tax receipt to operate Amerinet health Center as a medical office and family medicine at 619 Beville Road, South Daytona, FL 32119 with the provision that the facility would not operate as a pain management clinic. South Daytona Police received complaint from LP stating that during her 2/14/11 visit to Amerinet, she discovered the clinic accepted cash for prescriptions, and lobby was packed with intoxicated patients openly discussing prescriptions for controlled substances. Pharmacists produced evidence and testimonials that they had recently seen a large number of people presenting pain medication prescriptions after treatment by the Subject. On multiple site visits to the South Daytona address and then 1555 Saxon Blvd, Suite 5, Deltona, 32725 following Amerinet's mid-March relocation, various pill mill indicia were observed including a high volume of both vehicle and pedestrian traffic, security personnel, and a chaperone who communicated with large numbers of cash paying patients. Several sources indicated Amerinet then moved to 305 N. Mangoustine Ave, Suite 100, Sanford, 32771. A review of prescription profiles for patients who were treated at Amerinet Health

on Mangoustine Avenue from 11/1/2011 through 11/30/2011 revealed the majority of patients were prescribed controlled substances from this facility that is not registered as a pain management clinic. COMPAS reveals Amerinet has not submitted a pmc application/registration for any of the above addresses, and therefore may be engaging in unlicensed activity.  
 Analyzed by Andy Iglehart

| <b>Discipline Imposed:</b> | <b>Start Date</b> | <b>End Date</b> | <b>Comments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------|-------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Restrictions               | 06/15/2015        |                 | 6/5/19 order filed lifting prescribing restrictions for schedules 3 & 4 and only encompasses Schedule II controlled substances.....3/14/2016 Modification Order filed modifying the restriction to encompass only Schedule II through IV controlled substances.....Respondent is on probation until June 14, 2020.<br>Respondent may not own, operate, or practice osteopathic medicine in a Pain Management Clinic. Respondent shall not prescribe, administer, dispense, mix, or order Schedule II through V controlled substances, as defined by Chapter 893, Florida Statutes; however, after five years of probation (set forth below), Respondent may petition to lift this restriction for Schedules III through V provided he is in compliance with his PRN contract.                                                                                                                                                                                                                                                                                 |
| Probation                  | 08/19/2015        | 07/01/2019      | 7/2/19 termination of probation order filed...6/5/19 order filed accepting last appearance prior to termination of probation but doesn't indicate when it terminates. Board minutes reflects that the probation terminates when the indirect monitoring ends in June 2019 (June 24, 2019 in LEIDS for cases 201118625 & 201114096). Also lifts the prescribing restrictions for schedules 3 & 4 and only encompasses Schedule II controlled substances.....3/31/16 Dr. Scott Ravede temporarily approved.....8/19/2015 Dr. Mark Webster temporarily approved as monitor. Schedule for formal approval at November 13, 2015 board meeting.<br>For two (2) years, to run concurrently with the Order on Reinstatement entered in case nos.: 2011-18625 and 2011-14096, Respondent shall practice only under the direct supervision of a Board approved osteopathic or allopathic physician, hereinafter referred to as the "supervisor" followed by three (3) years of indirect supervision following successful completion of two years of direct supervision. |
| Reprimand                  | 06/16/2015        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Obligations and Conditions | 07/02/2019        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| <b>Compliance:</b> | <b>Record</b>                         | <b>Due Date</b> | <b>Cmpl Date</b> | <b>Amt Imposed</b> | <b>Amt Paid</b> |
|--------------------|---------------------------------------|-----------------|------------------|--------------------|-----------------|
|                    | Curriculum Vitae                      |                 | 08/11/2015       |                    |                 |
|                    | Pre-approval of Supervisor/Monitor    |                 | 08/19/2015       |                    |                 |
|                    | First Appearance                      |                 | 11/13/2015       |                    |                 |
|                    | Monitor Reports                       | 11/18/2015      | 02/04/2016       |                    |                 |
|                    | Respondent Report                     | 11/18/2015      | 02/04/2016       |                    |                 |
|                    | Respondent Report                     | 02/18/2016      | 02/17/2016       |                    |                 |
|                    | Monitor Reports                       | 02/18/2016      | 02/17/2016       |                    |                 |
|                    | Appearances                           | 01/26/2016      | 02/26/2016       |                    |                 |
|                    | Respondent Report                     | 05/18/2016      | 05/18/2016       |                    |                 |
|                    | Monitor Reports                       | 05/18/2016      | 05/18/2016       |                    |                 |
|                    | Direct Supervision                    |                 | 05/20/2016       |                    |                 |
|                    | Respondent Report                     | 08/18/2016      | 08/26/2016       |                    |                 |
|                    | Monitor Reports                       | 08/18/2016      | 08/26/2016       |                    |                 |
|                    | Respondent Report                     | 11/18/2016      | 11/10/2016       |                    |                 |
|                    | Monitor Reports                       | 11/18/2016      | 11/10/2016       |                    |                 |
|                    | Respondent Report                     | 02/18/2017      | 03/09/2017       |                    |                 |
|                    | Monitor Reports                       | 02/18/2017      | 03/09/2017       |                    |                 |
|                    | Respondent Report                     | 05/18/2017      | 05/18/2017       |                    |                 |
|                    | Monitor Reports                       | 05/18/2017      | 05/18/2017       |                    |                 |
|                    | Monitor Appearance                    | 03/15/2017      | 07/28/2017       |                    |                 |
|                    | Respondent Report                     | 08/18/2017      | 08/30/2017       |                    |                 |
|                    | Monitor Reports                       | 08/18/2017      | 08/30/2017       |                    |                 |
|                    | Respondent Report                     | 11/18/2017      | 11/30/2017       |                    |                 |
|                    | Monitor Reports                       | 11/18/2017      | 11/30/2017       |                    |                 |
|                    | Respondent Report                     | 02/18/2018      | 03/08/2018       |                    |                 |
|                    | Monitor Reports                       | 02/18/2018      | 03/08/2018       |                    |                 |
|                    | Monitor Appearance                    | 04/15/2018      | 05/18/2018       |                    |                 |
|                    | Annual Appearance                     | 04/15/2018      | 05/18/2018       |                    |                 |
|                    | Respondent Report                     | 05/18/2018      | 05/24/2018       |                    |                 |
|                    | Monitor Reports                       | 05/18/2018      | 05/24/2018       |                    |                 |
|                    | Respondent Report                     | 08/18/2018      | 08/30/2018       |                    |                 |
|                    | Monitor Reports                       | 08/18/2018      | 08/30/2018       |                    |                 |
|                    | Respondent Report                     | 11/18/2018      | 11/19/2018       |                    |                 |
|                    | Monitor Reports                       | 11/18/2018      | 11/19/2018       |                    |                 |
|                    | Fine                                  | 06/18/2020      | 01/17/2019       | 7,500.00           | 7,500.00        |
|                    | Respondent Report                     | 02/18/2019      | 02/27/2019       |                    |                 |
|                    | Monitor Reports                       | 02/18/2019      | 02/27/2019       |                    |                 |
|                    | Petition for Termination of Probation |                 | 03/27/2019       |                    |                 |
|                    | Respondent Report                     | 05/18/2019      | 05/10/2019       |                    |                 |
|                    | Monitor Reports                       | 05/18/2019      | 05/10/2019       |                    |                 |
|                    | Annual Appearance                     | 04/15/2019      | 06/05/2019       |                    |                 |
|                    | Monitor Appearance                    | 04/15/2019      | 06/05/2019       |                    |                 |
|                    | Last Appearance                       | 05/18/2020      | 06/05/2019       |                    |                 |
|                    | Indirect Supervision                  |                 | 07/02/2019       |                    |                 |
|                    | Monitor                               |                 | 07/02/2019       |                    |                 |
|                    | Change of Supervisor                  |                 | 07/02/2019       |                    |                 |
|                    | Records Review                        |                 | 07/02/2019       |                    |                 |
|                    | Tolling                               |                 | 07/02/2019       |                    |                 |
|                    | Return to Practice                    |                 | 07/02/2019       |                    |                 |
|                    | Miscellaneous                         |                 | 07/02/2019       |                    |                 |

Practice Restriction During Probation 07/09/2019

|           |                                       |                   |            |                  |                 |
|-----------|---------------------------------------|-------------------|------------|------------------|-----------------|
| <b>NO</b> | <b>Costs</b>                          | <b>06/18/2020</b> |            | <b>11,497.33</b> | <b>5,600.00</b> |
| <b>NO</b> | <b>Permanent Practice Restriction</b> |                   |            |                  |                 |
| <b>NO</b> | <b>Controlled Substance</b>           |                   |            |                  |                 |
| <b>NO</b> | <b>Restriction</b>                    |                   |            |                  |                 |
| <b>NO</b> | <b>Appearances</b>                    |                   |            |                  |                 |
|           | Monthly Payment                       | 01/08/2016        | 01/16/2016 |                  |                 |
|           | Monthly Payment                       | 02/08/2016        | 01/16/2016 |                  |                 |
|           | Monthly Payment                       | 03/08/2016        | 02/23/2016 |                  |                 |
|           | Subsequent Order                      |                   | 06/19/2017 |                  |                 |
|           | Monthly Payment                       | 03/13/2017        | 05/15/2017 |                  |                 |
|           | Subsequent Order                      |                   | 06/05/2019 |                  |                 |
| <b>NO</b> | <b>Payment Plan</b>                   | <b>06/18/2020</b> |            |                  |                 |
| <b>NO</b> | <b>Modification Order- Denied</b>     |                   |            |                  |                 |
| <b>NO</b> | <b>Motions Filed with CRU</b>         |                   |            |                  |                 |
|           | Monthly Payment                       | 07/18/2017        | 06/23/2017 |                  |                 |
|           | Monthly Payment                       | 08/18/2017        | 07/28/2017 |                  |                 |
|           | Monthly Payment                       | 09/18/2017        | 08/21/2017 |                  |                 |
|           | Monthly Payment                       | 10/18/2017        | 09/26/2017 |                  |                 |
|           | Monthly Payment                       | 11/18/2017        | 11/03/2017 |                  |                 |
|           | Monthly Payment                       | 12/18/2017        | 11/28/2017 |                  |                 |
|           | Monthly Payment                       | 01/18/2018        | 01/23/2018 |                  |                 |
|           | Monthly Payment                       | 02/18/2018        | 03/01/2018 |                  |                 |
|           | Monthly Payment                       | 03/18/2018        | 04/12/2018 |                  |                 |
|           | Monthly Payment                       | 04/18/2018        | 04/26/2018 |                  |                 |
|           | Monthly Payment                       | 05/18/2018        | 05/11/2018 |                  |                 |
|           | Monthly Payment                       | 06/18/2018        | 06/22/2018 |                  |                 |
|           | Monthly Payment                       | 07/18/2018        | 07/31/2018 |                  |                 |
|           | Monthly Payment                       | 08/18/2018        | 08/16/2018 |                  |                 |
|           | Monthly Payment                       | 09/18/2018        | 09/20/2018 |                  |                 |
|           | Monthly Payment                       | 10/18/2018        | 10/31/2018 |                  |                 |
|           | Monthly Payment                       | 11/18/2018        | 11/27/2018 |                  |                 |
|           | Monthly Payment                       | 12/18/2018        | 01/02/2019 |                  |                 |
|           | Monthly Payment                       | 01/18/2019        | 01/17/2019 |                  |                 |
|           | Monthly Payment                       | 02/18/2019        | 02/25/2019 |                  |                 |
|           | Monthly Payment                       | 03/18/2019        | 04/09/2019 |                  |                 |
|           | Monthly Payment                       | 04/18/2019        | 04/09/2019 |                  |                 |
|           | Monthly Payment                       | 05/18/2019        | 06/13/2019 |                  |                 |
|           | Monthly Payment                       | 06/18/2019        | 07/11/2019 |                  |                 |
|           | Monthly Payment                       | 07/18/2019        | 08/12/2019 |                  |                 |
|           | Monthly Payment                       | 08/18/2019        | 08/12/2019 |                  |                 |
|           | Monthly Payment                       | 09/18/2019        | 09/19/2019 |                  |                 |
|           | Monthly Payment                       | 10/18/2019        | 11/20/2019 |                  |                 |
|           | Monthly Payment                       | 12/18/2019        | 12/20/2019 |                  |                 |
|           | Monthly Payment                       | 11/18/2019        | 01/10/2020 |                  |                 |
|           | Monthly Payment                       | 01/18/2020        | 01/23/2020 |                  |                 |
|           | Monthly Payment                       | 02/18/2020        | 02/14/2020 |                  |                 |
|           | Monthly Payment                       | 03/18/2020        | 03/11/2020 |                  |                 |
|           | Monthly Payment                       | 04/18/2020        | 04/28/2020 |                  |                 |
|           | Monthly Payment                       | 05/18/2020        | 05/21/2020 |                  |                 |
|           | Monthly Payment                       | 06/18/2020        | 06/15/2020 |                  |                 |

|           |                               |                   |            |
|-----------|-------------------------------|-------------------|------------|
| <b>NO</b> | <b>Appearances</b>            | <b>03/18/2020</b> |            |
| <b>NO</b> | <b>Subsequent Order</b>       |                   |            |
| <b>NO</b> | <b>Motions Filed with CRU</b> |                   |            |
| <b>NO</b> | <b>Motions Filed with CRU</b> |                   |            |
| <b>NO</b> | <b>Subsequent Order</b>       |                   |            |
|           | Monthly Payment               | 07/18/2020        | 07/22/2020 |
|           | Monthly Payment               | 08/18/2020        |            |
| <b>NO</b> | <b>Motions Filed with CRU</b> |                   |            |

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**Continuing Education:**

| <b>Subject Area</b>                                                              | <b>Due Dte</b> | <b>Req Hrs</b> | <b>Credit Hrs</b> | <b>Crdt Dte</b> | <b>Credit Desc</b>                                              |
|----------------------------------------------------------------------------------|----------------|----------------|-------------------|-----------------|-----------------------------------------------------------------|
| Legal And Ethical Implications In Medicine Physician'S Survival                  | 06/15/2016     | 5.00           | 5.00              | 10/15/2016      | Legal And Ethical Implications In Medicine Physician'S Survival |
| Risk Management                                                                  | 06/15/2016     | 5.00           | 5.00              | 08/21/2015      | August 21, 2015 Osteo Board Meeting                             |
| Prescribing Controlled Drugs: Critical Issues And Common Pitfalls Of Prescribing |                | 21.25          | 21.25             | 03/05/2017      | Pbi Prescribing Course: Opioids, Pain Management And Addiction  |

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| <b>Activities:</b> | <b>Activity Date</b> | <b>Actv Code</b> | <b>Activity Description</b>      |
|--------------------|----------------------|------------------|----------------------------------|
|                    | 02/22/2011           | 975              | Referred to Support Staff        |
|                    | 09/22/2011           | 975              | Referred to Support Staff        |
|                    | 12/09/2011           | 975              | Referred to Support Staff        |
|                    | 11/18/2013           | 911              | Returned Mail                    |
|                    | 11/18/2013           | 911              | Returned Mail                    |
|                    | 06/24/2014           | 993              | Temporary Approval -Granted      |
|                    | 06/18/2015           | 901              | Info pack mailed                 |
|                    | 07/28/2015           | 932              | CO Contacted Respondent          |
|                    | 08/11/2015           | 992              | Submitted for Temporary Approval |
|                    | 08/11/2015           | 926              | Submitted to the Chair           |
|                    | 08/19/2015           | 964              | AG's Office Contacted CO         |
|                    | 08/19/2015           | 963              | CO Contacted AG's Office         |
|                    | 08/20/2015           | 917              | Approved by the Chair            |
|                    | 08/20/2015           | 993              | Temporary Approval -Granted      |
|                    | 08/21/2015           | 906              | Warning Letter                   |
|                    | 08/21/2015           | 932              | CO Contacted Respondent          |
|                    | 09/20/2015           | 984              | Request for Extension            |
|                    | 09/20/2015           | 942              | Request for Payment Plan         |
|                    | 09/22/2015           | 995              | Agenda Item for Full Board       |
|                    | 10/01/2015           | 978              | Board Summary Approved           |
|                    | 10/06/2015           | 932              | CO Contacted Respondent          |
|                    | 12/09/2015           | 932              | CO Contacted Respondent          |
|                    | 12/09/2015           | 943              | Payment Plan Approved            |
|                    | 01/22/2016           | 995              | Agenda Item for Full Board       |
|                    | 02/03/2016           | 932              | CO Contacted Respondent          |
|                    | 02/04/2016           | 926              | Submitted to the Chair           |
|                    | 02/04/2016           | 906              | Warning Letter                   |
|                    | 02/04/2016           | 917              | Approved by the Chair            |
|                    | 02/17/2016           | 926              | Submitted to the Chair           |
|                    | 02/17/2016           | 917              | Approved by the Chair            |
|                    | 02/19/2016           | 962              | Board Contacted CO               |
|                    | 02/23/2016           | 906              | Warning Letter                   |
|                    | 02/23/2016           | 967              | Audited by CO                    |
|                    | 02/26/2016           | 905              | Monitor/Employer approved        |
|                    | 03/14/2016           | 943              | Payment Plan Approved            |
|                    | 03/14/2016           | 985              | Extension Approved               |
|                    | 03/14/2016           | 906              | Warning Letter                   |
|                    | 05/16/2016           | 926              | Submitted to the Chair           |
|                    | 05/16/2016           | 923              | Mail Processed/Reviewed          |
|                    | 05/18/2016           | 917              | Approved by the Chair            |
|                    | 07/13/2016           | 906              | Warning Letter                   |
|                    | 08/04/2016           | 931              | Respondent Contacted CO          |
|                    | 08/11/2016           | 926              | Submitted to the Chair           |
|                    | 08/12/2016           | 918              | Denied by the Chair              |
|                    | 08/15/2016           | 932              | CO Contacted Respondent          |
|                    | 08/24/2016           | 931              | Respondent Contacted CO          |
|                    | 08/24/2016           | 926              | Submitted to the Chair           |
|                    | 08/26/2016           | 917              | Approved by the Chair            |
|                    | 10/18/2016           | 995              | Agenda Item for Full Board       |
|                    | 10/18/2016           | 967              | Audited by CO                    |
|                    | 10/18/2016           | 932              | CO Contacted Respondent          |
|                    | 10/19/2016           | 978              | Board Summary Approved           |
|                    | 10/19/2016           | 932              | CO Contacted Respondent          |
|                    | 10/20/2016           | 931              | Respondent Contacted CO          |
|                    | 11/07/2016           | 931              | Respondent Contacted CO          |
|                    | 11/10/2016           | 926              | Submitted to the Chair           |
|                    | 11/10/2016           | 917              | Approved by the Chair            |
|                    | 02/02/2017           | 923              | Mail Processed/Reviewed          |

|            |     |                                  |
|------------|-----|----------------------------------|
| 02/03/2017 | 931 | Respondent Contacted CO          |
| 02/06/2017 | 931 | Respondent Contacted CO          |
| 02/09/2017 | 926 | Submitted to the Chair           |
| 02/09/2017 | 931 | Respondent Contacted CO          |
| 02/09/2017 | 992 | Submitted for Temporary Approval |
| 02/13/2017 | 917 | Approved by the Chair            |
| 02/13/2017 | 987 | CE Approved                      |
| 02/13/2017 | 988 | CE Denied                        |
| 02/13/2017 | 932 | CO Contacted Respondent          |
| 02/14/2017 | 932 | CO Contacted Respondent          |
| 02/20/2017 | 931 | Respondent Contacted CO          |
| 02/20/2017 | 961 | CO Contacted Board               |
| 03/07/2017 | 962 | Board Contacted CO               |
| 03/07/2017 | 926 | Submitted to the Chair           |
| 03/09/2017 | 917 | Approved by the Chair            |
| 03/21/2017 | 931 | Respondent Contacted CO          |
| 03/31/2017 | 931 | Respondent Contacted CO          |
| 04/03/2017 | 942 | Request for Payment Plan         |
| 04/03/2017 | 984 | Request for Extension            |
| 04/03/2017 | 933 | Resp Attorney Contacted CO       |
| 04/03/2017 | 967 | Audited by CO                    |
| 04/18/2017 | 932 | CO Contacted Respondent          |
| 04/24/2017 | 995 | Agenda Item for Full Board       |
| 04/24/2017 | 976 | Board Summary Submitted          |
| 05/15/2017 | 926 | Submitted to the Chair           |
| 05/15/2017 | 915 | Mail Received in CMU             |
| 05/18/2017 | 917 | Approved by the Chair            |
| 05/18/2017 | 923 | Mail Processed/Reviewed          |
| 05/18/2017 | 961 | CO Contacted Board               |
| 06/19/2017 | 985 | Extension Approved               |
| 06/19/2017 | 943 | Payment Plan Approved            |
| 06/19/2017 | 953 | Final Order Issue                |
| 06/19/2017 | 961 | CO Contacted Board               |
| 06/23/2017 | 923 | Mail Processed/Reviewed          |
| 07/14/2017 | 906 | Warning Letter                   |
| 07/20/2017 | 954 | Final Order Issue Resolved       |
| 07/20/2017 | 961 | CO Contacted Board               |
| 07/28/2017 | 962 | Board Contacted CO               |
| 07/28/2017 | 906 | Warning Letter                   |
| 08/21/2017 | 931 | Respondent Contacted CO          |
| 08/21/2017 | 923 | Mail Processed/Reviewed          |
| 08/22/2017 | 926 | Submitted to the Chair           |
| 08/30/2017 | 906 | Warning Letter                   |
| 08/30/2017 | 917 | Approved by the Chair            |
| 09/26/2017 | 923 | Mail Processed/Reviewed          |
| 09/29/2017 | 906 | Warning Letter                   |
| 11/28/2017 | 926 | Submitted to the Chair           |
| 11/30/2017 | 917 | Approved by the Chair            |
| 12/01/2017 | 923 | Mail Processed/Reviewed          |
| 12/01/2017 | 906 | Warning Letter                   |
| 01/29/2018 | 906 | Warning Letter                   |
| 02/06/2018 | 967 | Audited by CO                    |
| 02/06/2018 | 931 | Respondent Contacted CO          |
| 02/06/2018 | 906 | Warning Letter                   |
| 03/07/2018 | 926 | Submitted to the Chair           |
| 03/08/2018 | 917 | Approved by the Chair            |
| 03/08/2018 | 923 | Mail Processed/Reviewed          |
| 03/08/2018 | 906 | Warning Letter                   |
| 04/09/2018 | 976 | Board Summary Submitted          |

|            |     |                            |
|------------|-----|----------------------------|
| 04/09/2018 | 995 | Agenda Item for Full Board |
| 04/13/2018 | 915 | Mail Received in CMU       |
| 04/16/2018 | 906 | Warning Letter             |
| 04/16/2018 | 978 | Board Summary Approved     |
| 04/24/2018 | 909 | Cease Practice Letter      |
| 04/24/2018 | 931 | Respondent Contacted CO    |
| 04/30/2018 | 923 | Mail Processed/Reviewed    |
| 05/16/2018 | 923 | Mail Processed/Reviewed    |
| 05/16/2018 | 906 | Warning Letter             |
| 05/24/2018 | 926 | Submitted to the Chair     |
| 05/25/2018 | 917 | Approved by the Chair      |
| 06/22/2018 | 923 | Mail Processed/Reviewed    |
| 07/18/2018 | 906 | Warning Letter             |
| 07/18/2018 | 906 | Warning Letter             |
| 08/02/2018 | 923 | Mail Processed/Reviewed    |
| 08/03/2018 | 906 | Warning Letter             |
| 08/03/2018 | 906 | Warning Letter             |
| 08/03/2018 | 967 | Audited by CO              |
| 08/13/2018 | 931 | Respondent Contacted CO    |
| 08/16/2018 | 923 | Mail Processed/Reviewed    |
| 08/30/2018 | 926 | Submitted to the Chair     |
| 08/30/2018 | 917 | Approved by the Chair      |
| 09/07/2018 | 906 | Warning Letter             |
| 09/20/2018 | 923 | Mail Processed/Reviewed    |
| 10/11/2018 | 931 | Respondent Contacted CO    |
| 10/22/2018 | 931 | Respondent Contacted CO    |
| 11/01/2018 | 906 | Warning Letter             |
| 11/01/2018 | 923 | Mail Processed/Reviewed    |
| 11/19/2018 | 926 | Submitted to the Chair     |
| 11/19/2018 | 906 | Warning Letter             |
| 11/19/2018 | 917 | Approved by the Chair      |
| 11/21/2018 | 924 | Collection Letter Sent     |
| 11/27/2018 | 923 | Mail Processed/Reviewed    |
| 12/06/2018 | 906 | Warning Letter             |
| 12/07/2018 | 931 | Respondent Contacted CO    |
| 01/02/2019 | 923 | Mail Processed/Reviewed    |
| 01/02/2019 | 923 | Mail Processed/Reviewed    |
| 01/17/2019 | 923 | Mail Processed/Reviewed    |
| 01/22/2019 | 906 | Warning Letter             |
| 01/22/2019 | 967 | Audited by CO              |
| 02/26/2019 | 926 | Submitted to the Chair     |
| 02/26/2019 | 906 | Warning Letter             |
| 02/26/2019 | 931 | Respondent Contacted CO    |
| 02/27/2019 | 917 | Approved by the Chair      |
| 03/04/2019 | 931 | Respondent Contacted CO    |
| 03/26/2019 | 906 | Warning Letter             |
| 03/27/2019 | 933 | Resp Attorney Contacted CO |
| 04/01/2019 | 931 | Respondent Contacted CO    |
| 04/05/2019 | 923 | Mail Processed/Reviewed    |
| 04/09/2019 | 906 | Warning Letter             |
| 04/11/2019 | 976 | Board Summary Submitted    |
| 04/11/2019 | 995 | Agenda Item for Full Board |
| 04/15/2019 | 931 | Respondent Contacted CO    |
| 05/09/2019 | 926 | Submitted to the Chair     |
| 05/10/2019 | 962 | Board Contacted CO         |
| 05/10/2019 | 918 | Denied by the Chair        |
| 05/17/2019 | 926 | Submitted to the Chair     |
| 06/07/2019 | 917 | Approved by the Chair      |
| 06/07/2019 | 906 | Warning Letter             |

|            |     |                                  |
|------------|-----|----------------------------------|
| 06/07/2019 | 924 | Collection Letter Sent           |
| 06/07/2019 | 967 | Audited by CO                    |
| 06/13/2019 | 923 | Mail Processed/Reviewed          |
| 06/18/2019 | 924 | Collection Letter Sent           |
| 06/18/2019 | 906 | Warning Letter                   |
| 06/20/2019 | 931 | Respondent Contacted CO          |
| 06/24/2019 | 931 | Respondent Contacted CO          |
| 07/02/2019 | 953 | Final Order Issue                |
| 07/02/2019 | 912 | Termination of Probation         |
| 07/03/2019 | 954 | Final Order Issue Resolved       |
| 07/03/2019 | 907 | Compliance License Status Change |
| 07/05/2019 | 931 | Respondent Contacted CO          |
| 07/08/2019 | 931 | Respondent Contacted CO          |
| 07/11/2019 | 923 | Mail Processed/Reviewed          |
| 07/16/2019 | 931 | Respondent Contacted CO          |
| 07/23/2019 | 906 | Warning Letter                   |
| 07/29/2019 | 931 | Respondent Contacted CO          |
| 08/06/2019 | 931 | Respondent Contacted CO          |
| 09/19/2019 | 923 | Mail Processed/Reviewed          |
| 09/20/2019 | 906 | Warning Letter                   |
| 11/20/2019 | 923 | Mail Processed/Reviewed          |
| 12/05/2019 | 906 | Warning Letter                   |
| 12/05/2019 | 924 | Collection Letter Sent           |
| 12/05/2019 | 967 | Audited by CO                    |
| 12/05/2019 | 955 | Referral to CSU                  |
| 12/11/2019 | 931 | Respondent Contacted CO          |
| 12/12/2019 | 931 | Respondent Contacted CO          |
| 12/18/2019 | 931 | Respondent Contacted CO          |
| 01/13/2020 | 931 | Respondent Contacted CO          |
| 01/13/2020 | 906 | Warning Letter                   |
| 01/14/2020 | 956 | CO Contacted PSU                 |
| 01/23/2020 | 923 | Mail Processed/Reviewed          |
| 02/18/2020 | 906 | Warning Letter                   |
| 03/11/2020 | 923 | Mail Processed/Reviewed          |
| 04/06/2020 | 906 | Warning Letter                   |
| 04/14/2020 | 931 | Respondent Contacted CO          |
| 04/25/2020 | 931 | Respondent Contacted CO          |
| 04/28/2020 | 923 | Mail Processed/Reviewed          |
| 04/30/2020 | 931 | Respondent Contacted CO          |
| 05/01/2020 | 967 | Audited by CO                    |
| 05/04/2020 | 931 | Respondent Contacted CO          |
| 05/13/2020 | 906 | Warning Letter                   |
| 05/13/2020 | 931 | Respondent Contacted CO          |
| 05/21/2020 | 923 | Mail Processed/Reviewed          |
| 06/05/2020 | 906 | Warning Letter                   |
| 06/05/2020 | 931 | Respondent Contacted CO          |
| 06/09/2020 | 931 | Respondent Contacted CO          |
| 06/11/2020 | 984 | Request for Extension            |
| 06/11/2020 | 931 | Respondent Contacted CO          |
| 06/11/2020 | 942 | Request for Payment Plan         |
| 06/12/2020 | 992 | Submitted for Temporary Approval |
| 06/12/2020 | 993 | Temporary Approval -Granted      |
| 06/12/2020 | 931 | Respondent Contacted CO          |
| 08/03/2020 | 995 | Agenda Item for Full Board       |
| 08/04/2020 | 976 | Board Summary Submitted          |
| 08/04/2020 | 967 | Audited by CO                    |

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| <b>Contact History:</b> | <b>Contact Date</b> | <b>Letter Code</b> | <b>Letter Description</b>       |
|-------------------------|---------------------|--------------------|---------------------------------|
|                         | 06/18/2015          | NN157              | CMU WELCOME LETTER              |
|                         | 06/18/2015          | NN179              | INVOICE                         |
|                         | 08/21/2015          | NN184              | CMU BOM MONITORED APPROVAL      |
|                         | 08/21/2015          | NN141              | CMU - WARNING LETTER PAYMENT    |
|                         | 12/09/2015          | NN180              | POST MEETING FOLLOW UP          |
|                         | 01/19/2016          | NN152              | CMU RECEIPT LETTER              |
|                         | 01/19/2016          | NN179              | INVOICE                         |
|                         | 01/19/2016          | NN179              | INVOICE                         |
|                         | 02/04/2016          | NN175              | CMU RECEIVED LETTER             |
|                         | 02/23/2016          | NN179              | INVOICE                         |
|                         | 02/23/2016          | NN152              | CMU RECEIPT LETTER              |
|                         | 02/23/2016          | NN175              | CMU RECEIVED LETTER             |
|                         | 05/16/2016          | NN152              | CMU RECEIPT LETTER              |
|                         | 05/16/2016          | NN179              | INVOICE                         |
|                         | 05/18/2016          | NN175              | CMU RECEIVED LETTER             |
|                         | 06/29/2016          | NN152              | CMU RECEIPT LETTER              |
|                         | 06/29/2016          | NN179              | INVOICE                         |
|                         | 07/13/2016          | NN198              | PROBATION REPORT WARNING LETTER |
|                         | 08/26/2016          | NN179              | INVOICE                         |
|                         | 08/26/2016          | NN175              | CMU RECEIVED LETTER             |
|                         | 11/14/2016          | NN175              | CMU RECEIVED LETTER             |
|                         | 11/23/2016          | NN175              | CMU RECEIVED LETTER             |
|                         | 02/02/2017          | NN152              | CMU RECEIPT LETTER              |
|                         | 02/02/2017          | NN179              | INVOICE                         |
|                         | 03/15/2017          | NN175              | CMU RECEIVED LETTER             |
|                         | 03/20/2017          | NN175              | CMU RECEIVED LETTER             |
|                         | 04/05/2017          | NN179              | INVOICE                         |
|                         | 04/18/2017          | NN152              | CMU RECEIPT LETTER              |
|                         | 04/18/2017          | NN179              | INVOICE                         |
|                         | 05/18/2017          | NN175              | CMU RECEIVED LETTER             |
|                         | 05/18/2017          | NN179              | INVOICE                         |
|                         | 05/18/2017          | NN152              | CMU RECEIPT LETTER              |
|                         | 06/19/2017          | NN180              | POST MEETING FOLLOW UP          |
|                         | 07/14/2017          | NN152              | CMU RECEIPT LETTER              |
|                         | 07/14/2017          | NN179              | INVOICE                         |
|                         | 07/28/2017          | NN152              | CMU RECEIPT LETTER              |
|                         | 07/28/2017          | NN179              | INVOICE                         |
|                         | 07/28/2017          | NN179              | INVOICE                         |
|                         | 08/30/2017          | NN152              | CMU RECEIPT LETTER              |
|                         | 08/30/2017          | NN179              | INVOICE                         |
|                         | 09/05/2017          | NN175              | CMU RECEIVED LETTER             |
|                         | 09/29/2017          | NN152              | CMU RECEIPT LETTER              |
|                         | 09/29/2017          | NN179              | INVOICE                         |
|                         | 12/01/2017          | NN175              | CMU RECEIVED LETTER             |
|                         | 12/01/2017          | NN152              | CMU RECEIPT LETTER              |
|                         | 12/01/2017          | NN179              | INVOICE                         |
|                         | 01/29/2018          | NN198              | PROBATION REPORT WARNING LETTER |
|                         | 01/29/2018          | NN141              | CMU - WARNING LETTER PAYMENT    |
|                         | 01/29/2018          | NN152              | CMU RECEIPT LETTER              |
|                         | 01/29/2018          | NN179              | INVOICE                         |
|                         | 03/08/2018          | NN175              | CMU RECEIVED LETTER             |
|                         | 03/08/2018          | NN141              | CMU - WARNING LETTER PAYMENT    |
|                         | 04/16/2018          | NN179              | INVOICE                         |
|                         | 04/16/2018          | NN152              | CMU RECEIPT LETTER              |
|                         | 04/24/2018          | NN198              | PROBATION REPORT WARNING LETTER |
|                         | 04/30/2018          | NN152              | CMU RECEIPT LETTER              |
|                         | 04/30/2018          | NN179              | INVOICE                         |
|                         | 05/16/2018          | NN152              | CMU RECEIPT LETTER              |
|                         | 05/16/2018          | NN179              | INVOICE                         |
|                         | 05/25/2018          | NN146              | PROBATION REPORTS CREDIT        |
|                         | 07/18/2018          | NN152              | CMU RECEIPT LETTER              |
|                         | 07/18/2018          | NN179              | INVOICE                         |

|            |       |                                 |
|------------|-------|---------------------------------|
| 08/03/2018 | NN152 | CMU RECEIPT LETTER              |
| 08/03/2018 | NN179 | INVOICE                         |
| 08/03/2018 | NN198 | PROBATION REPORT WARNING LETTER |
| 08/31/2018 | NN146 | PROBATION REPORTS CREDIT        |
| 09/07/2018 | NN152 | CMU RECEIPT LETTER              |
| 09/07/2018 | NN179 | INVOICE                         |
| 09/07/2018 | NN141 | CMU - WARNING LETTER PAYMENT    |
| 09/27/2018 | NN152 | CMU RECEIPT LETTER              |
| 09/27/2018 | NN179 | INVOICE                         |
| 11/01/2018 | NN152 | CMU RECEIPT LETTER              |
| 11/01/2018 | NN179 | INVOICE                         |
| 11/01/2018 | NN198 | PROBATION REPORT WARNING LETTER |
| 11/21/2018 | NN146 | PROBATION REPORTS CREDIT        |
| 11/21/2018 | NN174 | CMU COLLECTIONS LETTER          |
| 12/06/2018 | NN152 | CMU RECEIPT LETTER              |
| 12/06/2018 | NN179 | INVOICE                         |
| 01/02/2019 | NN152 | CMU RECEIPT LETTER              |
| 01/22/2019 | NN152 | CMU RECEIPT LETTER              |
| 01/22/2019 | NN179 | INVOICE                         |
| 01/22/2019 | NN141 | CMU - WARNING LETTER PAYMENT    |
| 01/22/2019 | NN198 | PROBATION REPORT WARNING LETTER |
| 02/26/2019 | NN174 | CMU COLLECTIONS LETTER          |
| 03/01/2019 | NN146 | PROBATION REPORTS CREDIT        |
| 03/26/2019 | NN141 | CMU - WARNING LETTER PAYMENT    |
| 03/26/2019 | NN174 | CMU COLLECTIONS LETTER          |
| 03/27/2019 | NN152 | CMU RECEIPT LETTER              |
| 03/27/2019 | NN179 | INVOICE                         |
| 04/09/2019 | NN141 | CMU - WARNING LETTER PAYMENT    |
| 04/09/2019 | NN152 | CMU RECEIPT LETTER              |
| 04/09/2019 | NN179 | INVOICE                         |
| 04/09/2019 | NN198 | PROBATION REPORT WARNING LETTER |
| 06/07/2019 | NN146 | PROBATION REPORTS CREDIT        |
| 06/07/2019 | NN141 | CMU - WARNING LETTER PAYMENT    |
| 06/07/2019 | NN174 | CMU COLLECTIONS LETTER          |
| 06/18/2019 | NN152 | CMU RECEIPT LETTER              |
| 06/18/2019 | NN179 | INVOICE                         |
| 07/23/2019 | NN152 | CMU RECEIPT LETTER              |
| 07/23/2019 | NN179 | INVOICE                         |
| 08/21/2019 | NN179 | INVOICE                         |
| 08/21/2019 | NN152 | CMU RECEIPT LETTER              |
| 08/21/2019 | NN152 | CMU RECEIPT LETTER              |
| 09/20/2019 | NN152 | CMU RECEIPT LETTER              |
| 09/20/2019 | NN179 | INVOICE                         |
| 09/23/2019 | NN179 | INVOICE                         |
| 12/05/2019 | NN152 | CMU RECEIPT LETTER              |
| 12/05/2019 | NN179 | INVOICE                         |
| 12/05/2019 | NN91  | REFFERAL LETTER                 |
| 12/05/2019 | NN174 | CMU COLLECTIONS LETTER          |
| 12/05/2019 | NN141 | CMU - WARNING LETTER PAYMENT    |
| 01/10/2020 | NN149 | RECEIPT LETTER                  |
| 01/10/2020 | NN179 | INVOICE                         |
| 01/13/2020 | NN141 | CMU - WARNING LETTER PAYMENT    |
| 01/29/2020 | NN152 | CMU RECEIPT LETTER              |
| 01/29/2020 | NN179 | INVOICE                         |
| 02/18/2020 | NN152 | CMU RECEIPT LETTER              |
| 02/18/2020 | NN179 | INVOICE                         |
| 04/06/2020 | NN152 | CMU RECEIPT LETTER              |
| 04/06/2020 | NN179 | INVOICE                         |
| 05/13/2020 | NN152 | CMU RECEIPT LETTER              |
| 05/13/2020 | NN179 | INVOICE                         |
| 06/05/2020 | NN152 | CMU RECEIPT LETTER              |
| 06/05/2020 | NN179 | INVOICE                         |
| 08/03/2020 | NN152 | CMU RECEIPT LETTER              |
| 08/03/2020 | NN179 | INVOICE                         |

**Attachments:**

1. Compliance Tracking File
2. Correspondence from Respondent
3. Final Order for Case

**MQA Reports**  
**CMU Board Summary/Case File 201114096 Report**  
**August 4, 2020**

Processed: 11:03:53AM

Page 1 of 4

**Current Issue:**

August 21, 2020 Board meeting for formal approval of new payment extension with payment plan.

**In Compliance**

**Profession:** 1901 : Osteopathic Physician

**Licensee:** Vincent Joseph Scolaro, DR

**License Nbr:** 5974

**File Nbr:** 4817

**License Status:** Obligations/Active

**Mailing Address:** 65 Goddard Drive  
Debary, FL 32713

**Primary Location:** 211 South Volusia Avenue  
Orange City, FL 32763

**Phone:** (407) 353-3230

**Email:** vsco257390@aol.com

**Attorney:** Dale R Sisco, ESQ

**Address:** PO Box 3382  
Sisco Law  
1110 N Florida Avenue, Tampa, FL  
33602  
Tampa, FL 33601-3382

**Phone:** 813-224-0555

**Email:** sisco@sisco-law.com

**Monitor:** None on Record

**Supervisor:** None on Record

**Respondent:** Vincent Joseph Scolaro

**Appeal:** N

**Address:** 65 Goddard Drive  
Debary, FL 32713

**File Date:** 11/28/2012

**Info Package Mailed Date:** 12/24/2014

**Disposition:** Suspension

**Violation:** Impaired from alc/drugs/other; Fail to comply w/ monitor/treatment prgm

**Summary:** Possible Violation of F.S. 459.015(1)(g)(w)(pp) ... Impairment ... Violating any provision of F.S. 456 or F.S. 459. The Complainant alleges that the Subject is practicing medicine while impaired. According to the Complainant, on two occasions he has witnessed the Subject with; slurred speech, watery glossy eyes, and behaving in an incoherent manner. The Complainant believes the Subject is under the influence of opiates. Case transferred to ISU for further investigation. Analyzed By: Janie M. Shingles

| Discipline Imposed:  | Start Date | End Date   | Comments |
|----------------------|------------|------------|----------|
| Voluntary Withdrawal | 02/16/2012 | 03/08/2012 |          |
| Emergency Suspension | 03/09/2012 | 11/28/2012 |          |

| Compliance: | Record                 | Due Date | Cmpl Date | Amt Imposed | Amt Paid |
|-------------|------------------------|----------|-----------|-------------|----------|
| NO          | Subsequent Order       |          |           |             |          |
| NO          | Motions Filed with CRU |          |           |             |          |
| NO          | Subsequent Order       |          |           |             |          |
| NO          | Motions Filed with CRU |          |           |             |          |

| <b>Activities:</b> | <b>Activity Date</b> | <b>Actv Code</b> | <b>Activity Description</b>             |
|--------------------|----------------------|------------------|-----------------------------------------|
|                    | 11/03/2011           | 975              | Referred to Support Staff               |
|                    | 02/28/2012           | 958              | CO Contact w/ Other MQA Office          |
|                    | 02/28/2012           | 958              | CO Contact w/ Other MQA Office          |
|                    | 03/15/2012           | 957              | PSU Contacted CO                        |
|                    | 11/28/2012           | 901              | Info pack mailed                        |
|                    | 03/11/2013           | 923              | Mail Processed/Reviewed                 |
|                    | 07/01/2013           | 941              | Contact with IPN/PRN                    |
|                    | 07/01/2013           | 923              | Mail Processed/Reviewed                 |
|                    | 07/09/2013           | 941              | Contact with IPN/PRN                    |
|                    | 07/09/2013           | 932              | CO Contacted Respondent                 |
|                    | 07/17/2013           | 982              | IPN/PRN Active                          |
|                    | 04/10/2014           | 995              | Agenda Item for Full Board              |
|                    | 05/29/2014           | 931              | Respondent Contacted CO                 |
|                    | 06/18/2014           | 979              | Reinstatement Granted                   |
|                    | 06/24/2014           | 931              | Respondent Contacted CO                 |
|                    | 06/24/2014           | 917              | Approved by the Chair                   |
|                    | 06/24/2014           | 993              | Temporary Approval -Granted             |
|                    | 07/01/2014           | 995              | Agenda Item for Full Board              |
|                    | 07/01/2014           | 941              | Contact with IPN/PRN                    |
|                    | 07/08/2014           | 931              | Respondent Contacted CO                 |
|                    | 07/11/2014           | 932              | CO Contacted Respondent                 |
|                    | 09/18/2014           | 984              | Request for Extension                   |
|                    | 10/02/2014           | 995              | Agenda Item for Full Board              |
|                    | 12/22/2014           | 985              | Extension Approved                      |
|                    | 12/24/2014           | 901              | Info pack mailed                        |
|                    | 09/20/2015           | 942              | Request for Payment Plan                |
|                    | 09/20/2015           | 984              | Request for Extension                   |
|                    | 09/21/2015           | 915              | Mail Received in CMU                    |
|                    | 09/21/2015           | 923              | Mail Processed/Reviewed                 |
|                    | 09/21/2015           | 926              | Submitted to the Chair                  |
|                    | 09/22/2015           | 995              | Agenda Item for Full Board              |
|                    | 09/23/2015           | 917              | Approved by the Chair                   |
|                    | 10/01/2015           | 978              | Board Summary Approved                  |
|                    | 12/09/2015           | 943              | Payment Plan Approved                   |
|                    | 12/29/2015           | 926              | Submitted to the Chair                  |
|                    | 12/29/2015           | 917              | Approved by the Chair                   |
|                    | 12/30/2015           | 923              | Mail Processed/Reviewed                 |
|                    | 01/19/2016           | 923              | Mail Processed/Reviewed                 |
|                    | 02/03/2016           | 906              | Warning Letter                          |
|                    | 02/09/2016           | 954              | Final Order Issue Resolved              |
|                    | 02/09/2016           | 967              | Audited by CO                           |
|                    | 02/19/2016           | 962              | Board Contacted CO                      |
|                    | 02/23/2016           | 923              | Mail Processed/Reviewed                 |
|                    | 02/26/2016           | 905              | Monitor/Employer approved               |
|                    | 02/29/2016           | 906              | Warning Letter                          |
|                    | 03/14/2016           | 943              | Payment Plan Approved                   |
|                    | 03/14/2016           | 985              | Extension Approved                      |
|                    | 03/14/2016           | 906              | Warning Letter                          |
|                    | 03/21/2016           | 926              | Submitted to the Chair                  |
|                    | 03/21/2016           | 917              | Approved by the Chair                   |
|                    | 03/29/2016           | 933              | Resp Attorney Contacted CO              |
|                    | 03/29/2016           | 926              | Submitted to the Chair                  |
|                    | 03/29/2016           | 992              | Submitted for Temporary Approval        |
|                    | 03/31/2016           | 993              | Temporary Approval -Granted             |
|                    | 03/31/2016           | 917              | Approved by the Chair                   |
|                    | 04/01/2016           | 934              | CO Contacted Resp Attorney              |
|                    | 04/18/2016           | 995              | Agenda Item for Full Board              |
|                    | 04/18/2016           | 904              | Monitor/Employer submitted for approval |

|            |     |                            |
|------------|-----|----------------------------|
| 05/20/2016 | 905 | Monitor/Employer approved  |
| 07/12/2016 | 926 | Submitted to the Chair     |
| 07/13/2016 | 917 | Approved by the Chair      |
| 09/07/2016 | 931 | Respondent Contacted CO    |
| 09/19/2016 | 931 | Respondent Contacted CO    |
| 09/21/2016 | 926 | Submitted to the Chair     |
| 09/23/2016 | 917 | Approved by the Chair      |
| 10/06/2016 | 923 | Mail Processed/Reviewed    |
| 10/19/2016 | 924 | Collection Letter Sent     |
| 10/19/2016 | 906 | Warning Letter             |
| 01/20/2017 | 926 | Submitted to the Chair     |
| 02/02/2017 | 923 | Mail Processed/Reviewed    |
| 02/03/2017 | 931 | Respondent Contacted CO    |
| 02/14/2017 | 932 | CO Contacted Respondent    |
| 03/20/2017 | 926 | Submitted to the Chair     |
| 03/21/2017 | 931 | Respondent Contacted CO    |
| 03/22/2017 | 917 | Approved by the Chair      |
| 03/22/2017 | 931 | Respondent Contacted CO    |
| 03/31/2017 | 931 | Respondent Contacted CO    |
| 04/03/2017 | 942 | Request for Payment Plan   |
| 04/03/2017 | 984 | Request for Extension      |
| 04/03/2017 | 933 | Resp Attorney Contacted CO |
| 04/18/2017 | 941 | Contact with IPN/PRN       |
| 04/18/2017 | 932 | CO Contacted Respondent    |
| 04/24/2017 | 995 | Agenda Item for Full Board |
| 04/24/2017 | 976 | Board Summary Submitted    |
| 05/18/2017 | 961 | CO Contacted Board         |
| 06/19/2017 | 985 | Extension Approved         |
| 06/19/2017 | 943 | Payment Plan Approved      |
| 06/19/2017 | 953 | Final Order Issue          |
| 06/19/2017 | 961 | CO Contacted Board         |
| 07/20/2017 | 954 | Final Order Issue Resolved |
| 07/20/2017 | 961 | CO Contacted Board         |
| 07/28/2017 | 962 | Board Contacted CO         |
| 09/29/2017 | 906 | Warning Letter             |
| 01/02/2018 | 926 | Submitted to the Chair     |
| 01/02/2018 | 917 | Approved by the Chair      |
| 03/27/2018 | 926 | Submitted to the Chair     |
| 04/09/2018 | 976 | Board Summary Submitted    |
| 04/09/2018 | 995 | Agenda Item for Full Board |
| 04/13/2018 | 915 | Mail Received in CMU       |
| 04/30/2018 | 923 | Mail Processed/Reviewed    |
| 05/07/2018 | 917 | Approved by the Chair      |
| 05/08/2018 | 906 | Warning Letter             |
| 07/06/2018 | 926 | Submitted to the Chair     |
| 07/06/2018 | 917 | Approved by the Chair      |
| 07/12/2018 | 906 | Warning Letter             |
| 08/13/2018 | 931 | Respondent Contacted CO    |
| 08/16/2018 | 923 | Mail Processed/Reviewed    |
| 09/20/2018 | 923 | Mail Processed/Reviewed    |
| 10/11/2018 | 931 | Respondent Contacted CO    |
| 10/22/2018 | 931 | Respondent Contacted CO    |
| 10/23/2018 | 917 | Approved by the Chair      |
| 10/25/2018 | 906 | Warning Letter             |
| 11/01/2018 | 906 | Warning Letter             |
| 11/01/2018 | 923 | Mail Processed/Reviewed    |
| 11/21/2018 | 924 | Collection Letter Sent     |
| 01/14/2019 | 926 | Submitted to the Chair     |
| 01/17/2019 | 917 | Approved by the Chair      |

|            |     |                                  |
|------------|-----|----------------------------------|
| 01/17/2019 | 923 | Mail Processed/Reviewed          |
| 02/26/2019 | 906 | Warning Letter                   |
| 02/26/2019 | 931 | Respondent Contacted CO          |
| 03/04/2019 | 931 | Respondent Contacted CO          |
| 03/26/2019 | 906 | Warning Letter                   |
| 03/27/2019 | 933 | Resp Attorney Contacted CO       |
| 03/27/2019 | 926 | Submitted to the Chair           |
| 04/01/2019 | 931 | Respondent Contacted CO          |
| 04/04/2019 | 917 | Approved by the Chair            |
| 04/05/2019 | 923 | Mail Processed/Reviewed          |
| 04/09/2019 | 906 | Warning Letter                   |
| 04/11/2019 | 941 | Contact with IPN/PRN             |
| 04/11/2019 | 976 | Board Summary Submitted          |
| 04/11/2019 | 941 | Contact with IPN/PRN             |
| 04/11/2019 | 995 | Agenda Item for Full Board       |
| 05/15/2019 | 906 | Warning Letter                   |
| 06/07/2019 | 931 | Respondent Contacted CO          |
| 06/18/2019 | 906 | Warning Letter                   |
| 06/18/2019 | 924 | Collection Letter Sent           |
| 07/02/2019 | 953 | Final Order Issue                |
| 07/02/2019 | 912 | Termination of Probation         |
| 07/03/2019 | 954 | Final Order Issue Resolved       |
| 07/03/2019 | 907 | Compliance License Status Change |
| 07/03/2019 | 926 | Submitted to the Chair           |
| 07/03/2019 | 917 | Approved by the Chair            |
| 07/11/2019 | 923 | Mail Processed/Reviewed          |
| 07/23/2019 | 906 | Warning Letter                   |
| 08/06/2019 | 931 | Respondent Contacted CO          |
| 03/11/2020 | 923 | Mail Processed/Reviewed          |
| 04/06/2020 | 906 | Warning Letter                   |
| 04/14/2020 | 931 | Respondent Contacted CO          |
| 04/25/2020 | 931 | Respondent Contacted CO          |
| 04/28/2020 | 923 | Mail Processed/Reviewed          |
| 04/30/2020 | 931 | Respondent Contacted CO          |
| 05/01/2020 | 967 | Audited by CO                    |
| 05/01/2020 | 941 | Contact with IPN/PRN             |
| 05/04/2020 | 931 | Respondent Contacted CO          |
| 05/13/2020 | 941 | Contact with IPN/PRN             |
| 05/13/2020 | 906 | Warning Letter                   |
| 05/13/2020 | 931 | Respondent Contacted CO          |
| 05/21/2020 | 923 | Mail Processed/Reviewed          |
| 06/05/2020 | 906 | Warning Letter                   |
| 06/05/2020 | 931 | Respondent Contacted CO          |
| 06/09/2020 | 931 | Respondent Contacted CO          |
| 06/11/2020 | 931 | Respondent Contacted CO          |
| 06/11/2020 | 984 | Request for Extension            |
| 06/11/2020 | 942 | Request for Payment Plan         |
| 06/12/2020 | 992 | Submitted for Temporary Approval |
| 06/12/2020 | 993 | Temporary Approval -Granted      |
| 06/12/2020 | 931 | Respondent Contacted CO          |
| 08/03/2020 | 995 | Agenda Item for Full Board       |
| 08/04/2020 | 976 | Board Summary Submitted          |

---

**Attachments:**

1. Compliance Tracking File
2. Correspondence from Respondent
3. Final Order for Case

**MQA Reports**  
**CMU Board Summary/Case File 201118625 Report**  
**August 4, 2020**

Processed: 3:23:05PM

Page 1 of 13

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**Current Issue:**

August 21, 2020 Board meeting for formal approval of an additional payment extension with payment plan.

---

**In Compliance**

---

**Profession:** 1901 : Osteopathic Physician

**Licensee:** Vincent Joseph Scolaro, DR

**License Nbr:** 5974

**File Nbr:** 4817

**License Status:** Obligations/Active

**Mailing Address:** 65 Goddard Drive  
Debary, FL 32713

**Primary Location:** 211 South Volusia Avenue  
Orange City, FL 32763

**Phone:** (407) 353-3230

**Email:** vsco257390@aol.com

---

**Attorney:** Dale R Sisco

**Address:** PO Box 3382  
1110 N Florida Avenue, Tampa, FL  
33602  
Sisco Law  
Tampa, FL 33601-3382

**Phone:** 813-224-0555

**Email:** dsisco@sisco-law.com

**Attorney:** Allen R. Grossman, Esq

**Address:** 2022-2 Raymond Diehl Road  
Grossman, Furlow & Bayo, LLC  
Tallahassee, FL 32308

**Phone:** 850-385-1314

**Email:** a.grossman@gfblawfirm.com

---

**Monitor:** None on Record

---

**Supervisor:** None on Record

---

**Respondent:** Vincent Joseph Scolaro

**Appeal:** N

**Address:** 65 Goddard Drive  
Debary, FL 32713

**File Date:** 11/28/2012

**Info Package Mailed Date:** 12/23/2014

**Disposition:** Suspension

**Violation:** Impaired from alc/drugs/other; Fail to comply w/ monitor/treatment prgm

**Summary:** Possible violation of s. 456.072(1)(hh), F.S. and s. 459.015(1)(pp), F.S. Termination from PRN. Complainant reports that subject is noncompliant with the requirements and recommendations of PRN. Subject signed a PRN contract in September 2008 and continued with PRN monitoring until he provided a positive hair test (hydromorphone/hydrocodone) in February 2011. A DOH-approved evaluator recommended a repeat hair test, monthly Vivitrol injections and completion of an intensive outpatient treatment program. Subject entered into such a program and signed a new PRN contract in March 2011, but continued to struggle with compliance. In November 2011, PRN was notified that subject had been arrested for DUI in early September 2011 and had not notified PRN. In view of all the above, complainant does not believe subject is able to be monitored by PRN and believes subject is an immediate and serious danger to Florida citizens. Analyzed by: Lori Ridner

---

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To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

August 11, 2020

Allen R. Grossman, Esq.  
Grossman, Furlow & Bayo, LLC  
2022-2 Raymond Diehl Road  
Tallahassee, Florida 32308

**Re: FORMAL APPROVAL OF PAYMENT EXTENSION  
VINCENT JOSEPH SCOLARO, D.O.; CASE #2011-03025, 2011-18625, 2011-14096**

Dear Mr. Grossman

This letter is to advise you that the above referenced matter has been placed on the agenda for the August 21, 2020, Board of Osteopathic Medicine meeting. Your client is required to attend the meeting.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**  
**Please join from your computer,  
tablet or smartphone.**  
<https://global.gotomeeting.com/join/793180125>  
**You can also dial in using your phone.**  
**United States (Toll Free): 1-866-899-4679**  
**Access Code: 793-180-125**

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board.** We appreciate your continued cooperation and assistance.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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---

August 11, 2020

Vincent Joseph Scolaro, D.O.  
65 Goddard Drive  
Debary, Florida 32713

**Re: FORMAL APPROVAL OF PAYMENT EXTENSION  
VINCENT JOSEPH SCOLARO, D.O.; CASE #2011-03025, 2011-18625, 2011-14096**

Dear Dr. Scolaro:

This letter is to advise you that the above referenced matter has been placed on the agenda for the August 21, 2020, Board of Osteopathic Medicine meeting. You are required to attend the meeting.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**  
**Please join from your computer,  
tablet or smartphone.**  
<https://global.gotomeeting.com/join/793180125>  
**You can also dial in using your phone.**  
**United States (Toll Free): 1-866-899-4679**  
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Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board.** We appreciate your continued cooperation and assistance.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**From:** [Peace, Christa](#)  
**To:** ["Allen Grossman"](#)  
**Cc:** ["vsco257390@aol.com"](#)  
**Subject:** Board Notification-Scolaro  
**Date:** Tuesday, August 11, 2020 8:37:53 AM  
**Attachments:** [Vincent Scaolaro atty.pdf](#)  
[Vincent Scaolaro.pdf](#)

---

Greetings,

Your client's petition for Formal Approval of Payment Extension will be heard at the August 21, 2020, Board of Osteopathic Medicine teleconference meeting. Your client is required to attend the meeting. Please see the attached correspondence.

Sincerely,

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



**Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the **Healthiest State** in the Nation

**Values:** Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

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***PLEASE NOTE:*** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

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AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE  
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

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prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

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**Scroll down to see the available pages or  
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SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS  
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE  
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

CONFIDENTIAL AND EXEMPT MATERIALS

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prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.



# Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

March 26, 2018

## CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Steven T. Puccio, D.O.  


Re: License No. 229825

Dear Dr. Puccio:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 18-066. This order and any penalty provided therein goes into effect April 2, 2018.

**You are required to deliver your license and registration within 5 days of the effective date of the surrender provision to: c/o Physician Monitoring Unit, NYS DOH - OPMC, Riverview Center, Suite 355, 150 Broadway, Albany, NY 12204-2719.**

**If your license is framed, please remove it from the frame and only send the parchment paper on which your name is printed. Our office is unable to store framed licenses.**

If the document(s) are lost, misplaced or destroyed, you are required to submit to this office an affidavit to that effect. Please complete and sign the affidavit before a notary public and return it to the Office of Professional Medical Conduct.

Please direct any questions to: NYS DOH - OPMC, Riverview Center, Suite 355, 150 Broadway, Albany, NY 12204-2719, telephone # (518) 402-0846.

Sincerely,

  
Robert A. Catalano, M.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

cc: David F. Michelman, Esq.  
Michelman & Bricker, PC.  
1500 Walnut St., Suite 502  
Philadelphia, Pennsylvania 19102

NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

BPMC No. 18-066

IN THE MATTER  
OF  
STEVEN T. PUCCIO, D.O.

SURRENDER  
ORDER

Upon the application of (Respondent) Steven T. Puccio, D.O. to surrender his or her license as a physician in the State of New York, which is made a part of this Surrender Order, it is

ORDERED, that the Surrender, and its terms, are adopted and it is further

ORDERED, that Respondent's name be stricken from the roster of physicians in the State of New York; it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Surrender Order, either by first class mail to Respondent at the address in the attached Surrender of License application or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney,

Whichever is first,

SO ORDERED.

DATE: 3/23/2018

  
ARTHUR S. HENGERER, M.D.  
Chair  
State Board for Professional Medical Conduct

1

NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER  
OF  
STEVEN T. PUCCIO, D.O.

SURRENDER  
OF  
LICENSE  
AND  
ORDER

Steven T. Puccio, D.O., represents that all of the following statements are true:

That on or about September 9, 2003, I was licensed to practice as a physician in the State of New York, and issued License No. 229825 by the New York State Education Department.

My current address is [REDACTED]

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one or more specifications of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", which is attached to and part of this Surrender of License.

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I agree not to contest the allegations, which are based on my professional misconduct solely in Pennsylvania, to the extent it is alleged that my Pennsylvania Consent Order is based upon conduct that would constitute misconduct under New York Education Law §6530(16), as recited in Exhibit "A", in full satisfaction of the charges against me.

I ask the Board to accept my Surrender of License, and I agree to be bound by all of the terms set forth in attached Exhibit "B".

I understand that, if the Board does not accept my Surrender of License, none of its terms shall bind me or constitute an admission of any of the acts of misconduct alleged; this application shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board accepts my Surrender of License, the Chair of the Board shall issue a Surrender Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Surrender Order by first class mail to me at the address in this Surrender of License, or to my attorney by certified mail, or upon facsimile transmission to me or my attorney, whichever is first. The Surrender Order, this agreement, and all attached exhibits shall be public documents, with only patient identities or other confidential information, if any, redacted. As public documents, they may be posted on the Department's website(s). OPMC shall report this action to the National Practitioner Data Bank, the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I ask the Board to accept this Surrender of License, which I submit of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Surrender of License, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Surrender Order for which I apply, whether administratively or judicially, and I agree to be bound by the Surrender Order.

I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed agreement and Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE 3/15/18



STEVEN T. PUCCIO, D.O.  
RESPONDENT

1

The undersigned agree to Respondent's attached Surrender of License and Order and to its proposed penalty, terms and conditions.

DATE: 3/15/18

  
DAVID F. MICHELMAN, ESQ.  
Attorney for Respondent

DATE: 3/16/18

  
GERARD A. CABRERA  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 3/22/18

  
KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

EXHIBIT "A"

NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER  
OF  
STEVEN T. PUCCIO, D.O.

STATEMENT  
OF  
CHARGES

Steven T. Puccio, D.O., the Respondent, was authorized to practice medicine in New York State on or about September 9, 2003, by the issuance of license number 229825 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about June 14, 2017, the Respondent entered into a Consent Agreement and Order with the Commonwealth of Pennsylvania Department of State, State Board of Osteopathic Medicine, Bureau of Professional and Occupational Affairs ("PA Osteopathic Board"), in which Respondent was found to have been convicted on a plea of guilty, on May 16, 2017, in the Court of Common Pleas of Lehigh County, Pennsylvania, to Sale or Giving a Controlled Substance to a Dependent Person, an ungraded misdemeanor, by his inappropriate methadone prescribing. The PA Osteopathic Board indefinitely suspended Respondent, which was stayed, and placed him on a minimum of three years' probation and monitoring.

1. The conduct resulting in the Pennsylvania disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following sections of New York State law:
  - a. New York State Education Law § 6530(16) (failure to comply with substantial provisions of federal, state, or local laws, rules or regulations governing the practice of medicine).

**SPECIFICATION OF CHARGES**  
**HAVING HAD DISCIPLINARY ACTION TAKEN**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(9)(d) by having his or her license to practice medicine revoked, suspended or having other disciplinary action taken, or having his or her application for a license refused, revoked or suspended or having voluntarily or otherwise surrendered his or her license after a disciplinary action was instituted by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the revocation, suspension or other disciplinary action involving the license or refusal, revocation or suspension of an application for a license or the surrender of the license would, if committed in New York state, constitute professional misconduct under the laws of New York state (namely N.Y. Educ. Law § 6530(16) as alleged in the facts of the following:

1. Paragraph A and its subparagraphs.

DATE: March 6, 2018  
New York, New York

  
\_\_\_\_\_  
ROY NEMERSON  
Deputy Counsel  
Bureau of Professional Medical Conduct

**EXHIBIT "B"**

**Requirements for Closing a New York Medical Practice Following a Revocation, Surrender, Limitation or Suspension of a Medical License**

1. Licensee shall immediately cease and desist from engaging in the practice of medicine in New York State, or under Licensee's New York license, in accordance with the terms of the Order. In addition, Licensee shall refrain from providing an opinion as to professional practice or its application and from representing that Licensee is eligible to practice medicine.
2. Within 5 days of the Order's effective date, Licensee shall deliver Licensee's original license to practice medicine in New York State and current biennial registration to the Office of Professional Medical Conduct (OPMC) at Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719.
3. Within 15 days of the Order's effective date, Licensee shall notify all patients of the cessation or limitation of Licensee's medical practice, and shall refer all patients to another licensed practicing physician for continued care, as appropriate. Licensee shall notify, in writing, each health care plan with which the Licensee contracts or is employed, and each hospital where Licensee has privileges, that Licensee has ceased medical practice. Within 45 days of the Order's effective date, Licensee shall provide OPMC with written documentation that all patients and hospitals have been notified of the cessation of Licensee's medical practice.
4. Licensee shall make arrangements for the transfer and maintenance of all patient medical records. Within 30 days of the Order's effective date, Licensee shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate and acceptable contact person who shall have access to these records. Original records shall be retained for at least 6 years after the last date of service rendered to a patient or, in the case of a minor, for at least 6 years after the last date of service or 3 years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information in the record is kept confidential and is available only to authorized persons. When a patient or a patient's representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of an inability to pay.
5. In the event that Licensee holds a Drug Enforcement Administration (DEA) certificate for New York State, Licensee shall, within 15 days of the Order's

effective date, advise the DEA, in writing, of the licensure action and shall surrender Licensee's DEA controlled substance privileges for New York State to the DEA. Licensee shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.

6. Within 15 days of the Order's effective date, Licensee shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. If no other licensee is providing services at Licensee's practice location, Licensee shall properly dispose of all medications.
7. Within 15 days of the Order's effective date, Licensee shall remove from the public domain any representation that Licensee is eligible to practice medicine, including all related signs, advertisements, professional listings (whether in telephone directories, internet or otherwise), professional stationery or billings. Licensee shall not share, occupy, or use office space in which another licensee provides health care services.
8. Licensee shall not charge, receive or share any fee or distribution of dividends for professional services rendered by Licensee or others while Licensee is barred from engaging in the practice of medicine. Licensee may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Order's effective date.
9. If Licensee is a shareholder in any professional service corporation organized to engage in the practice of medicine, Licensee shall divest all financial interest in the professional services corporation, in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Licensee is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the Order's effective date.
10. Failure to comply with the above directives may result in a civil penalty or criminal penalties as may be authorized by governing law. Under N.Y. Educ. Law § 6512, it is a Class E Felony, punishable by imprisonment for up to 4 years, to practice the profession of medicine when a professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, which include fines of up to \$10,000 for each specification of charges of which the Licensee is found guilty, and may include revocation of a suspended license.

The case in question about GW was one mal-positioned S1 Bone peg.

The procedure requires the patient to be placed in a prone position (belly down), and incision is made about 2 cm in length over the side of the buttocks. Three guide pins are positioned using fluoroscopic imaging (live Xray) with 4 different views (inlet, outlet, AP and lateral). The patient underwent the procedure without significant issue intraoperatively. Imaging all looked good. In the recovery room the patient complained of some pain in the left leg in the S1 dermatomal distribution. Patients can sometimes experience this as a result of the concussion from impacting the peg with a mallet. We observed the patient the following day and although he had some improvement, he still had a persistent complaint of S1 dermatomal pain. We obtained a CT scan with 3-D reconstructions which revealed that the peg was impacted a little deeper than we would have liked which is not something readily seen on fluoroscopic images (not the greatest quality to make intraoperative decisions). We discussed this with the patient and planned to take him back to the operating room for repositioning of the peg. The patient did have improvement of his symptom's but unfortunately the resolution of those complaints was not complete. It should be noted that the patient did have complaints of left leg pain prior to the surgery and this procedure and the irritation of the S1 nerve root was unfortunate. The date of the index procedure was 4/29/2014 and the patient was returned to the OR 5/1/2014.

# **ADROPTIONS®**

*Settling Cases Since 1993*

GARY P. WITKOWSKI and LORI  
WITKOWSKI,

Plaintiffs,

v.

STEVEN T. PUCCIO, D.O., ST LUKE'S  
ORTHOPAEDIC SPECIALISTS,  
NICHOLAS M. CAGGIANO, M.D., and  
ST. LUKE'S UNIVERSITY HOSPITAL  
OF BETHLEHEM, PENNSYLVANIA  
d/b/a ST. LUKE'S HOSPITAL &  
HEALTH NETWORK

Defendants.

COURT OF COMMON PLEAS  
LEHIGH COUNTY

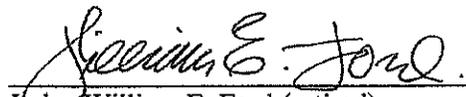
CIVIL ACTION

NO: 2015-C-3874

## **AWARD OF ARBITRATOR**

NOW THIS, 13<sup>TH</sup> day of August, 2018, the parties having agreed to have the above captioned matter heard by the undersigned as sole Arbitrator, and after the agreed binding arbitration hearing conducted on July 26 and 27, 2018, the Arbitrator hereby finds in favor of Plaintiff, Gary P. Witkowski, on his professional negligence claims stated in the Complaint against the Defendant, Steven T. Puccio, D.O., in the total amount of one hundred thirty thousand dollars (\$130,000), and in favor of Plaintiff, Lori Witkowski, on her loss of consortium claim stated in Count VII of the Complaint against Defendant, Steven T. Puccio, D. O. only, in the total amount of ten thousand dollars (\$10,000).

The Arbitrator finds that plaintiffs have not proven any remaining Counts stated in the Complaint.

  
\_\_\_\_\_  
Judge William E. Ford (retired),  
Arbitrator

N.B. The Arbitrator's office will maintain the arbitration records for a period of two weeks unless requested to do otherwise.

Supreme Court of Pennsylvania

Court of Common Pleas Rec'd By Legal Services

Civil Cover Sheet

Lehigh

DEC 21 2015  
County

For Prothonotary Use Only:

Docket No: 2015-C-3874

FILED  
2015 DEC 14 AM 8:44  
CLERK OF LEHIGH COUNTY RECORDS

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

SECTION A

**Commencement of Action:**

Complaint     Writ of Summons     Petition  
 Transfer from Another Jurisdiction     Declaration of Taking

Lead Plaintiff's Name: Gary P. Witkowski    Lead Defendant's Name: Steven T. Puccio, DO

Are money damages requested?  Yes     No    Dollar Amount Requested: (check one)     within arbitration limits  
 outside arbitration limits

Is this a *Class Action Suit*?     Yes     No    Is this an *MDJ Appeal*?     Yes     No

Name of Plaintiff/Appellant's Attorney: Steven F. Marino, Esquire  
 Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)

**Nature of the Case:** Place an "X" to the left of the ONE case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

SECTION B

**TORT** (do not include Mass Tort)

Intentional  
 Malicious Prosecution  
 Motor Vehicle  
 Nuisance  
 Premises Liability  
 Product Liability (does not include mass tort)  
 Slander/Label/Defamation  
 Other:

**CONTRACT** (do not include Judgments)

Buyer Plaintiff  
 Debt Collection: Credit Card  
 Debt Collection: Other  
 Employment Dispute: Discrimination  
 Employment Dispute: Other  
 Other:

**CIVIL APPEALS**

Administrative Agencies  
 Board of Assessment  
 Board of Elections  
 Dept. of Transportation  
 Statutory Appeal: Other  
 Zoning Board  
 Other:

**MASS TORT**

Asbestos  
 Tobacco  
 Toxic Tort - DES  
 Toxic Tort - Implant  
 Toxic Waste  
 Other:

**REAL PROPERTY**

Ejectment  
 Eminent Domain/Condemnation  
 Ground Rent  
 Landlord/Tenant Dispute  
 Mortgage Foreclosure: Residential  
 Mortgage Foreclosure: Commercial  
 Partition  
 Quiet Title  
 Other:

**MISCELLANEOUS**

Common Law/Statutory Arbitration  
 Declaratory Judgment  
 Mandamus  
 Non-Domestic Relations Restraining Order  
 Quo Warranto  
 Replevin  
 Other:

**PROFESSIONAL LIABILITY**

Dental  
 Legal  
 Medical  
 Other Professional:

## NOTICE

**Pennsylvania Rule of Civil Procedure 205.5. (Cover Sheet) provides, in part:**

**Rule 205.5. Cover Sheet**

(a)(1) This rule shall apply to all actions governed by the rules of civil procedure except the following:

- (i) actions pursuant to the Protection from Abuse Act, Rules 1901 et seq.
- (ii) actions for support, Rules 1910.1 et seq.
- (iii) actions for custody, partial custody and visitation of minor children, Rules 1915.1 et seq.
- (iv) actions for divorce or annulment of marriage, Rules 1920.1 et seq.
- (v) actions in domestic relations generally, including paternity actions, Rules 1930.1 et seq.
- (vi) voluntary mediation in custody actions, Rules 1940.1 et seq.

(2) At the commencement of any action, the party initiating the action shall complete the cover sheet set forth in subdivision (e) and file it with the prothonotary.

(b) The prothonotary shall not accept a filing commencing an action without a completed cover sheet.

(c) The prothonotary shall assist a party appearing pro se in the completion of the form.

(d) A judicial district which has implemented an electronic filing system pursuant to Rule 205.4 and has promulgated those procedures pursuant to Rule 239.9 shall be exempt from the provisions of this rule.

(e) The Court Administrator of Pennsylvania, in conjunction with the Civil Procedural Rules Committee, shall design and publish the cover sheet. The latest version of the form shall be published on the website of the Administrative Office of Pennsylvania Courts at [www.pacourts.us](http://www.pacourts.us).

FILED  
2015 DEC 14 AM 8:44  
CLERK OF SUPERIOR COURT  
LEHIGH COUNTY, PENN.

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
CIVIL DIVISION

GARY WITKOWSKI, et. al.

Plaintiff

vs.

STEVEN T. PUCCIO, DO, et. al.

Defendant

:  
:  
:  
:  
:  
:  
:  
:

File No.

2015-C-3874

NOTICE TO DEFEND

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

LEHIGH COUNTY BAR ASSOCIATION

LAWYER REFERRAL SERVICE

P.O BOX 1324

ALLENTOWN, PENNSYLVANIA 18105-1324

TELEPHONE: 610-433-7094

Signature

STEVEN F. MARINO, ESQUIRE

(Name)

301 WHARTON STREET  
PHILADELPHIA, PA 19147

(Address)

215-462-3200

(Telephone Number)

MARINO ASSOCIATES  
BY: STEVEN F. MARINO, ESQUIRE  
ATTORNEY I.D. 53034  
301 WHARTON STREET  
PHILADELPHIA, PA 19147  
(215) 462-3200

THIS IS NOT AN ARBITRATION CASE.  
AN ASSESSMENT OF DAMAGES  
HEARING IS REQUIRED

Attorney for plaintiffs

GARY P. WITKOWSKI  
5 Willow Way  
Albrightsville, PA 18210

IN THE COURT OF COMMON  
PLEAS LEHIGH COUNTY - CIVIL  
DIVISION

and

No.

LORI WITKOWSKI  
5 Willow Way  
Albrightsville, PA 18210

Plaintiffs

v

STEVEN T. PUCCIO, DO  
801 Ostrum Street, Suite #4  
Bethlehem, PA 18015

and

ST. LUKE'S ORTHOPAEDIC  
SPECIALISTS  
801 Ostrum Street  
Bethlehem, PA 18015

and

NICHOLAS M. CAGGIANO, MD  
801 Ostrum Street  
Bethlehem, PA 18015

and

ST. LUKE'S UNIVERSITY HOSPITAL  
OF BETHLEHEM PENNSYLVANIA d/b/a  
ST. LUKE'S HOSPITAL & HEALTH  
NETWORK  
801 Ostrum Street  
Bethlehem, PA 18015

Defendants

**CIVIL ACTION-COMPLAINT**  
**PROFESSIONAL MALPRACTICE - MEDICAL**

AND NOW comes the plaintiffs Gary P. Witkowski and Lori Witkowski by and through their attorneys Marino Associates and demand of the defendants, jointly and severally, sums in excess of Fifty Thousand Dollars (\$50,000.00), plus interest, costs and damages for prejudgment delay upon the causes of action set forth in the following:

**THE PARTIES AND RELATED ENTITIES**

1. Plaintiff Gary P. Witkowski is an adult individual residing 5 Willow Way, Albrightsville, PA 18210.
2. Lori Witkowski is an adult individual residing 5 Willow Way, Albrightsville, PA 18210.
3. Defendant Steven T. Puccio, DO is an adult individual with a principal place of business located 801 Ostrum Street, Suite #4, Bethlehem, PA 18015.
4. Defendant St. Luke's Orthopaedic Specialist is a corporation or other business entity duly organized under and existing by virtue of the laws of the Commonwealth of Pennsylvania with its principal place of business 801 Ostrum Street, Bethlehem, PA 18015.
5. At all relevant times material hereto defendant St. Luke's Orthopaedic Specialist was acting as a corporation or other business entity by and through the acts of its authorized agents, ostensible agents, servants, workman and/or employees.
6. At all relevant times material hereto defendant Steven T. Puccio, DO acted under the

control or right of control of the defendant St. Luke's Orthopaedic Specialist within and during the course and scope of his employment, authority or apparent authority.

7. Defendant Nicholas M. Caggiano, MD is an adult individual with a principal place of business located 801 Ostrum Street, Bethlehem, PA 18015.

8. Defendant St. Luke Hospital of Bethlehem Pennsylvania d/b/a St. Luke Hospital & Health Network is a corporation or other business entity duly organized under and existing by virtue of the laws of the Commonwealth of Pennsylvania with its principal place of business 801 Ostrum Street, Bethlehem, PA 18015.

9. At all relevant times material hereto defendant St. Luke Hospital & Health Network was acting as a corporation or other business entity by and through the acts of its authorized agents, ostensible agents, servants, workman and/or employees including, but not limited to, the individually named defendants and any and all other physicians, residents, interns, nurses and technical personnel who participated in the care rendered to Gary P. Witkowski while he remained an inpatient at St. Luke Hospital of Bethlehem Pennsylvania in connection with elective lumbar spine surgery performed upon the plaintiff Gary P. Witkowski on April 29, 2014, and whose identities remain unknown to the plaintiff and who were acting under the control or right of control of the defendant St. Luke Hospital & Health Network. within and during the course and scope of their employment, authority or apparent authority.

10. For the purpose of this Complaint, the agents, ostensible agents, servants, workman and/or employees of St. Luke Hospital & Health Network as to whom negligence is being alleged is limited to the following discrete classes of individuals whose names are illegible in the medical records or whose identities could not otherwise be ascertained in advance of discovery practice: all

physicians, residents, interns, physician assistants, nurses, aides, orderlies, technicians, and/or attendants who provided medical care to the plaintiff Gary P. Witkowski during his inpatient admission to St. Luke Hospital of Bethlehem Pennsylvania in connection with elective lumbar spine surgery performed upon the plaintiff Gary P. Witkowski on April 29, 2014.

11. At all relevant times material hereto defendant Steven T. Puccio, DO was an agent, ostensible agent, servant, workman and/or employee of defendant St. Luke Hospital & Health Network.

12. At all relevant times material hereto defendant Steven T. Puccio, DO acted under the control or right of control of the defendant St. Luke Hospital & Health Network within and during the course and scope of his employment, authority or apparent authority.

13. At all relevant times material hereto defendant Nicholas M. Caggiano, MD was an agent, ostensible agent, servant, workman and/or employee of defendant St. Luke Hospital & Health Network.

14. At all relevant times material hereto defendant Nicholas M. Caggiano, MD acted under the control or right of control of the defendant St. Luke Hospital & Health Network within and during the course and scope of his employment, authority or apparent authority.

#### **JURISDICTION AND VENUE**

15. Plaintiff incorporates by reference the previous paragraphs of the Complaint as if set forth fully herein.

16. This Court maintains original jurisdiction over the instant claims pursuant to 42 Pa.C.S.A. §7361 as a result of the amount in controversy exceeding \$50,000.00.

17. Venue of this matter is properly laid in this judicial district pursuant to Pa.R.C.P.No. 1006(a.1) and as a result of a substantial part of the events or omissions giving rise to the claims set forth herein having occurred in this judicial district.

#### GENERAL ALLEGATIONS

18. Plaintiffs incorporate by reference the previous paragraphs of the Complaint as if set forth fully herein.

19. On or about April 29, 2014, Gary P. Witkowski was admitted as an inpatient to St. Luke Hospital of Bethlehem Pennsylvania located 801 Ostrum Street, Bethlehem, PA 18015 to manage a left sacroiliac joint hypermobility condition.

20. On or about April 29, 2014, plaintiff Gary P. Witkowski underwent elective lumbar spine surgery at St. Luke Hospital of Bethlehem Pennsylvania 801 Ostrum Street, Bethlehem, PA 18015 to manage a left sacroiliac joint hypermobility condition.

21. Defendant Steven T. Puccio, DO was the primary surgeon responsible to manage the April 29, 2014, surgery undergone by plaintiff Gary P. Witkowski 801 Ostrum y at St. Luke Hospital of Bethlehem Pennsylvania located 801 Ostrum Street, Bethlehem, PA 18015

22. During the course of the April 29, 2014, surgery, joint fusion pegs were introduced into plaintiff Gary P. Witkowski's sacroiliac joint.

23. Following the April 29, 2014, surgery plaintiff Gary P. Witkowski complained of experiencing severe pain presenting in his left buttocks and migrating down his leg.

24. An April 30, 2014, postoperative diagnostic study demonstrated that the superior most joint fusion peg introduced into plaintiff Gary P. Witkowski's sacroiliac joint during the course

of the April 29, 2014, surgery extended into plaintiff Gary P. Witkowski's spinal canal.

25. An April 30, 2014, postoperative diagnostic study demonstrated that the superior most joint fusion peg introduced into plaintiff Gary P. Witkowski's sacroiliac joint during the course of the April 29, 2014, surgery extended into plaintiff Gary P. Witkowski's proximal neural foramen.

26. An April 30, 2014, postoperative diagnostic study demonstrated that the superior most joint fusion peg introduced into plaintiff Gary P. Witkowski's sacroiliac joint during the course of the April 29, 2014, surgery encroached upon plaintiff Gary P. Witkowski's traversing left-sided nerve root at the S1 level.

27. On or about May 1, 2014, plaintiff Gary P. Witkowski underwent lumbar spine surgery at St. Luke Hospital of Bethlehem Pennsylvania 801 Ostrum Street, Bethlehem, PA 18015 to manage the malpositioned superior sacroiliac joint fusion peg.

28. Plaintiff Gary P. Witkowski has been diagnosed as having suffered nerve damage presenting symptoms, among others, as motor axon loss in the S1 nerve root, active S1 radiculopathy, unrelenting pain presenting in left buttocks and leg, instability, difficulty bearing weight, difficulty ambulating, paresthesia in the back of left the thigh foot, muscle weakness, and swelling of the left ankle and foot.

29. The etiology of the nerve damage and resulting complications suffered by plaintiff Gary P. Witkowski have been diagnosed as arising as a result of the insertion of the malpositioned superior sacroiliac joint fusion peg introduced during the course of the April 29, 2014, surgery.

**COUNT I - NEGLIGENCE**  
**(Gary P. Witkowski v Steven T. Puccio, DO)**

30. Plaintiffs incorporate by reference the previous paragraphs of the Complaint as if set forth fully herein.

31. At all relevant times material hereto defendant Steven T. Puccio, DO held himself out as a licensed orthopedic spinal surgeon possessing the ordinary and customary skills, knowledge and diligence of like orthopedic spinal surgeon in the field of orthopedic spinal surgery.

32. Defendant Steven T. Puccio, DO owed a duty to the plaintiff Gary P. Witkowski to exercise that requisite knowledge, skill, and attention employed by a licensed orthopedic spinal surgeon when rendering treatment to the plaintiff Gary P. Witkowski.

33. In rendering the aforementioned treatment to plaintiff Gary P. Witkowski, defendant Steven T. Puccio, DO either individually or acting through agents, was negligent and careless and breached the duties of care owed to the plaintiff Gary P. Witkowski in the following respects:

- (a) exercised inadequate or inappropriate methods, techniques and procedures in the care and treatment of the plaintiff Gary P. Witkowski;
- (b) failed to properly monitor an assistant surgeon;
- (c) failed to properly place the superior sacroiliac joint fusion peg into plaintiff Gary P. Witkowski;
- (d) failed to employ the skill and care required of a licensed orthopedic spinal surgeon involving the introduction of sacroiliac joint fusion pegs;
- (e) failed to follow appropriate standards of orthopedic spinal care;
- (f) failed to adhere to the policies and protocols, written and unwritten of

defendant St. Luke Hospital & Health Network;

(g) Performed surgery upon the plaintiff Gary P. Witkowski on April 29, 2014, when no need for such surgery was indicated.

34. As a direct and proximate result of the defendant Steven T. Puccio, DO's negligent acts, omissions or failures to act, plaintiff Gary P. Witkowski was caused to suffer prolonged physical pain, discomfort, trauma, disfigurement, deformity, humiliation, embarrassment, emotional distress, sleeplessness, anxiety, inability to perform simple activities of daily living, depression characterized by feelings of despair, hopelessness, and despondency, some or all of which may be permanent and which may continue indefinitely into the future.

35. As a direct and proximate result of the defendant Steven T. Puccio, DO's negligent acts, omissions or failures to act, plaintiff Gary P. Witkowski has been required to undergo prolonged hospitalization, outpatients healthcare, ongoing outpatient healthcare, medical evaluations and may require additional surgeries and other surgical procedures.

36. As a direct and proximate result of the defendant Steven T. Puccio, DO's negligent acts, omissions or failures to act, plaintiff Gary P. Witkowski is subject to an increased risk of harm that he will develop future complications and injury.

37. As a direct and proximate result of the defendant Steven T. Puccio, DO's negligent acts, omissions, or failures to act plaintiff Gary P. Witkowski was caused to suffer a loss of life's pleasures which may continue indefinitely into the future.

38. As a direct and proximate result of the defendant Steven T. Puccio, DO's negligent acts, omissions or failures to act, plaintiff Gary P. Witkowski incurred medical expenses for diagnosis, treatment and care in an effort to cure himself of the nerve damage and illness

aforementioned and may incur additional medical expenses continuing on into the future.

39. As a direct and proximate result of the defendant Steven T. Puccio, DO's negligent acts, omissions or failures to act, plaintiff Gary P. Witkowski has been caused to expend various and diverse sums of money in an effort to manage the nerve damage, complications and illness aforementioned and may incur additional expenses continuing on into the future

40. As a direct and proximate result of the defendant Steven T. Puccio, DO's negligent acts, omissions or failures to act, plaintiff Gary P. Witkowski was caused to suffer a loss of income.

41. As a direct and proximate result of the defendant Steven T. Puccio, DO's negligent acts, omissions or failures to act, plaintiff Gary P. Witkowski was caused to suffer a loss of earning capacity.

42. The aforementioned acts and omissions on the part of defendant Steven T. Puccio, DO were careless and negligent and substantially increased the risk of aforementioned harm suffered by plaintiff Gary P. Witkowski.

WHEREFORE, plaintiff Gary P. Witkowski prays for judgment in his favor and against defendant Steven T. Puccio, DO and the relief which follows:

I. That plaintiff be awarded past damages incurred relating to pain and suffering and other non-economic damages within the meaning of 40 Pa.C.S.A. § 1303.509;

II. That plaintiff be awarded future damages incurred relating to medical and other related expenses within the meaning of 40 Pa.C.S.A. § 1303.509;

III. That plaintiff be awarded future damages incurred relating to medical and other related expenses within the meaning of 40 Pa.C.S.A. § 1303.509;

IV. That plaintiff be awarded past damages incurred relating to loss of earnings within the

meaning of 40 Pa.C.S.A. § 1303.509;

V. That plaintiff be awarded future damages incurred relating to loss of earnings within the meaning of 40 Pa.C.S.A. § 1303.509;

VI. That plaintiff be awarded interest and damages for prejudgment delay;

VII. That plaintiff be awarded further relief as this Court may deem appropriate.

**COUNT II – VICARIOUS LIABILITY**  
**Respondent Superior**  
**(Gary P. Witkowski v St. Luke's Orthopaedic Specialist)**

43. The plaintiffs incorporate by reference the previous paragraphs of the Complaint as if set forth fully herein.

44. At all relevant times material hereto, defendant Steven T. Puccio, DO, employed by St. Luke's Orthopaedic Specialist in connection with rendering treatment and care to plaintiff Gary P. Witkowski was the agent, ostensible agent, servant and employee of defendant St. Luke's Orthopaedic Specialist.

45. At all relevant times material hereto, defendant Steven T. Puccio, DO, was acting within and during the course and scope of his employment with St. Luke's Orthopaedic Specialist and with St. Luke's Orthopaedic Specialist's authority or apparent authority.

46. At all relevant times material hereto, the actions of defendant Steven T. Puccio, DO in rendering care to the plaintiff Gary P. Witkowski were performed under the control or right of control of the defendant St. Luke's Orthopaedic Specialist.

47. The aforementioned actions of the authorized agents, ostensible agents, apparent agents, servants, workman and/or employees of St. Luke's Orthopaedic Specialist, defendant Steven

T. Puccio, DO, in rendering care to the plaintiff Gary P. Witkowski on April 29, 2014, was actuated with a purpose to further the interests, activities, affairs or business of defendant St. Luke's Orthopaedic Specialist.

48. As a direct and proximate result of the before mentioned negligent acts, omissions or failures to act of defendant St. Luke's Orthopaedic Specialist's authorized agents, ostensible agents, apparent agents, servants, workman and/or employees defendant Steven T. Puccio, DO plaintiff Gary P. Witkowski was caused to suffer that damage and loss aforementioned.

49. The aforementioned acts and omissions of defendant St. Luke's Orthopaedic Specialist's authorized agent, ostensible agent, apparent agent, servant, workman and/or employee defendant Steven T. Puccio, DO were careless and negligent and substantially increased the risk of the aforementioned harm suffered by plaintiff Gary P. Witkowski.

50. The negligent acts, omissions or failures to act as previously mentioned of defendant St. Luke's Orthopaedic Specialist's authorized agent, ostensible agent, apparent agent, servant, workman and/or employee defendant Steven T. Puccio, DO were substantial factors in bringing about the damage, harm and loss aforementioned which plaintiff Gary P. Witkowski has been caused to suffer.

WHEREFORE, plaintiff Gary P. Witkowski prays for judgment in his favor and against defendant St. Luke's Orthopaedic Specialist and the relief which follows:

I. That plaintiff be awarded past damages incurred relating to pain and suffering and other non-economic damages within the meaning of 40 Pa.C.S.A. § 1303.509;

II. That plaintiff be awarded future damages incurred relating to medical and other related expenses within the meaning of 40 Pa.C.S.A. § 1303.509;

III. That plaintiff be awarded future damages incurred relating to medical and other related expenses within the meaning of 40 Pa.C.S.A. § 1303.509;

IV. That plaintiff be awarded past damages incurred relating to loss of earnings within the meaning of 40 Pa.C.S.A. § 1303.509;

V. That plaintiff be awarded future damages incurred relating to loss of earnings within the meaning of 40 Pa.C.S.A. § 1303.509;

VI. That plaintiff be awarded interest and damages for prejudgment delay;

VII. That plaintiff be awarded further relief as this Court may deem appropriate.

**COUNT III - NEGLIGENCE**  
**(Gary P. Witkowski v Nicholas M. Caggiano, MD)**

51. Plaintiffs incorporate by reference the previous paragraphs of the Complaint as if set forth fully herein.

52. At all relevant times material hereto defendant Nicholas M. Caggiano, MD held himself out as a licensed orthopedic spinal surgeon possessing the ordinary and customary skills, knowledge and diligence of like orthopedic spinal surgeon in the field of orthopedic spinal surgery.

53. Defendant Nicholas M. Caggiano, MD owed a duty to the plaintiff Gary P. Witkowski to exercise that requisite knowledge, skill, and attention employed by a licensed orthopedic spinal surgeon when rendering treatment to the plaintiff Gary P. Witkowski.

54. In rendering the aforementioned treatment to plaintiff Gary P. Witkowski, defendant Nicholas M. Caggiano, MD either individually or acting through agents, was negligent and careless and breached the duties of care owed to the plaintiff Gary P. Witkowski in the following respects:

- (a) exercised inadequate or inappropriate methods, techniques and procedures in the care and treatment of the plaintiff Gary P. Witkowski;
- (b) failed to properly monitor an assistant surgeon;
- (c) failed to properly place the superior sacroiliac joint fusion peg into plaintiff Gary P. Witkowski;
- (d) failed to employ the skill and care required of a licensed orthopedic spinal surgeon involving the introduction of sacroiliac joint fusion pegs;
- (e) failed to follow appropriate standards of orthopedic spinal care;
- (f) failed to adhere to the policies and protocols, written and unwritten of defendant St. Luke Hospital & Health Network;
- (g) Performed surgery upon the plaintiff Gary P. Witkowski on April 29, 2014, when no need for such surgery was indicated.

55. As a direct and proximate result of the defendant Nicholas M. Caggiano, MD's negligent acts, omissions or failures to act, plaintiff Gary P. Witkowski was caused to suffer that damage and loss aforementioned

56. The aforementioned acts and omissions of defendant Nicholas M. Caggiano, MD were careless and negligent and substantially increased the risk of the aforementioned harm suffered by plaintiff Gary P. Witkowski.

57. The aforementioned acts and omissions of defendant Nicholas M. Caggiano, MD were substantial factors in bringing about the damage, harm and loss aforementioned which plaintiff Gary P. Witkowski has been caused to suffer.

WHEREFORE, plaintiff Gary P. Witkowski prays for judgment in his favor and against

defendant Nicholas M. Caggiano, MD and the relief which follows:

- I. That plaintiff be awarded past damages incurred relating to pain and suffering and other non-economic damages within the meaning of 40 Pa.C.S.A. § 1303.509;
- II. That plaintiff be awarded future damages incurred relating to medical and other related expenses within the meaning of 40 Pa.C.S.A. § 1303.509;
- III. That plaintiff be awarded future damages incurred relating to medical and other related expenses within the meaning of 40 Pa.C.S.A. § 1303.509;
- IV. That plaintiff be awarded past damages incurred relating to loss of earnings within the meaning of 40 Pa.C.S.A. § 1303.509;
- V. That plaintiff be awarded future damages incurred relating to loss of earnings within the meaning of 40 Pa.C.S.A. § 1303.509;
- VI. That plaintiff be awarded interest and damages for prejudgment delay;
- VII. That plaintiff be awarded further relief as this Court may deem appropriate.

**COUNT IV – VICARIOUS LIABILITY**  
**Respondent Superior**  
**(Gary P. Witkowski v St. Luke Hospital & Health Network)**

58. The plaintiff incorporates by reference the previous paragraphs of the Complaint as if set forth fully herein.

59. At all relevant times material to the treatment rendered to plaintiff Gary P. Witkowski by defendant St. Luke Hospital & Health Network, defendant St. Luke Hospital & Health Network acted in such a manner as to lead the plaintiff Gary P. Witkowski to reasonably believe that her care was being managed by St. Luke Hospital & Health Network or by one of its employees.

60. At all relevant times material to the treatment rendered to the plaintiff Gary P. Witkowski by defendant St. Luke Hospital & Health Network, defendant St. Luke Hospital & Health Network advertised or otherwise represented to the plaintiff Gary P. Witkowski that care was being rendered by the hospital or its agents.

61. At all relevant times material hereto, defendants Steven T. Puccio, DO, and Nicholas M. Caggiano, MD and the various physicians, nurses, technicians and like personnel employed by St. Luke Hospital & Health Network in connection with rendering treatment and care to plaintiff Gary P. Witkowski were the agents, ostensible agents, servants and employees of defendant St. Luke Hospital & Health Network.

62. At all relevant times material hereto, defendants Steven T. Puccio, DO, and Nicholas M. Caggiano, MD were employees of ostensible agents of St. Luke Hospital & Health Network acting within and during the course and scope of their employment, authority or apparent authority.

63. At all relevant times material hereto, the actions of defendants Steven T. Puccio, DO, and Nicholas M. Caggiano, MD in rendering care to the plaintiff Gary P. Witkowski were performed under the control or right of control of the defendant St. Luke Hospital & Health Network.

64. The aforementioned actions of the authorized agents, ostensible agents, apparent agents, servants, workman and/or employees of St. Luke Hospital & Health Network, defendants Steven T. Puccio, DO, and Nicholas M. Caggiano, MD, in rendering care to the plaintiff Gary P. Witkowski on April 29, 2014, was actuated with a purpose to further the interests, activities, affairs or business of defendant St. Luke Hospital & Health Network.

65. As a direct and proximate result of the before mentioned negligent acts, omissions or failures to act of defendant St. Luke Hospital & Health Network's authorized agents, ostensible

agents, apparent agents, servants, workman and/or employees defendants Steven T. Puccio, DO, and Nicholas M. Caggiano, MD, plaintiff Gary P. Witkowski was caused to suffer that damage and loss aforementioned.

66. The aforementioned acts and omissions of defendant St. Luke Hospital & Health Network's authorized agents, ostensible agents, apparent agents, servants, workman and/or employees defendants Steven T. Puccio, DO, and Nicholas M. Caggiano, MD were careless and negligent and substantially increased the risk of the aforementioned harm suffered by plaintiff Gary P. Witkowski.

67. The negligent acts, omissions or failures to act as previously mentioned of defendant St. Luke Hospital & Health Network's authorized agents, ostensible agents, apparent agents, servants, workman and/or employees defendants Steven T. Puccio, DO, and Nicholas M. Caggiano, MD were substantial factors in bringing about the damage, harm and loss aforementioned which plaintiff Gary P. Witkowski has been caused to suffer.

WHEREFORE, plaintiff Gary P. Witkowski prays for judgment in his favor and against defendant St. Luke Hospital & Health Network and the relief which follows:

- I. That plaintiff be awarded past damages incurred relating to pain and suffering and other non-economic damages within the meaning of 40 Pa.C.S.A. § 1303.509;
- II. That plaintiff be awarded future damages incurred relating to medical and other related expenses within the meaning of 40 Pa.C.S.A. § 1303.509;
- III. That plaintiff be awarded future damages incurred relating to medical and other related expenses within the meaning of 40 Pa.C.S.A. § 1303.509;
- IV. That plaintiff be awarded past damages incurred relating to loss of earnings within the

meaning of 40 Pa.C.S.A. § 1303.509;

V. That plaintiff be awarded future damages incurred relating to loss of earnings within the meaning of 40 Pa.C.S.A. § 1303.509;

VI. That plaintiff be awarded interest and damages for prejudgment delay;

VII. That plaintiff be awarded further relief as this Court may deem appropriate.

**COUNT V – CORPORATE NEGLIGENCE**  
**(Gary P. Witkowski v St. Luke Hospital & Health Network)**

68. The plaintiffs incorporate by reference the previous paragraphs of the Complaint as if set forth fully herein.

69. Plaintiffs assert a professional liability claim against defendant St. Luke Hospital & Health Network on the theory of corporate negligence.

70. Defendant St. Luke Hospital & Health Network owed a duty to the plaintiff Gary P. Witkowski to exercise reasonable care in the maintenance of safe and adequate facilities and equipment.

71. Defendant St. Luke Hospital & Health Network owed a duty to the plaintiff Gary P. Witkowski to select and retain only competent physicians and nurses.

72. Defendant St. Luke Hospital & Health Network owed a duty to the plaintiff Gary P. Witkowski to oversee all persons who practice medicine within its walls as to patient care.

73. Defendant St. Luke Hospital & Health Network owed a duty to the plaintiff Gary P. Witkowski to duty to formulate, adopt and enforce adequate rules and policies to ensure quality care for the patients.

74. Defendant St. Luke Hospital & Health Network acting by and through its agents, ostensible agents, servants, workman and/or employees, apparent agents and ostensible agents acting within the scope of their employment, authority or apparent authority was negligent and careless and breached the duties of care owed to plaintiff Gary P. Witkowski in the following respects:

- (a) failed to select and retain only competent physicians;
- (b) failed to oversee all persons who practice medicine within its walls as to patient care;
- (c) failure to oversee all physicians who practice at the St. Luke Hospital & Health Network;
- (d) failed to formulate, adopt and implement policies, procedures, rules, guidelines, regulations, and protocols to ensure that appropriate standards of orthopedic spinal surgery are followed in connection with the introduction of joint fusion pegs into the spinal joints of patients;
- (e) failed to formulate, adopt and implement policies, procedures, rules, guidelines, regulations, and protocols to ensure that only surgeries indicated are performed;
- (f) failed to enforce to the policies and protocols, written and unwritten of defendant St. Luke Hospital & Health Network;
- (g) failed to adhere to the policies and protocols, written and unwritten of defendant St. Luke Hospital & Health Network; failed to adopt policies, procedures, rules, guidelines, regulations, and protocols governing the qualifications of orthopedic spinal surgeons allowed to introduce joint fusion pegs into the spinal joints of patients;

(h) failure to formulate, adopt and implement policies, procedures, rules, guidelines, regulations, and protocols to ensure quality care to all patients, such as the plaintiff Gary P. Witkowski;

75. The aforementioned acts and omissions on the part of defendant St. Luke Hospital & Health Network's, agents, ostensible agents, servants, workman and/or employees, apparent agents and ostensible agents were careless and negligent and substantially increased the risk of aforementioned harm suffered by plaintiff Gary P. Witkowski.

76. At all material times relevant hereto defendant St. Luke Hospital & Health Network's, its agents, ostensible agents, servants, workman and/or employees, apparent agents and ostensible agents had actual or constructive knowledge of the defect or procedures which created the harm suffered by plaintiff Gary P. Witkowski.

77. As a direct and proximate result of the defendant St. Luke Hospital & Health Network's negligent acts, omissions or failures to act, plaintiff Gary P. Witkowski was caused to suffer that injury and loss aforementioned.

WHEREFORE, plaintiff Gary P. Witkowski prays for judgment in her favor and against defendant St. Luke Hospital & Health Network and the relief which follows:

I. That plaintiff be awarded past damages incurred relating to pain and suffering and other non-economic damages within the meaning of 40 Pa.C.S.A. § 1303.509;

II. That plaintiff be awarded future damages incurred relating to medical and other related expenses within the meaning of 40 Pa.C.S.A. § 1303.509;

III. That plaintiff be awarded future damages incurred relating to medical and other related expenses within the meaning of 40 Pa.C.S.A. § 1303.509;

IV. That plaintiff be awarded past damages incurred relating to loss of earnings within the meaning of 40 Pa.C.S.A. § 1303.509;

V. That plaintiff be awarded future damages incurred relating to loss of earnings within the meaning of 40 Pa.C.S.A. § 1303.509;

VI. That plaintiff be awarded interest and damages for prejudgment delay;

VII. That plaintiff be awarded further relief as this Court may deem appropriate.

**COUNT VI**  
**NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS**  
**(Gary P. Witkowski v All Defendants)**

78. The plaintiff Gary P. Witkowski incorporates by reference the previous paragraphs of the Complaint as if set forth fully herein.

79. As a direct and proximate result of the aforementioned negligent actions of the defendants, plaintiff Gary P. Witkowski was caused to suffer emotional distress, grief, humiliation, anger and chagrin to a degree that no reasonable person should be expected to endure.

80. As a direct and proximate result of having suffered emotional harm arising from the aforementioned negligent actions of the defendants' plaintiff Gary P. Witkowski was caused to suffer physical injury.

WHEREFORE, plaintiff Gary P. Witkowski prays for judgment in her favor and against defendants and the relief which follows:

- I. That plaintiff be awarded compensatory damages as proven at trial;
- II. That plaintiff be awarded interest and damages for prejudgment delay;
- III. That plaintiff be awarded further relief as this Court may deem appropriate.

**COUNT VII - LOSS OF CONSORTIUM**  
**(Lori Witkowski v All Defendants)**

81. The plaintiffs incorporate by reference the previous paragraphs of the Complaint as if set forth fully herein.

82. At all relevant times material hereto plaintiffs Gary P. Witkowski and Lori Witkowski were husband and wife, joined in matrimony and so remain.

83. As a direct and proximate result of defendants' negligent, careless and or reckless actions plaintiff Lori Witkowski has been caused to be deprived of the society, companionship, contributions and consortium of her husband plaintiff Gary P. Witkowski to her detriment and loss.

84. As a direct and proximate result of defendants' negligent, careless and or reckless actions plaintiff Lori Witkowski has incurred and may in the future incur medical expenses to treat those injuries aforementioned suffered by her husband plaintiff Gary P. Witkowski.

85. As a direct and proximate result of defendants' negligent, careless and or reckless actions plaintiff Lori Witkowski has been caused to suffer a disruption in her daily habits and pursuits.

86. As a direct and proximate result of defendants' negligent, careless and or reckless actions plaintiff Lori Witkowski has been caused to suffer a loss of enjoyment of life.

WHEREFORE, plaintiff Lori Witkowski prays for judgment in her favor and against defendants jointly and severally and the relief which follows:

- I. That plaintiff be awarded compensatory damages as proven at trial;
- II. That plaintiff be awarded interest and damages for prejudgment delay;
- III. That plaintiff be awarded further relief as this Court may deem appropriate.

MARINO ASSOCIATES  
301 Wharton Street  
Philadelphia, Pa 19147  
Telephone: (215) 462-3200  
Telecopier: (215) 462-4763

By: \_\_\_\_\_

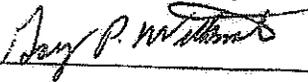
Steven F. Marino, Esquire  
PA. Identification # 53034  
Attorneys for plaintiffs

Dated: 12/7/15

VERIFICATION

The undersigned, having read the attached, verifies that the facts set forth in the forgoing are based on information furnished to counsel in the course of this proceeding and are true and accurate to the best of the knowledge, information and belief of the undersigned. The language included in the motion is that of counsel and not of the undersigned. To the extent that the content of the submission are that of counsel, the undersigned has relied upon counsel in providing this verification. This Verification is executed subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa.C.S.A. 4904.

Respectfully submitted,

  
\_\_\_\_\_

MARINO ASSOCIATES  
BY: STEVEN F. MARINO, ESQUIRE  
ATTORNEY I.D. 53034  
301 WHARTON STREET  
PHILADELPHIA, PA 19147  
(215) 462-3200

FILED  
2015 DEC 14 AM 8:45  
CLERK OF SUPERIOR RECORDS  
LEHIGH COUNTY, PA

Attorney for plaintiff

GARY P. WITKOWSKI, et. al  
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Plaintiffs  
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v  
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STEVEN T. PUCCIO, DO, et. al  
:  
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Defendants  
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IN THE COURT OF COMMON  
PLEAS LEHIGH COUNTY - CIVIL  
DIVISION

No. 2015-C-3874

CERTIFICATE OF MERIT AS TO DEFENDANT STEVEN T. PUCCIO, DO

I, Steven F. Marino, Esquire, attorney for plaintiffs , certify pursuant to Pa.R.C.P.No.

1042.3 that:

An appropriate licensed professional has supplied a written statement to the undersigned that there exists a reasonable probability that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and the such conduct was a cause in bringing about the harm.

or

The claim that this defendant deviated from an acceptable professional standard is based solely upon allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there exists a reasonable probability to conclude the same.

Respectfully submitted,

**MARINO ASSOCIATES**

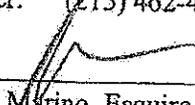
301 Wharton Street

Philadelphia, Pa 19147

Telephone: (215) 462-3200

Telecopier: (215) 462-4763

By:

  
\_\_\_\_\_  
Steven F. Marino, Esquire  
PA. Identification # 53034  
Attorneys for Plaintiffs

Dated:

12/7/15

MARINO ASSOCIATES  
BY: STEVEN F. MARINO, ESQUIRE  
ATTORNEY I.D. 53034  
301 WHARTON STREET  
PHILADELPHIA, PA 19147  
(215) 462-3200

FILED  
2015 DEC 14 AM 8:45  
CLERK OF JUDICIAL RECORDS  
LEHIGH COUNTY, PA

Attorney for plaintiff

GARY P. WITKOWSKI, et. al  
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Plaintiffs :  
:  
v :  
:  
STEVEN T. PUCCIO, DO, et. al :  
:  
Defendants :

IN THE COURT OF COMMON  
PLEAS LEHIGH COUNTY - CIVIL  
DIVISION

No. 2015-C-3874

CERTIFICATE OF MERIT AS TO DEFENDANT NICHOLAS M. CAGGIANO, MD

I, Steven F. Marino, Esquire, attorney for plaintiffs, certify pursuant to Pa.R.C.P.No. 1042.3 that:

An appropriate licensed professional has supplied a written statement to the undersigned that there exists a reasonable probability that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and the such conduct was a cause in bringing about the harm.

or

The claim that this defendant deviated from an acceptable professional standard is based solely upon allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there exists a reasonable probability to conclude the same.

Respectfully submitted,

**MARINO ASSOCIATES**

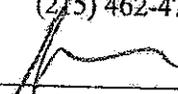
301 Wharton Street

Philadelphia, Pa 19147

Telephone: (215) 462-3200

Telecopier: (215) 462-4763

By:

  
\_\_\_\_\_  
Steven F. Marino, Esquire  
PA. Identification # 53034  
Attorneys for Plaintiffs

Dated: 12/7/15

MARINO ASSOCIATES  
BY: STEVEN F. MARINO, ESQUIRE  
ATTORNEY I.D. 53034  
301 WHARTON STREET  
PHILADELPHIA, PA 19147  
(215) 462-3200

FILED  
2015 DEC 14 AM 8:45  
CLERK OF JUDICIAL RECORDS  
LEHIGH COUNTY, PA

Attorney for plaintiff

\_\_\_\_\_  
GARY P. WITKOWSKI, et. al :  
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 : Plaintiffs :  
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 : STEVEN T. PUCCIO, DO, et. al :  
 :  
 : Defendants :  
 :  
 \_\_\_\_\_

IN THE COURT OF COMMON  
PLEAS LEHIGH COUNTY - CIVIL  
DIVISION

No. 2015-C-3874

**CERTIFICATE OF MERIT AS TO DEFENDANT ST. LUKE'S UNIVERSITY  
HOSPITAL OF BETHLEHEM PENNSYLVANIA d/b/a ST. LUKE'S  
HOSPITAL & HEALTH NETWORK**

I, Steven F. Marino, Esquire, attorney for plaintiffs, certify pursuant to Pa.R.C.P.No.

1042.3 that:

An appropriate licensed professional has supplied a written statement to the undersigned that there exists a reasonable probability that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and the such conduct was a cause in bringing about the harm.

OR

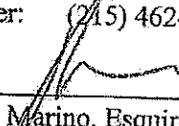
The claim that this defendant deviated from an acceptable professional standard is based solely upon allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there exists a reasonable

probability to conclude the same.

Respectfully submitted,

**MARINO ASSOCIATES**  
301 Wharton Street  
Philadelphia, Pa. 19147  
Telephone: (215) 462-3200  
Telecopier: (215) 462-4763

By:

  
\_\_\_\_\_  
Steven F. Marino, Esquire  
PA. Identification # 53034  
Attorneys for Plaintiffs

Dated: 12/7/15

MARINO ASSOCIATES  
BY: STEVEN F. MARINO, ESQUIRE  
ATTORNEY I.D. 53034  
301 WHARTON STREET  
PHILADELPHIA, PA 19147  
(215) 462-3200

FILED  
2015 DEC 14 AM 8:45  
CLERK OF JUDICIAL SERVICES  
LEHIGH COUNTY, PA

Attorney for plaintiff

GARY P. WITKOWSKI, et. al  
:  
:  
Plaintiffs  
:  
:  
v  
:  
:  
STEVEN T. PUCCIO, DO, et. al  
:  
:  
Defendants  
:  
:  
:

IN THE COURT OF COMMON  
PLEAS LEHIGH COUNTY - CIVIL  
DIVISION

No. 2015-C-3874

**CERTIFICATE OF MERIT AS TO DEFENDANT ST. LUKE'S  
ORTHOPAEDIC SPECIALISTS**

I, Steven F. Marino, Esquire, attorney for plaintiffs, certify pursuant to Pa.R.C.P.No.

1042.3 that:

An appropriate licensed professional has supplied a written statement to the undersigned that there exists a reasonable probability that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and the such conduct was a cause in bringing about the harm.

or

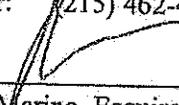
The claim that this defendant deviated from an acceptable professional standard is based solely upon allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there exists a reasonable

probability to conclude the same.

Respectfully submitted,

**MARINO ASSOCIATES**  
301 Wharton Street  
Philadelphia, Pa 19147  
Telephone: (215) 462-3200  
Telecopier: (215) 462-4763

By:

  
\_\_\_\_\_  
Steven F. Marino, Esquire  
PA. Identification # 53034  
Attorneys for Plaintiffs

Dated: 12/7/15

COPY

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF OSTEOPATHIC MEDICINE

PROBATIONARY  
2020 FEB 21 AM 10:19  
Dyett

In the Matter of the Application for :  
Reinstatement of the License of : Case No. 20-53-002369  
Stephen Thomas Puccio, D.O. :  
Respondent : Previous File No. 16-53-11649

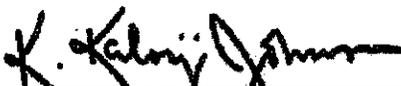
FINAL ORDER REINSTATING RESPONDENT'S LICENSE

AND NOW, February 21, 2020, the State Board of Osteopathic Medicine (Board), upon consideration of the Petition for Reinstatement filed by Stephen Thomas Puccio, D.O., (Respondent) together with supporting documentation indicating that Respondent has successfully completed all the terms and conditions of the Disciplinary Monitoring Unit (DMU) Board Order of August 9, 2017, which placed Respondent's license on probation subject to certain terms and conditions pertaining to Professional Health Monitoring Program (Unit 2) monitoring, abstention, evaluation/treatment, support group attendance, urine/blood screening and supervised practice, and noting the Respondent's case manager concurs with Respondent's petition and the Commonwealth's prosecuting attorney does not oppose reinstatement, the Board hereby **ORDERS** that Respondent's probation is terminated, and Respondent's license, license number OS007746L, is hereby reinstated to unrestricted, non-probationary status. This order shall take effect immediately.

BY ORDER:

BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS

STATE BOARD OF OSTEOPATHIC  
MEDICINE

  
K. KALONJI JOHNSON



ACTING COMMISSIONER

RANDY G. LITMAN, DO  
CHAIR

Respondent:

Stephen Thomas Puccio, D.O.  
3981 Hunsicker Drive  
Walnutport, PA 18088

9171 9690 0935 0226 5912 35

Prosecuting Attorney:

Nathan C. Giunta, Esquire

Board Counsel:

Kenneth J. Suter, Esquire

Date of Mailing:

February 21, 2020

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF OSTEOPATHIC MEDICINE

PROTHONOTARY  
2017 AUG 10 AM 10:42  
Department of State

Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs

File No.: 16-53-11649

vs.

Steven Thomas Puccio, DO,  
Respondent

Docket No: 1486 -53-17

**CONSENT AGREEMENT AND ORDER**

**PARTIES**

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and Steven Thomas Puccio, DO ("Respondent") stipulate as follows in settlement of the above-captioned case.

**APPLICABLE LAW**

1. This matter is before the State Board of Osteopathic Medicine ("Board") pursuant to the Osteopathic Medical Practice Act, Act of October 5, 1978, P.L. 1109, No. 261, ("Act"), as amended, 63 P.S. §§ 263-271.17; the Medical Care Availability and Reduction of Error ("Mcare") Act, Act of March 20, 2002, P.L. 154, No. 13, as amended, 40 P.S. §§ 1303.101-1303.910; and/or the Act of July 2, 1993, P.L. 345, No. 48 ("ACT 48"), as amended, 63 P.S. §§ 2201-2207.

**LICENSURE STATUS**

2. At all times relevant and material hereto, Steven Thomas Puccio, DO, ("Respondent") held a license issued by the State Board of Osteopathic Medicine ("Board") to practice as an osteopathic physician and surgeon in the Commonwealth of Pennsylvania, license number

OS007746L, which was issued on July 20, 1992 and has been inactive since on or about July 22, 2016.

**STIPULATED FACTS**

3. The Respondent admits that the following allegations are true:
  - a. Absent further Board action, Respondent's license may be continually reactivated, renewed, or reinstated upon the filing of the appropriate documentation and payment of the necessary fees.
  - b. Respondent's address on file with the Board is: 3981 Hunsicker Drive, Walnutport, PA 18088.
  - c. Pursuant to a September 30, 2016 Criminal Complaint, Respondent was charged in Lehigh County, PA with Administering a Controlled Substance by a Practitioner for Other than a Medical Purpose (F), Sale/Distribution of Controlled Substance to a Dependent Person (M), and Furnishing False/Fraudulent Material Information (M) (MJ-31301-CR-0000258-2016). On September 30, 2016, the charges were waived to Lehigh County Court of Common Pleas. **See Exhibit A.**
  - d. On November 23, 2016, the Criminal Information was filed which withdrew the charge of Sale Give Controlled Substance to Dependent Person (M) and charged Respondent with: 1) Administering a Controlled Substance by a Practitioner for Other than a Medical Purpose (F), 2) Administering a Controlled Substance by a Practitioner for Other than a Medical Purpose (M), and 3) Furnishing False/Fraudulent Material Information (M) (CP-39-CR-0004691-2016). **See Exhibit A.**

e. Pursuant to the May 16, 2017 Guilty Plea, the charges of Administering a Controlled Substance by a Practitioner for Other than a Medical Purpose (F) and Furnishing False/Fraudulent Material Information (M) were withdrawn, and the charge of Administering a Controlled Substance by a Practitioner for Other than a Medical Purpose (M) was changed to Sale or Giving of Controlled Substance to a Dependent Person (M). On May 16, 2017, Respondent entered into a plea of guilty to the charge of Sale or Giving of Controlled Substance to a Dependent Person (M), and he was sentenced to pay costs and one year of probation. **See Exhibit A.**

f. The Professional Health Monitoring Program recommended that Respondent receive credit for verified monitoring beginning on February 8, 2017 if his participate in the Disciplinary Monitoring Unit ("DMU") of the Department of State's Professional Health Monitoring Programs is approved pursuant to the terms of the within agreement. **See Exhibit A.**

g. A true and correct copy of the certified court records for Lehigh County Docket No. CP-39-CR-0004691-2016, including but not limited to the Criminal Complaint, Affidavit of Probable Cause, Criminal Docket, Criminal Information, Guilty Plea Colloquy, and Sentencing Order are incorporated as **Exhibit A.**

h. Without stipulating to the truth of the allegations contained therein, the Prosecution is amenable to Respondent's inclusion of the mitigating statement, which has been attached hereto as **Exhibit B.**

#### ALLEGED VIOLATIONS

4. The Commonwealth alleges that the Board is authorized to suspend, revoke, or otherwise restrict Respondent's license under Sections 11(c) and 15(a) of the Act, 63 P.S. §§ 271.11(c) & 271.15(a); or impose a civil penalty under Section 908 of the Mcare Act, 40 P.S. §§ 1303.908, and/or Section 5(b)(4) of ACT 48, 63 P.S. §2205(b)(4); and/or impose the costs of investigation under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at Section 15(a)(3), 63 P.S. § 271.15(a)(3) because Respondent was convicted of a felony, a crime involving moral turpitude, or a crime related to the practice of osteopathic medicine.

#### PROPOSED ORDER

5. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. The Board finds that it is authorized to suspend, revoke, or otherwise restrict Respondent's license under Sections 11(c) and 15(a) of the Act, 63 P.S. §§ 271.11(c) & 271.15(a); or impose a civil penalty under Section 908 of the Mcare Act, 40 P.S. §§ 1303.908, and/or Section 5(b)(4) of ACT 48, 63 P.S. §2205(b)(4); and/or impose the costs of investigation under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at Section 15(a)(3), 63 P.S. § 271.15(a)(3) because Respondent was convicted of a felony, a crime involving moral turpitude, or a crime related to the practice of osteopathic medicine.

b. For purposes of this Agreement and Order, the terms "*practice*", "*practice of the profession*," and "*practice the profession*" shall include any and all activities requiring a license, registration, certificate, approval, authorization, or permit from the Board to perform. It also includes attendance at any

educational program/course that includes a clinical practice component with patients and/or requires a current license to practice the profession.

c. On the date this Agreement is adopted by the Board, Respondent's license shall be indefinitely **SUSPENDED** for no less than three (3) years, such suspension shall be immediately **STAYED** in favor of no less than three (3) years of **PROBATION**, unless that period of probation is extended or modified for cause by mutual agreement of the Respondent and the Professional Health Monitoring Program ("PHMP"), Disciplinary Monitoring Unit ("DMU") case manager; however, the above referenced three (3) year period is deemed to be retroactive from and/or have taken effect as of February 8, 2017. In addition, said probation is subject to the following terms and conditions:

**GENERAL**

(1) Within ten (10) days of the approval of this Agreement by the Board, Respondent shall contact the Bureau of Professional and Occupational Affairs, Professional Health Monitoring Programs ("PHMP"), Disciplinary Monitoring Unit ("DMU") to begin monitoring. PHMP's DMU contact information is:

|                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Professional Health Monitoring Programs<br>Disciplinary Monitoring Unit<br>P.O. Box 10569<br>Harrisburg, PA 17105-0569<br>Tele (717)783-4857 or in PA (800)554-3428 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(2) Respondent shall fully and completely comply and cooperate with the PHMP and its agents and employees

in their monitoring of Respondent's impairment under this Agreement.

(3) Respondent shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions and all rules and regulations and laws pertaining to the practice of the profession in this Commonwealth or any other state or jurisdiction in which Respondent holds an authorization to practice the profession. Summary traffic violations shall not constitute a violation of this Agreement; however, a violation of any conditions of a criminal probation and/or parole is a violation of this Agreement.

(4) Respondent shall at all times cooperate and comply with the PHMP and its agents and employees in the monitoring, supervision and investigation of Respondent's compliance with the terms and conditions of this Agreement. Respondent shall cooperate and comply with any requests for written reports, records or verifications of actions that may be required by the PHMP; the requested shall be obtained and submitted at Respondent's expense.

(5) Respondent's failure to fully cooperate and comply with the PHMP shall be deemed a violation of this Agreement.

(6) Upon request of the PHMP case manager, Respondent shall enroll in a peer assistance program, when available, including, but not limited to, Physician's Health Program ("PHP"), and shall fully and completely comply with all of the terms and conditions of Respondent's agreement with the peer assistance program. Respondent's failure to fully and completely comply with Respondent's agreement with the peer assistance program shall constitute a violation of this Agreement.

(7) Respondent shall not falsify, misrepresent or make material omission of any information submitted pursuant to this Agreement.

(8) Respondent may not be absent from the Commonwealth of Pennsylvania for any period exceeding twenty (20) days unless Respondent seeks and receives prior written permission from the PHMP subject to any additional terms and conditions required by the PHMP.

(9) Respondent may not engage in the practice of the profession in any other state or jurisdiction without first obtaining written permission from the PHMP. Once written permission is granted by the PHMP, Respondent shall notify the licensing board of the other state or jurisdiction that Respondent suffers from an impairment

and is enrolled in the DMU prior to engaging in the practice of the profession in the other state or jurisdiction.

(10) In the event Respondent relocates to another jurisdiction, within five (5) days of relocating, Respondent shall either enroll in the other jurisdiction's impaired professional program and have the reports required under this Agreement sent to the Pennsylvania PHMP, or if the other jurisdiction has no impaired professional program, notify the licensing board of the other jurisdiction that Respondent is impaired and enrolled in this Program. In the event Respondent fails to do so, in addition to being in violation of this Agreement, the periods of suspension and probation herein shall be tolled. It is a violation of this Agreement if Respondent violates and/or fails to fully and completely comply with the impaired professional program in another jurisdiction.

(11) Respondent shall notify the PHMP by telephone within forty-eight (48) hours and in writing within five (5) days of the filing of any criminal charges against Respondent; the final disposition of any criminal charges against Respondent; the violation of any terms and conditions of a criminal probation or parole; the initiation of any legal action pertaining to Respondent's practice of

the profession; the initiation of charges, action, restriction or limitation related to Respondent's practice of the profession by a professional licensing authority of any state or jurisdiction or the Drug Enforcement Agency of the United States Department of Justice; or any investigation, action, restriction or limitation related to Respondent's privileges to practice the profession at any health care facility.

(12) Respondent shall notify the PHMP by telephone within forty-eight (48) hours and in writing within five (5) days of any change of Respondent's home address, phone number, employment status, employer and/or change in practice at a health care facility. Failure to timely advise the PHMP under this subsection due to the PHMP office being closed is not an excuse for not leaving a voice mail message with this information.

(13) Respondent shall cease or limit Respondent's practice of the profession if the PHMP case manager directs that Respondent do so.

#### **EVALUATION - TREATMENT**

(14) As requested by the PHMP, Respondent shall have forwarded to the PHMP, a written mental and/or physical evaluation by a provider approved by the PHMP (hereinafter "treatment provider") assessing Respondent's

fitness to actively practice the profession. Unless otherwise directed by PHMP, the evaluation shall be forwarded to:

|                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Professional Health Monitoring Programs<br>Disciplinary Monitoring Unit<br>P.O. Box 10569<br>Harrisburg, PA 17105-0569<br>Tele (717)783-4857 or in PA (800)554-3428 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If the treatment provider determines that Respondent is not fit to practice, Respondent shall immediately cease practicing the profession and not practice until the treatment provider and the PHMP case manager determine that Respondent is fit to resume practice with reasonable skill and safety to patients.

(15) The evaluation described in the previous paragraph is in addition to any other evaluation already provided.

(16) Respondent shall provide copies of any prior evaluations and counseling records and a copy of this agreement to the treatment provider.

(17) Respondent shall authorize, in writing, the PHMP to receive and maintain copies of the written evaluation reports of the treatment provider(s).

(18) If a treatment provider recommends that Respondent obtain treatment, Respondent must fully

comply with those recommendations as part of these probationary requirements.

(19) Respondent shall arrange and ensure that written treatment reports from all treatment providers approved by the PHMP are submitted to the PHMP upon request or at least every ninety (90) days after the effective date of this Agreement. The reports shall contain at least the following information:

- (i) Verification that the treatment provider has received a copy of this Agreement and understands the conditions of this probation;
- (ii) A treatment plan, if developed;
- (iii) Progress reports, including information regarding compliance with the treatment plan;
- (iv) Physical evaluations, if applicable;
- (v) The results of any testing including any testing for therapeutic levels of prescribed medications when deemed appropriate by the treatment provider;
- (vi) Modifications in treatment plan, if applicable;
- (vii) Administration or prescription of any drugs to Respondent; and

(viii) Discharge summary and continuing care plan at discharge.

(ix) Any change in the treatment provider's assessment of the Respondent's fitness to actively practice the profession.

(20) Respondent shall identify a primary care physician who shall send written notification to the Respondent's PHMP case manager certifying Respondent's health status as requested.

#### **SUPPORT GROUP ATTENDANCE**

(21) Respondent shall attend and actively participate in any support group programs recommended by the treatment provider or the PHMP case manager at the frequency recommended by the treatment provider; however, Respondents with a chemical dependency or abuse diagnosis shall attend no less than twice a week.

(22) Respondent shall provide written verification of any and all support group attendance to the PHMP on at least a monthly basis or as otherwise directed by the PHMP.

#### **ABSTENTION**

(23) Respondent shall completely abstain from the use of controlled substances, caution legend (prescription) drugs, mood altering drugs or drugs of abuse

including alcohol in any form, except under the following conditions:

(i) Respondent is a bona fide patient of a licensed health care practitioner who is aware of Respondent's impairment and participation in the PHMP;

(ii) Such medications are lawfully prescribed by Respondent's treating practitioner and approved by the PHMP case manager;

(iii) Upon receiving the medication, Respondent must provide to the PHMP, within forty-eight (48) hours by telephone and within five (5) days in writing, the name of the practitioner prescribing the drug, the illness or medical condition diagnosed, the type, strength, amount and dosage of the medication and a signed statement consenting to the release of medical information from the prescribing practitioner to the PHMP or its designated representative for the purpose of verification; and

(iv) Upon refilling a medication, Respondent must provide to the PHMP, within forty-eight (48) hours by telephone and within five (5) days in writing, the name of the practitioner prescribing the drug, the illness or medical condition diagnosed, the type, strength, amount and dosage of the medication and a signed statement consenting to the

release of medical information from the prescribing practitioner to the PHMP or its designated representative for the purpose of verification.

#### **DRUG TESTING**

(24) Respondent shall submit to random unannounced and observed drug and alcohol tests (drug testing), inclusive of bodily fluid, breath analysis, hair analysis, or another procedure as selected by the PHMP, for the detection of substances prohibited under this Agreement as recommended by the treatment provider and as directed by the PHMP. A positive, adulterated or substituted result on a drug test shall constitute an irrefutable violation of this Agreement unless Respondent has complied with the provisions of this Agreement pertaining to the use of drugs. Failure to provide a specimen or a specimen of sufficient quantity for testing when requested will be considered a violation of this Agreement.

(25) Respondent shall avoid all foods that contain poppy seeds. Ingestion of poppy seeds will not be accepted as a valid explanation for a positive screen.

(26) Respondent shall avoid all substances containing alcohol, including alcohol in food or beverages, medications, chemical solutions, cleaning solutions,

gasoline, hand sanitizers, or other skin preparations.

Incidental use of alcohol will not be accepted as a valid explanation for a positive drug test unless Respondent has complied with the provisions of this Agreement pertaining to the use of drugs as set forth in the Abstention Section above.

**MONITORED PRACTICE**

(27) Respondent shall not practice the profession unless a provider approved by the PHMP approves the practice in writing and the PHMP Case Manager gives written permission to practice.

(28) Respondent shall not work in any practice setting without workplace monitoring as required by the PHMP.

(29) Workplace monitoring shall require control and personal direction exercised by the monitor over the services provided by Respondent. Constant physical presence of the monitor is not required so long as the monitor and the Respondent are, or can easily be, in contact with one another by radio, telephone, or telecommunications. Monitoring requires the availability of the monitor to the Respondent.

(30) If Respondent is practicing or attending any educational program/course that includes a clinical practice

component with patients and/or requires a current license to practice the profession, Respondent shall give any employer, supervisor, preceptor, or instructor (hereinafter referred to collectively as "supervisor") a copy of this Agreement within five (5) days of the effective date of this Agreement.

(31) Respondent shall give any prospective employer and supervisor a copy of this Agreement when applying for employment in the practice of the profession and to any prospective school/program when applying for any educational program/course that includes a clinical practice component with patients and/or requires a current license to practice the profession.

(32) Within five (5) days of the effective date of this Agreement, and by telephone within forty-eight (48) hours and in writing within five (5) days upon obtaining employment, or entering an educational program/course that includes a clinical practice component with patients and/or requires a current license to practice, Respondent shall provide the following to PHMP:

(i) Name and address of the supervisor responsible for Respondent's practice;

(ii) The name(s) and address(es) of the place(s) at which Respondent will practice the profession and a description of Respondent's duties and responsibilities at such places of practice; and

(iii) Any restrictions on Respondent's practice.

(33) Respondent shall ensure that Respondent's supervisor submits to the PHMP the following information in writing:

(i) Verification that the supervisor has received a copy of this Agreement and understand the conditions of this probation;

(ii) An evaluation of Respondent's work performance on a ninety (90) day or more frequent basis as requested by the PHMP; and

(iii) Immediate notification of any suspected violation of this probation by Respondent.

#### **REPORTING/RELEASES**

(34) Respondent, Respondent's treatment providers, supervisors, employers or other persons required to submit reports under this Agreement shall cause such reports, data or other information to be filed with the PHMP, unless otherwise directed, at:

Professional Health Monitoring Programs  
Disciplinary Monitoring Unit  
P.O. Box 10569  
Harrisburg, PA 17105-0569  
Tele (717)783-4857 or in PA (800)554-3428

(35) Respondent consents to the release by the PHMP of any information or data produced as a result of this probation, including written treatment provider evaluations, to any treatment provider, supervisor, Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this Agreement.

(36) Respondent shall sign any required waivers or release forms requested by the PHMP for any and all records, including medical or other health related and psychological records, pertaining to treatment and monitoring rendered to Respondent during this probation and any corresponding criminal probation, and any employment, personnel, peer review or review records pertaining to Respondent's practice of the profession during this probation to be released to the PHMP, the Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this Agreement.

### COSTS

(37) Respondent shall be responsible for all costs incurred in complying with the terms of this Agreement, including but not limited to psychiatric or psychotherapy treatments, and reproduction of treatment or other records. Respondent shall pay the costs for any drug testing and any subsequent reanalysis of specimens required by the PHMP. Failure of Respondent to pay any of these costs in a timely manner shall constitute a violation of this Agreement.

### BUREAU/PHMP EVALUATIONS

(38) Upon request of the PHMP, Respondent shall submit to mental or physical evaluations, examinations or interviews by a treatment provider approved by the PHMP or the PHMP. Respondent's failure to submit to such an examination, evaluation or interview when directed shall constitute a violation of this Agreement.

### VIOLATION OF THIS ORDER

d. Notification of a violation of the terms or conditions of this Agreement shall result in the **IMMEDIATE VACATING** of the stay order, **TERMINATION** of the period of probation, and **ACTIVATION** of the suspension in paragraph 5(d) above of Respondent's authorizations to practice the profession in the Commonwealth of Pennsylvania as follows:

(1) The prosecuting attorney for the Commonwealth shall present to the Board's Probable Cause Screening Committee ("Committee") a Petition that indicates Respondent has violated any terms or conditions of this Agreement.

(2) Upon a probable cause determination by the Committee that Respondent has violated any of the terms or conditions of this Agreement, the Committee shall, without holding a formal hearing, issue a preliminary order vacating the stay of the within suspension, terminating this probation and activating the suspension of Respondent's authorization(s) to practice the profession.

(3) Respondent shall be notified of the Committee's preliminary order within three (3) business days of its issuance by certified mail and first class mail, postage prepaid, sent to the Respondent's last registered address on file with the Board, or by personal service if necessary.

(4) Within twenty (20) days of mailing of the preliminary order, Respondent may submit a written answer to the Commonwealth's Petition and request that a formal hearing be held concerning Respondent's violation of probation, in which Respondent may seek relief from the preliminary order activating the suspension. **The answer**

**shall be set forth in numbered paragraphs**  
**corresponding to the numbered paragraphs of the**  
**Petition. Respondent shall admit or deny each of the**  
**allegations set forth in the paragraphs in the Petition.**

Respondent shall mail the original answer and request for hearing, as well as all subsequent filings in the matter, to:

|                                                                                       |
|---------------------------------------------------------------------------------------|
| Prothonotary<br>2601 North Third Street<br>P.O. Box 2649<br>Harrisburg, PA 17105-2649 |
|---------------------------------------------------------------------------------------|

Respondent shall also mail a copy of all filings to the prosecuting attorney for the Commonwealth.

(5) If the Respondent submits a timely answer and request for a formal hearing, the Board or a designated hearing examiner shall convene a formal hearing within forty-five (45) days from the date of the Prothonotary's receipt of Respondent's request for a formal hearing.

(6) Respondent's submission of a timely answer and request for a hearing shall not stay the suspension of Respondent's license under the preliminary order. The suspension shall remain in effect unless the Board or the hearing examiner issues an order after the formal hearing staying the suspension again and reactivating the probation.

(7) The facts and averments in this Agreement shall be deemed admitted and uncontested at this hearing.

(8) If the Board or hearing examiner after the formal hearing makes a determination against Respondent, a final order will be issued sustaining the suspension of Respondent's license and imposing any additional disciplinary measures deemed appropriate.

(9) If Respondent fails to timely file an answer and request for a hearing, the Board, upon motion of the prosecuting attorney, shall issue a final order affirming the suspension of Respondent's license.

(10) If Respondent does not make a timely answer and request for a formal hearing and a final order affirming the suspension is issued, or the Board or the hearing examiner makes a determination against Respondent sustaining the suspension of Respondent's license, after at least **three (3)** years of active suspension and any additional imposed discipline, Respondent may petition the Board for reinstatement based upon an affirmative showing that Respondent has at least **thirty-six (36)** months of sustained documented recovery, an evaluation by a treatment provider approved by the PHMP that Respondent is fit to safely practice the profession, and

verification that Respondent has abided by and obeyed all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all rules and regulations pertaining to the practice of the profession in this Commonwealth.

(11) If the Board issues a Preliminary Order terminating the stay of the suspension and actively suspending Respondent's license to practice the profession in accordance with the procedure set forth above, Respondent shall immediately cease the practice of the profession. Respondent shall continue to comply with all of the terms and conditions of probation in this Consent Agreement and Order during the active suspension until the Board issues a Final Order. Continued failure by Respondent to comply with the unaffected terms and conditions of probation while awaiting the issuance of a Final Order by the Board may result in further disciplinary action against Respondent.

e. Respondent's failure to fully comply with any terms of this Agreement may also constitute grounds for additional disciplinary action.

f. Nothing in this Agreement shall preclude the prosecuting attorney for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Agreement.

## COMPLETION OF PROBATION

g. After successful completion of the minimum period of probation, Respondent may petition the Board, upon a form provided by the PHMP, to reinstate Respondent's authorizations to practice the profession to unrestricted, non-probationary status upon an affirmative showing that Respondent has complied with all terms and conditions of this Agreement and that Respondent's resumption of unsupervised practice does not present a threat to the public health and safety. **Respondent is required to remain in compliance with all terms and conditions of this Agreement until the Board issues the order terminating Respondent's probationary status.**

h. Additionally, as a condition precedent to reinstatement of Respondent's license to practice osteopathic medicine and surgery in the Commonwealth of Pennsylvania,

(1) Respondent shall have the burden of demonstrating to the satisfaction of the Board that the Respondent bears the requisite honesty, trustworthiness, integrity, and competency to be entrusted to hold a license to practice osteopathic medicine and surgery; and

(2) Respondent acknowledges if the Respondent petitions for reinstatement of his license to unrestricted status, the Board may take actions, which include, but are not limited to a) requiring the Respondent to appear at a formal or informal hearing to determine the Respondent's

honesty, trustworthiness, integrity, and competency, and b)  
granting with conditions c) or denying the petition.

(3) Respondent shall have the burden of  
demonstrating to the satisfaction of the Board that the  
Respondent has completed all aspects of his sentencing in  
his underlying criminal case (CP-39-CR-0004691-16).

i. This Order constitutes disciplinary action by the Board and shall be  
reported to other licensing authorities and any applicable national licensing  
databank as a disciplinary action by the Board.

j. This case shall be deemed settled and discontinued upon the Board  
issuing an Order adopting this Consent Agreement, and Respondent's successful  
completion of any ordered Probation terms.

#### **ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS**

6. Respondent agrees that if Respondent is charged with a violation of an Act enforced  
by this Board in the future, this Consent Agreement and Order shall be admitted into evidence  
without objection in that proceeding.

#### **ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING**

7. Respondent waives the filing of an Order to Show Cause in this matter. Respondent  
knowingly and voluntarily waives the right to an administrative hearing in this matter, and  
knowingly and voluntarily waives the following rights related to that hearing: to be represented  
by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any  
sanction that may be imposed for a violation; to cross-examine witnesses and to challenge  
evidence presented by the Commonwealth; to present legal arguments by means of a brief; and  
to take an appeal from any final adverse decision.

**ACKNOWLEDGMENT OF RIGHT TO ATTORNEY**

8. Respondent acknowledges that he is aware that he has the right to consult with, and/or be represented by, private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement.

**WAIVER OF CLAIM OF COMMINGLING AND OTHER CONSTITUTIONAL CLAIMS**

9. Respondent expressly waives any constitutional rights and issues, such as commingling of prosecutorial and adjudicative functions by the Board or its counsel, which may arise or have arisen during the negotiation, preparation and/or presentation of this Consent Agreement. Respondent specifically agrees that if the Board rejects this agreement, it may assume that the facts and averments as alleged in this Consent Agreement are true and correct for the limited purpose of recommending a sanction, based on those assumed facts, that would be acceptable to the Board before hearing the case. In the event that the Board does assume the facts and averments as alleged in this Consent Agreement are true for purposes of making a recommendation as to an acceptable sanction, such action shall not constitute commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Respondent expressly waives any constitutional rights and issues related to alleged commingling, bias, or violation of due process rights to have an unbiased and impartial adjudicator in any subsequent hearing. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at hearing unless otherwise separately stipulated. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

**NO MODIFICATION OF ORDER**

10. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

**AGREEMENT NOT BINDING ON OTHER PARTIES**

11. The Office of General Counsel has approved this Consent Agreement as to form and legality; however, this Consent Agreement shall have no legal effect unless and until the Board issues the stipulated Order.

**EFFECT OF BOARD'S REJECTION OF CONSENT AGREEMENT**

12. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

**ENTIRE AGREEMENT**

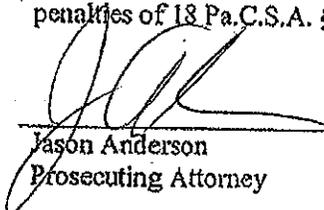
13. This agreement contains the whole agreement between the participants; provided however, that the captions printed in the various provisions of this agreement are for ease of reading only and are not to be interpreted as forming any part of this agreement. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

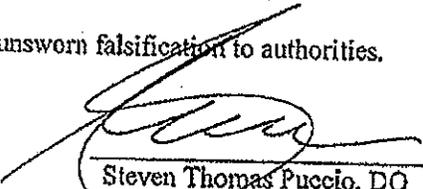
**AGREEMENT DOES NOT PREVENT ADDITIONAL DISCIPLINE BASED ON OTHER COMPLAINTS**

14. Nothing in this Order shall preclude the Prosecution Division for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Consent Agreement;

VERIFICATION OF FACTS AND STATEMENTS

15. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

  
\_\_\_\_\_  
Jason Anderson  
Prosecuting Attorney

  
\_\_\_\_\_  
Steven Thomas Puccio, DO  
Respondent

DATED: 6/14/17

DATED: 6/13/17

*Lehigh County Clerk of Judicial Records*

Criminal Division  
(610) 782-3077

**Andrea E. Naugle**  
*Lehigh County Courthouse  
455 W. Hamilton Street Room 122  
Allentown, PA 18101-1614*

*Toni A. Remer  
Chief Deputy*

May 23, 2017

TO: JASON ANDERSON

Per your request for specified criminal information on Puccio, Steven T., Case No.(s)  
please note the following:

- Copy of Requested Information
- No Information Found per Request with information provided.

**This does not preclude the existence of other criminal records which may be contained in the repositories of other local, state or federal criminal justice agencies which may have records in their jurisdiction.**

*Bmz*

EXHIBIT  
A

5/16/17

COURT OF COMMON PLEAS OF LEHIGH COUNTY  
CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA )

v. )

Steven Puccio )

Case No. )

CR-4691-2016 )

GUILTY PLEA COLLOQUY

You or your attorney has indicated that you may want to plead guilty to some or all of the crimes charged against you. This paper lists questions connected with your guilty plea. Many of the questions go over your rights under the law as a person charged with a crime or with crimes. By pleading guilty, you give up many of these rights. It is important, then, that you understand your rights before pleading guilty. Please read each question carefully and then answer the question. If you do not understand the question, mark that down by the question. When you have finished answering the questions on a page, put your initials in the space at the bottom of the page. When you have finished all of the questions, sign the last page.

If there are questions that you do not understand, or if you do not believe you understand the rights mentioned in this paper, go to your attorney so that he/she can explain the question or your rights to you. You may also ask the Judge to explain your rights to you when you go before him or her.

③  
Pis

1. What is your full name? STEVEN T. Puccio
2. How old are you today? 53
3. How far did you go in school? POST GRADUATE
4. Have you discussed your citizenship status with your attorney?  
Yes  No
5. If you are not a U.S. citizen, by pleading guilty your Immigration status may be affected and you may be subject to removal from the United States. Do you understand this?  
Yes  No
6. Can you read, write and understand the English Language?  
Yes  No
7. Are you now being treated for a mental illness?  
Yes  No
8. If the answer to Number 7 is yes, explain the details. If the answer is no, go to question 10.  
compulsivity disorder
9. If you are now being treated for a mental illness, do you still feel that you are able to understand what you are doing today?  
Yes  No

Initials SPD

10. Do you know what crime or crimes are charged against you?

Yes  No

11. Each crime has a number of elements to it. Did your attorney (your lawyer) explain to you the elements of the crime or crimes that you are pleading guilty to?

Yes  No

12. When a person is charged with a crime, he has a right to defend himself in a trial by a jury. Do you understand this?

Yes  No

13. To defend yourself in a trial by jury, you would have to plead not guilty. Do you understand this?

Yes  No

14. By pleading guilty you admit you committed the crime or crimes charged and you give up your right to a trial by jury. Do you understand this?

Yes  No

15. If you want a trial by jury, you have the right to help select the jury with your attorney and you can remove any potential juror who cannot be fair and impartial. Twelve people must be selected to be your jury. Do you understand this?

Yes  No

Initials SP

16. Those people who may be in your jury are randomly selected by computer from people who are licensed drivers in Lehigh County or who have an official ID card issued by the Department of Transportation. Do you understand this?

Yes  No

17. If you have a trial by jury, the jury determines whether you are guilty or not guilty of the crimes charged against you. Do you understand this?

Yes  No

18. In a jury trial, the jury must presume that you are innocent until you are proven guilty. The Commonwealth of Pennsylvania represented by the District Attorney must prove every element of each crime or crimes charged against you and that you have committed such crime or crimes beyond a reasonable doubt before you can be found guilty. Do you understand these things?

Yes  No

19. In a jury trial you do not have to say anything at trial or do anything to defend yourself. If you do not say anything at trial, this cannot be held or used against you and the court will instruct the jury that this is the law which they are obligated to follow. Do you understand this?

Yes  No

20. In order for a jury to find you guilty, all twelve people on the jury must agree that you are guilty beyond a reasonable doubt. Do you understand this?

Yes  No

Initials SPD

21. If you wish to defend yourself and plead not guilty, you may also request a trial before a Judge instead of by a jury. In that case, there is no jury, and the Judge decides whether you are guilty or not guilty. As in a jury trial, the District Attorney must prove you guilty of each element of the crime or crimes charged against you beyond a reasonable doubt. Do you understand your right to a non-jury trial?

Yes  No

22. Do you understand that by pleading guilty you give up your right to a trial, either by jury or before a Judge?

Yes  No

23. By pleading guilty, you also give up the right to challenge the evidence the District Attorney wants to bring against you. If the District Attorney has physical objects or other evidence it has taken from you, or if you made any statements or confessions to the police, or if there are witnesses who identified you to the police you can challenge the use of this evidence at a hearing before the trial starts.

The District Attorney has the burden of showing that it may use this evidence against you. Do you understand that when you plead guilty, you give up this right to challenge the use of the evidence against you?

Yes  No

24. If you go to trial and are convicted you have the right to appeal the verdict to a higher court. Do you understand this?

Yes  No

Initials SYD

25. If you are successful in appealing a verdict of guilty after the trial, the verdict could be overturned and either you would be set free or you would be able to have another trial. Do you understand this and that you would be giving up these rights by pleading guilty?

Yes  No

26. But if you plead guilty, you give up your right to appeal your guilty plea except on three grounds:

1) That the guilty plea was not made voluntarily or you did not understand what you were doing when you pled guilty.

2) That the court could not accept your guilty plea because the crime or crimes did not occur in Lehigh County.

3) That the Judge's sentence is unlawful or improper.

Do you understand these three grounds of appeal?

Yes  No

27. You may also appeal your guilty plea if you believe your attorney was incompetent in representing you or otherwise acted improperly in advising you to plead guilty. Do you understand this?

Yes  No

28. If you wish to appeal your guilty plea based on these grounds, you must petition the court to withdraw your guilty plea either before you are sentenced or within 10 days after you are sentenced. If the court does allow you to withdraw your guilty plea, then you will go to trial on the charges against you. If the court

Initials SNP

does not allow you to withdraw your guilty plea, you may appeal the decision to the Superior Court within 30 days after you are sentenced. Do you understand this?

Yes  No

29. Has your attorney or anyone else told you what sentences you can receive for the crimes charged against you?

Yes  No

30. If you are pleading guilty as a part of a plea bargain, you should know that the Judge does not have to accept the plea bargain if he or she feels it is improper. If the Judge rejects the plea bargain, you will be able to withdraw your guilty plea and go to trial where your guilty plea cannot be mentioned. Do you understand this?

Yes  No

31. If the Judge accepts the plea bargain, you will be sentenced according to the plea bargain. Do you understand this?

Yes  No

32. If you had gone to trial instead of pleading guilty, you would have had the right to have witnesses testify for you, and you would have had the right to confront (face) and cross-examine all of the prosecution witnesses against you. But if you plead guilty, the District Attorney will be able to briefly give its evidence against you, and the Judge will accept this as true. Do you understand this?

Yes  No

Initials SJP

33. Now that you have been informed of these rights do you now wish to plead guilty to some or all of the crimes charged against you?

Yes  No

34. Has anybody forced you to enter this plea of guilty?

Yes  No

35. Are you doing this of your own free will?

Yes  No

36. Have any threats been made to you to enter a plea of guilty?

Yes  No

37. Have any promises been made to you to enter a plea of guilty other than any plea bargain made by you or your attorney?

Yes  No

38. Are you satisfied with the representation of your attorney?

Yes  No

39. Have you had enough time to talk with your attorney before reading this paper and entering your plea of guilty?

Yes  No

40. Has your attorney gone over with you the meaning of the questions in this paper?

Yes  No

41. Has your attorney explained to you the questions you didn't understand?

Yes  No

Initials SRP

42. Are you presently on probation or parole?

Yes \_\_\_\_\_ No  \_\_\_\_\_

43. If you are on probation or parole do you realize that your plea of guilty will mean a violation of that probation or parole and you can be sentenced to prison as a result of that violation caused by your guilty plea today?

Yes  \_\_\_\_\_ No \_\_\_\_\_

44. Do you understand that the decision to enter a guilty plea is yours and yours alone; that you do not have to enter a plea of guilty and give up all your rights as previously explained to you; and that no one can force you to enter a guilty plea?

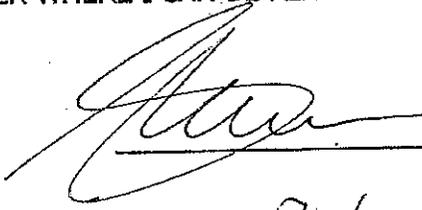
Yes  \_\_\_\_\_ No \_\_\_\_\_

Initials

SM

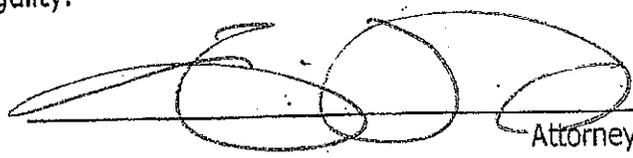
I AFFIRM THAT I HAVE READ THE ABOVE PAPER COMPLETELY AND I UNDERSTAND ITS FULL MEANING AND I STILL WANT TO ENTER A PLEA OF GUILTY TO THE CRIMES SPECIFIED. I FURTHER AFFIRM THAT MY SIGNATURE AND INITIALS ON EACH PAGE OF THIS DOCUMENT ARE TRUE AND CORRECT.

MY CURRENT ADDRESS IS 3981 HUNTSIDE DRIVE WILMINGTON PA 19088  
AND THE TELEPHONE NUMBER WHERE I CAN BE REACHED IS 610-297-0657 - cell  
610-767-2759 - home

  
STEVEN PUCCIO  
Defendant

DATED: 5/16/17

I, Eric L. Damm, Attorney for  
Steven Puccio, state that I have advised my client of the meaning of the document; that it is my belief that he/she comprehends and understands the questions and what is set forth above; (that I am prepared to try this case); and that the defendant understands what he/she is doing by pleading guilty.

  
Attorney for Defendant

Initials SP

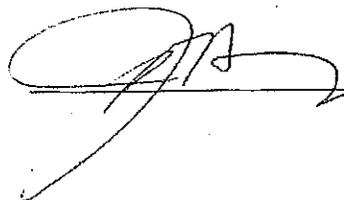
IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
CRIMINAL

Commonwealth of Pennsylvania : Case No. CR-4691-2016  
: OTN: T 845769-1  
vs. : Surcharge: Ct 2: Dispensing outside professional  
: practice M 780-113(a)(13) (as amended)  
Steven T. Puccio : Comm Atty: Craig Scheetz  
: Defense Atty: Eric Dowdle  
: Clerk: dmf  
LCID: 0188466 : OCS: D. Lehmann

Now, May 16, 2017, THE SENTENCE IS THAT YOU

- pay the costs of prosecution,  including a lab user fee to the PA State Police Crime Lab in the sum of \$\_\_\_\_.
- pay a fine of \$\_\_\_\_.
- perform \_\_\_\_ hours of community service as may be determined by the Probation Officer.
- make restitution to \_\_\_\_ in the sum of \$\_\_\_\_.
- that you undergo imprisonment in the Lehigh County Jail for a period of not less than \_\_\_\_ nor more than \_\_\_\_, and credit be given you, as required by law, for all time spent in custody, as a result of these criminal charges for which sentence is being imposed.
- that you undergo imprisonment for a period of not less than \_\_\_\_ nor more than \_\_\_\_ in such State Correctional Institution as shall be designated by the Deputy Secretary for Treatment, Bureau of Corrections, and credit be given you, as required by law, for all time spent in custody, as a result of these criminal charges for which sentence is being imposed.
- and stand committed until this sentence is complied with.
- Defendant is  not RRRRI eligible.  RRRRI eligible (\_\_\_\_ RRRRI minimum).
- that you undergo and successfully complete an intermediate punishment program for a period of \_\_\_\_, with \_\_\_\_ on house arrest with electronic monitoring.
- It is ordered that you be placed on probation for a period of 1 year under the supervision of the Lehigh County Adult Probation Department.
- This sentence shall run concurrently with the sentence(s) imposed in Case No(s).
- Defendant  is not eligible for re-entry.  is eligible for re-entry for purposes of good/earned time and early parole.
- Defendant is eligible for work release.
- Defendant is granted immediate parole.
- Defendant  shall be DNA tested pursuant to applicable law.  shall not be DNA tested and shall not be responsible for any DNA assessments.
- Defendant shall report to the Probation Office today.
- The Court finds that the within conviction was of a crime essentially involving a motor vehicle.
- Defendant's operating privilege shall be suspended for such period of time as shall be determined by the Department of Transportation.
- Defendant shall comply with all of the rules, regulations and conditions of the Lehigh County Probation/Parole Department.
- Special Provisions: See special conditions sheet. Supervision may be transferred to Northampton County.

By the Court:



J.

9

LEHIGH COUNTY SENTENCE PROBATION/PAROLE/IP CONDITIONS

Commonwealth of Pennsylvania : Case No. CR-4691-2016  
vs. : Judge: James T. Anthony  
Steven T. Puccio : Clerk: dmf  
: LCID: 0188466  
:

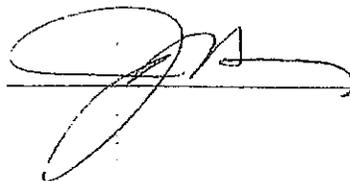
SPECIAL CONDITIONS

Now, May 16, 2017,

As conditions of supervision defendant shall

- refrain from consuming alcoholic beverages and illegal drugs,  zero tolerance;
- obtain and maintain a satisfactory residence and suitable employment;
- undergo such  drug and alcohol  psychiatric  psychological  sex offender  anger management  
 evaluation  counseling  treatment,  and follow through with all treatment as recommended by the parole officer.  
 including in patient and out patient treatment as recommended by the parole officer;  
 including urinalysis testing;
- attend and satisfactorily complete the Lehigh County Adult Probation Department's  
() Retail Theft Program; () Job Readiness Training;
- if found eligible, participate in, be supervised under, and abide by all the rules and regulations of,  
() the Lehigh County Special Program for Offenders in Rehabilitation and Education (SPORE);  
() the Intensive Drug Supervision Unit of the Lehigh County Adult Probation Department;  
() the Electronic Monitoring Program;
- make satisfactory efforts toward obtaining a G.E.D. high school equivalency diploma;
- attend English as Second Language classes;
- make regular payments on court () costs, () fines, and () restitution;
- have no direct or indirect contact with  co-defendants(s)  co-conspirator(s)  the victim(s)
- remain out of \_\_\_\_\_ during the entire period of supervision;
- be DNA tested pursuant to applicable law; if not already tested.
- Other:
- It is the Court's intention that the defendant serve a sentence of not less than \_\_\_\_\_ nor more than \_\_\_\_\_ in Lehigh County Jail.
- This sentence shall commence at 8:30 a.m. on \_\_\_\_\_, at which time defendant shall surrender to the Lehigh County Sheriff at the Lehigh County Courthouse. The Clerk of Judicial Records - Criminal Division shall forward a copy of this sentence to the Sheriff. In the event Defendant shall fail to report as directed, the Sheriff shall promptly notify the District Attorney, the Clerk of Judicial Records - Criminal Division, and the undersigned.
- Special Provisions:

By the Court:



J.

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: LEHIGH



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

Magisterial District Number: 31-03-1  
MDJ: Hon. ROD R. BECK  
Address: 106 S. WALNUT STREET  
SLATINGTON, PA 18080  
Telephone: (610)767-8641

DEFENDANT: (NAME and ADDRESS):  
STEVEN T Puccio  
First Name Middle Name Last Name

3981 HUNSICKER DRIVE  
WALNUTPORT, PA 18088

NCIC Extradition Code Type

- 1-Felony Full
- 2-Felony Ltd.
- 3-Felony Surrounding States
- 4-Felony No Ext.
- 5-Felony Pend.
- A-Misdemeanor Full
- B-Misdemeanor Limited
- C-Misdemeanor Surrounding States
- D-Misdemeanor No Extradition
- E-Misdemeanor Pending
- Distance: \_\_\_\_\_

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR 25F-16 Date Filed 9/30/2016 OTN/LiveScan Number T845767-7 Complaint/Incident Number BN10057-15C SID \_\_\_\_\_ Request Lab Services?  YES  NO

GENDER  Male  Female DOB \_\_\_\_\_ POB \_\_\_\_\_ Add'l DOB / / \_\_\_\_\_ Co-Defendant(s)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gen \_\_\_\_\_

RACE  White  Asian  Black  Native American  Unknown

ETHNICITY  Hispanic  Non-Hispanic  Unknown

HAIR COLOR  GRY (Gray)  RED (Red/Aubn.)  SDY (Sandy)  BLU (Blue)  PLE (Purple)  BRO (Brown)

BLK (Black)  ONG (Orange)  WHI (White)  XXX (Unk/Bald)  GRN (Green)  PNK (Pink)

BLN (Blonde / Strawberry)

EYE COLOR  BLK (Black)  BLU (Blue)  BRO (Brown)  GRN (Green)  GRY (Gray)

HAZ (Hazel)  MAR (Maroon)  PNK (Pink)  MUL (Multicolored)  XXX (Unknown)

Driver License State PA License Number \_\_\_\_\_ Expires: \_\_\_\_\_ WEIGHT (lbs.) 175

DNA  YES  NO DNA Location \_\_\_\_\_

FBI Number \_\_\_\_\_ MNU Number \_\_\_\_\_ Ft. HEIGHT (in.) 6 0

Defendant Fingerprinted  YES  NO

Fingerprint Classification: \_\_\_\_\_

DEFENDANT VEHICLE INFORMATION

Plate # \_\_\_\_\_ State \_\_\_\_\_ Hazmat  Registration Sticker (MM/YY) \_\_\_\_\_ / \_\_\_\_\_ Comm'l Veh. Ind.  School Veh.  Oth. NCIC Veh. Code \_\_\_\_\_ Reg. same as Def.

VIN \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_ Color \_\_\_\_\_

Office of the attorney for the Commonwealth  Approved  Disapproved because: \_\_\_\_\_

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

CRAIG SCHEETZ

(Name of the attorney for the Commonwealth)

[Signature]  
(Signature of the attorney for the Commonwealth)

9/29/16  
(Date)

I, BRIAN RIMPLE

(Name of the Affiant)

381

(PSP/MP/POETC -Assigned Affiant ID Number & Badge #)

of PA OAG

(Identify Department or Agency Represented and Political Subdivision)

PA0222400

(Police Agency ORI Number)

do hereby state: (check appropriate box)

- 1.  I accuse the above named defendant who lives at the address set forth above
- I accuse the defendant whose name is unknown to me but who is described as \_\_\_\_\_

I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe

with violating the penal laws of the Commonwealth of Pennsylvania at [39] 302 MAIN STREET, SLATINGTON, PA 18080 AND OTHER LOCATIONS  
(Subdivision Code) (Place/Political Subdivision)

in LEHIGH County

[39]

(County Code)

on or about MARCH 13, 2012 THROUGH FEBRUARY 23, 2014



**POI E CRIMINAL COMPLAINT**

|                |                    |                       |                                          |
|----------------|--------------------|-----------------------|------------------------------------------|
| Docket Number: | Date Filed:<br>/ / | ORI N/LiveScan Number | Complaint/Incident Number<br>BN10057-15C |
| Defendant Name | First:<br>STEVEN   | Middle:<br>T          | Last:<br>PUCCIO                          |

- I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.
- This complaint consists of the preceding page(s) numbered 1 through 2.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.  
**(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)**

BRIAN RIMPLE

9-30-16  
(Date)

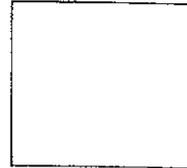
*Brian Rimple*  
(Signature of Affiant)

AND NOW, on this date September 30, 2016 I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

31-03-01  
(Magisterial District Court Number)

*Brian Rimple*  
(Issuing Authority)





# POI E CRIMINAL COMPLAINT

|                |                  |                     |                                          |
|----------------|------------------|---------------------|------------------------------------------|
| Docket Number: | Date Filed: / /  | OTN/LiveScan Number | Complaint/Incident Number<br>BN10057-15C |
| Defendant Name | First:<br>STEVEN | Middle:<br>T        | Last:<br>PUCCIO                          |

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 - 213.7.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                   |                                               |                    |                                      |                                    |                   |                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|-----------------------------------------------|--------------------|--------------------------------------|------------------------------------|-------------------|----------------|--|
| <b>Inchoate Offense</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Attempt<br>18 901 A | <input type="checkbox"/> Solicitation<br>18 902 A | <input type="checkbox"/> Conspiracy<br>18 903 |                    |                                      |                                    |                   |                |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                            | 780-113                                           | (A)(14)                                       | of the             | 35                                   | 1                                  | F                 |                |  |
| Lead?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Offense#                                     | Section                                           | Subsection                                    | PA Statute (Title) | Counts                               | Grade                              | NCIC Offense Code | UCR/NIBRS Code |  |
| <b>PennDOT Data (if applicable)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Accident Number                              |                                                   |                                               |                    | <input type="checkbox"/> Safety Zone | <input type="checkbox"/> Work Zone |                   |                |  |
| <b>Statute Description (include the name of statute or ordinance):</b> The administration, dispensing, delivery, gift or prescription of any controlled substance by any practitioner unless done(i) in good faith in the course of his professional practice; (ii) within the scope of the patient relationship; (iii) in accordance with the treatment principles accented by a responsible segment of the medical profession.<br><b>Acts of the accused associated with this Offense:</b> TO WIT: On or about March 13, 2012 through February 23, 2014, the defendant, a Doctor of Osteopathic (D.O.), did knowingly prescribe methadone, a Schedule II Control Substance to Rachel Puccio, a known drug dependent person, on at least 28 different occasions. Rachel Puccio was not being treated for any treatment of some malady at the time and she was not a patient of Dr. Puccio or his practice. |                                              |                                                   |                                               |                    |                                      |                                    |                   |                |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                   |                                               |                    |                                      |                                    |                   |                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|-----------------------------------------------|--------------------|--------------------------------------|------------------------------------|-------------------|----------------|--|
| <b>Inchoate Offense</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Attempt<br>18 901 A | <input type="checkbox"/> Solicitation<br>18 902 A | <input type="checkbox"/> Conspiracy<br>18 903 |                    |                                      |                                    |                   |                |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                                            | 780-113                                           | (A)(13)                                       | of the             | 35                                   | 1                                  | M                 |                |  |
| Lead?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Offense#                                     | Section                                           | Subsection                                    | PA Statute (Title) | Counts                               | Grade                              | NCIC Offense Code | UCR/NIBRS Code |  |
| <b>PennDOT Data (if applicable)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Accident Number                              |                                                   |                                               |                    | <input type="checkbox"/> Safety Zone | <input type="checkbox"/> Work Zone |                   |                |  |
| <b>Statute Description (include the name of statute or ordinance):</b> The sale, dispensing, distribution, prescription or gift by any practitioner otherwise authorized by law so to do of any controlled substance to any person known to such practitioner to be or whom such practitioner has reason to know is a drug dependent person unless said drug is prescribed, administered, dispensed or given for the cure or treatment other than drug dependency.<br><b>Acts of the accused associated with this Offense:</b> TO WIT: On or about March 13, 2012 through February 23, 2014, the defendant, a Doctor of Osteopathic (D.O.), did knowingly prescribe methadone, a Schedule II Control Substance to Rachel Puccio, a known drug dependent person, on at least 28 different occasions. Rachel Puccio was not being treated for any treatment of some malady at the time. These prescriptions were filled in both Lehigh and Northampton Counties. |                                              |                                                   |                                               |                    |                                      |                                    |                   |                |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                   |                                               |                    |                                      |                                    |                   |                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|-----------------------------------------------|--------------------|--------------------------------------|------------------------------------|-------------------|----------------|--|
| <b>Inchoate Offense</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Attempt<br>18 901 A | <input type="checkbox"/> Solicitation<br>18 902 A | <input type="checkbox"/> Conspiracy<br>18 903 |                    |                                      |                                    |                   |                |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3                                            | 780-113                                           | (A)(28)                                       | of the             | 35                                   | 1                                  | M                 |                |  |
| Lead?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Offense#                                     | Section                                           | Subsection                                    | PA Statute (Title) | Counts                               | Grade                              | NCIC Offense Code | UCR/NIBRS Code |  |
| <b>PennDOT Data (if applicable)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Accident Number                              |                                                   |                                               |                    | <input type="checkbox"/> Safety Zone | <input type="checkbox"/> Work Zone |                   |                |  |
| <b>Statute Description (include the name of statute or ordinance):</b> The furnishing of false or fraudulent material information in, or omission of any material information from any application, report, or other document required to be kept or filed under this act or any record required to be kept by this act. (MISDEMEANOR)<br><b>Acts of the accused associated with this Offense:</b> TO WIT: On or about March 13, 2012 through February 23, 2014, the defendant did not maintain the required records by this act for prescribing Schedule II Controlled Substance to Rachel Puccio. |                                              |                                                   |                                               |                    |                                      |                                    |                   |                |  |



# POLICE CRIMINAL COMPLAINT

|                 |                    |                     |                                          |
|-----------------|--------------------|---------------------|------------------------------------------|
| Docket Number:  | Date Filed:<br>/ / | OTN/LiveScan Number | Complaint/Incident Number<br>BN10057-15C |
| Defendant Name: | First:<br>STEVEN   | Middle:<br>T        | Last:<br>PUCCIO                          |

## AFFIDAVIT of PROBABLE CAUSE

1. Your Affiant, Brian Rimple is a sworn Narcotics Agent for the Pennsylvania Office of Attorney General (OAG), Bureau of Narcotics Investigation and Drug Control (BNIDC). Your Affiant has been with the OAG for over 13 years. Your Affiant has over 25 years of law enforcement experience. Your Affiant was a detective for the Anne Arundel County Police Department (Maryland) for over three years and a detective for the Lehigh County District Attorney's Office for two years.

2. The BNIDC investigates and prosecutes violations of the Pennsylvania Crimes Code including, but not limited to, Act # 64, the Pennsylvania Controlled Substance, Drug Device and Cosmetic Act of 1972.

3. On July 8, 2015, your Affiant received information through SDAG Christie Bonesch to contact Jennifer B. Dodwell, Northampton County Probation Office, in reference to a person she had on probation for DUI that had information about a doctor.

4. Your Affiant contacted Dodwell and was advised that Rachel Puccio is currently on probation for her second drug related DUI. During her initial interview, Rachel Puccio stated her ex-husband had prescribed her a lot of prescriptions between 2007 and 2014. Her ex-husband is Steven Puccio who is an orthopedic doctor for St. Luke's Bethlehem. Dodwell stated Rachel Puccio told her that Dr. Puccio would write her prescriptions to support her drug habits.

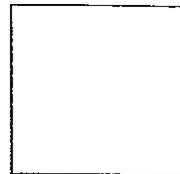
5. On August 18, 2015, your Affiant met with Rachel Puccio. Rachel Puccio stated she was married to Steven Puccio from 2003 through 2007. Dr. Puccio works for St. Luke's Bethlehem Orthopedics. Rachel Puccio stated that Dr. Puccio has been writing prescriptions for her since they been married. The first prescriptions were for benzodiazepines and she became addicted to them. Rachel Puccio stated she then moved to cocaine as her drug of choice. Rachel Puccio stated she went to rehabilitation and met a guy who was using Oxycodone. Rachel Puccio stated after she left rehabilitation she moved to Oxycodone. Rachel Puccio stated she then went to a rehabilitation center in Florida for detoxification. Rachel Puccio stated when she returned from Florida, she asked her ex-husband for prescriptions and he would provide her them.

I, BRIAN RIMPLE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Brian Rimple 9-30-16  
(Signature of Affiant)

Sworn to me and subscribed before me this 30<sup>th</sup> day of September, 2016  
9/30/16 Date [Signature], Magisterial District Judge

My commission expires first Monday of January, 2022





**POLICE CRIMINAL COMPLAINT  
AFFIDAVIT CONTINUATION PAGE**

|                 |                    |                     |                                          |
|-----------------|--------------------|---------------------|------------------------------------------|
| Docket Number:  | Date Filed:<br>/ / | OTN/LiveScan Number | Complaint/Incident Number<br>BN10057-15C |
| Defendant Name: | First:<br>STEVEN   | Middle:<br>T        | Last:<br>PUCCIO                          |

**AFFIDAVIT of PROBABLE CAUSE CONTINUATION**

Rachel Puccio stated she has gotten these prescriptions for the past seven years. Rachel Puccio stated about a year ago, Dr. Puccio cut her off from all prescriptions. Rachel Puccio stated she had filled prescriptions at the Rite Aids in Northampton and Walnutport; Newhard Pharmacy in Northampton and Bechtel's in Slatington. Rachel Puccio stated she was never a patient of Dr. Puccio and he did not maintain any medical records for her.

6. On August 25, 2015, your Affiant went to Bechtel's Pharmacy and contacted the pharmacist Edward Bechtel. Bechtel provided your Affiant a copy of Rachel Puccio's Patient Prescription List from January 12, 2012 through August 25, 2015. This report showed that Dr. Puccio had prescribed her Methadone three times and the prescriptions had been filled at this pharmacy.

7. On April 5, 2016, your Affiant executed a search and seizure warrant on St. Luke's University Health Network at 1110 American Parkway, Allentown, PA. Your Affiant was provided with a disk that contained the medical records for Rachel Puccio. This disk was provided on April 8, 2016. A review of this disk revealed only one patient record for Rachel Puccio during the time period of this case. This visit was for an emergency room with Dr. Shingles. There were no record of any prescriptions be issued to Rachel Puccio from Dr. Puccio.

8. On June 7, 2016, your Affiant requested records from Rite Aid Corporation for all prescriptions filled by Rachel Puccio that were authorized by Dr. Steven Puccio. The date range was from February 6, 2012 through June 7, 2016. A review of these prescriptions showed that twenty-five of them were for Methadone a Schedule II Controlled Substance from March 13, 2012 through February 23, 2014.

9. On August 5, 2016, Puccio and his lawyer Janet Jackson came to the DEA's Resident Office in Allentown to meet with this your Affiant. Dr. Puccio advised he did write prescriptions for his ex-wife Rachel. Dr. Puccio stated Rachel has fought with addiction for a long period of time and is currently in a rehabilitation facility in lieu of prison. Dr. Puccio stated during the time in question he did write prescriptions for Methadone while she was in a program in Philipsburg, New Jersey. Dr. Puccio stated that Rachel would over sleep and miss her appointment at the clinic. Dr. Puccio stated Rachel would call him crying that she was in pain and he felt sorry for her and would write her a prescription for the Methadone to get her through until the next day. Dr. Puccio stated he realized this was wrong but hated to see her in pain.

*R. R. Rimple 9-30-16*

(Signature of Affiant)

9/30/16 *R*

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-00046912016  
**CRIMINAL DOCKET**

Court Case

Commonwealth of Pennsylvania  
v.

Page 1 of 8

Steven T. Puccio

### CASE INFORMATION

|                                                                  |                                            |                                                        |
|------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <u>Judge Assigned:</u> Anthony, James T.                         | <u>Date Filed:</u> 10/25/2016              | <u>Initiation Date:</u> 09/30/2016                     |
| <u>OTN:</u> T 845769-1                                           | <u>LOTN:</u>                               | <u>Originating Docket No:</u> MJ-31301-CR-0000258-2016 |
| <u>Initial Issuing Authority:</u> Rod Beck                       | <u>Final Issuing Authority:</u> Rod Beck   |                                                        |
| <u>Arresting Agency:</u> Pennsylvania Office of Attorney General | <u>Arresting Officer:</u> Rimple, Brian H. |                                                        |
| <u>Complaint/Incident #:</u> BN10057 15C                         |                                            |                                                        |
| <u>Case Local Number Type(s)</u>                                 | <u>Case Local Number(s)</u>                |                                                        |

LCID# 0188468

### STATUS INFORMATION

|                            |                     |                                |                                   |
|----------------------------|---------------------|--------------------------------|-----------------------------------|
| <u>Case Status:</u> Closed | <u>Status Date:</u> | <u>Processing Status:</u>      | <u>Complaint Date:</u> 09/30/2016 |
|                            | 05/16/2017          | Sentenced/Penalty Imposed      |                                   |
|                            | 05/16/2017          | Awaiting Sentencing            |                                   |
|                            | 12/06/2016          | Awaiting Pre-Trial Conference  |                                   |
|                            | 10/26/2016          | Awaiting Formal Arraignment    |                                   |
|                            | 10/25/2016          | Awaiting Filing of Information |                                   |

### CALENDAR EVENTS

| <u>Case Calendar</u> | <u>Schedule</u>   | <u>Start</u> | <u>Room</u>  | <u>Judge Name</u>      | <u>Schedule</u> |
|----------------------|-------------------|--------------|--------------|------------------------|-----------------|
| <u>Event Type</u>    | <u>Start Date</u> | <u>Time</u>  |              |                        | <u>Status</u>   |
| Formal Arraignment   | 12/06/2016        | 8:30 am      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Status Conference    | 01/09/2017        | 9:30 am      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Status Conference    | 02/21/2017        | 1:30 pm      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Status Conference    | 03/27/2017        | 1:30 pm      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Guilty Plea          | 05/16/2017        | 1:30 pm      | Courtroom 2C | Judge James T. Anthony | Scheduled       |

### DEFENDANT INFORMATION

Date Of Birth: \_\_\_\_\_  
City/State/Zip: Walnutport, PA 18088

Alias Name  
Puccio, Steven

### CASE PARTICIPANTS

| <u>Participant Type</u> | <u>Name</u>       |
|-------------------------|-------------------|
| Defendant               | Puccio, Steven T. |

### BAIL INFORMATION

Puccio, Steven T. Nebbia Status: None

| <u>Bail Action</u> | <u>Date</u> | <u>Bail Type</u> | <u>Percentage</u> | <u>Amount</u> | <u>Bail Posting Status</u> | <u>Posting Date</u> |
|--------------------|-------------|------------------|-------------------|---------------|----------------------------|---------------------|
| Set                | 09/30/2016  | Unsecured        |                   | \$50,000.00   | Posted                     | 09/30/2016          |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET

Docket Number: CP-39-CR-0004694-2016

## CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania

v.

Steven T. Puccio

### CHARGES

| Seq. | Orig Seq. | Grade | Statute            | Statute Description                    | Offense Dt. | OTN        |
|------|-----------|-------|--------------------|----------------------------------------|-------------|------------|
| 1    | 1         | F     | 35 § 780-113 §§A14 | Admin Etc Of Cont Subst By Pract       | 03/13/2012  | T 845769-1 |
| 2    | 4         | M     | 35 § 780-113 §§A14 | Admin Etc Of Cont Subst By Pract       | 03/13/2012  | T 845769-1 |
| 3    | 3         | M     | 35 § 780-113 §§A28 | Furnish False/Fraudulent Material Info | 03/13/2012  | T 845769-1 |
| 100  | 2         | M     | 35 § 780-113 §§A13 | Sale Give Contr Subs To Dep Person     | 03/13/2012  | T 845769-1 |
| 101  | 5         | M     | 35 § 780-113 §§A13 | Sale Give Contr Subs To Dep Person     | 03/13/2012  | T 845769-1 |

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### DISPOSITION SENTENCING/PENALTIES

#### Disposition

| Case Event                      | Disposition Date                  | Final Disposition      |
|---------------------------------|-----------------------------------|------------------------|
| Sequence/Description            | Offense Disposition               | Grade Section          |
| Sentencing Judge                | Sentence Date                     | Credit For Time Served |
| Sentence/Diversion Program Type | Incarceration/Diversionary Period | Start Date             |
| Sentence Conditions             |                                   |                        |

#### Waived for Court (Lower Court)

Defendant Was Present

| Lower Court Disposition                    | 09/30/2016                     | Not Final             |
|--------------------------------------------|--------------------------------|-----------------------|
| 1 / Admin Etc Of Cont Subst By Pract       | Waived for Court (Lower Court) | F 35 § 780-113 §§ A14 |
| 3 / Furnish False/Fraudulent Material Info | Waived for Court (Lower Court) | M 35 § 780-113 §§ A28 |
| 100 / Sale Give Contr Subs To Dep Person   | Waived for Court (Lower Court) | M 35 § 780-113 §§ A13 |

#### Proceed to Court

| Information Filed                          | 11/23/2016                                | Not Final             |
|--------------------------------------------|-------------------------------------------|-----------------------|
| 1 / Admin Etc Of Cont Subst By Pract       | Proceed to Court                          | F 35 § 780-113 §§ A14 |
| 2 / Admin Etc Of Cont Subst By Pract       | Added by Information                      | M 35 § 780-113 §§ A14 |
| 3 / Furnish False/Fraudulent Material Info | Proceed to Court                          | M 35 § 780-113 §§ A28 |
| 100 / Sale Give Contr Subs To Dep Person   | Withdrawn Pursuant to Pa.R.Crim.P. 561(B) | M 35 § 780-113 §§ A13 |

#### Guilty Plea - Negotiated

| Guilty Plea                                                         | 05/16/2017     | Final Disposition     |
|---------------------------------------------------------------------|----------------|-----------------------|
| 1 / Admin Etc Of Cont Subst By Pract                                | Withdrawn      | F 35 § 780-113 §§ A14 |
| Anthony, James T.                                                   | - 05/16/2017   |                       |
| 2 / Admin Etc Of Cont Subst By Pract                                | Charge Changed | M 35 § 780-113 §§ A14 |
| Replaced by 35 § 780-113 §§ A13, Sale Give Contr Subs To Dep Person |                |                       |
| Anthony, James T.                                                   | 05/16/2017     |                       |
| 3 / Furnish False/Fraudulent Material Info                          | Withdrawn      | M 35 § 780-113 §§ A28 |
| Anthony, James T.                                                   | 05/16/2017     |                       |

CPCMS 9082

Printed: 05/23/2017

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# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case

Commonwealth of Pennsylvania

v.

Steven T. Puccio

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### DISPOSITION SENTENCING/PENALTIES

**Disposition**

| <u>Case Event</u>                                                          | <u>Disposition Date</u>                                    | <u>Final Disposition</u>      |                                       |
|----------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------|---------------------------------------|
| <u>Sequence/Description</u>                                                | <u>Offense Disposition</u>                                 | <u>Grade</u>                  | <u>Section</u>                        |
| <u>Sentencing Judge</u>                                                    | <u>Sentence Date</u>                                       | <u>Credit For Time Served</u> |                                       |
| <u>Sentence/Diversion Program Type</u>                                     | <u>Incarceration/Diversionary Period</u>                   | <u>Start Date</u>             |                                       |
| <u>Sentence Conditions</u>                                                 |                                                            |                               |                                       |
| 100 / Sale Give Contr Subs To Dep Person<br>Anthony, James T.              | Withdrawn Pursuant to<br>Pa.R.Crim.P. 561(B)<br>05/16/2017 | M                             | 35 § 780-113 §§ A13                   |
| 101 / Sale Give Contr Subs To Dep Person<br>Anthony, James T.<br>Probation | Guilty Plea - Negotiated<br>05/16/2017<br>1 year           | M                             | 35 § 780-113 §§ A13<br><br>05/16/2017 |

**COMMONWEALTH INFORMATION**

Name: Craig William Scheetz  
Assistant District Attorney

Supreme Court No: 092619

Phone Number(s):  
610-782-3100 (Phone)

Address:  
Lehigh CO Da's Office  
455 Hamilton St Ste307  
Allentown, PA 18101-1602

**ATTORNEY INFORMATION**

Name: Eric Keith Dowdle  
Private

Supreme Court No: 068335

Rep. Status: Active

Phone Number(s):  
610-882-3000 (Phone)  
610-882-3000 (Phone)  
610-351-9139 (Fax)

Address:  
333 W Union St  
Allentown, PA 18102

Representing: Puccio, Steven T.

**ENTRIES**

| <u>Sequence Number</u>                    | <u>CP Filed Date</u> | <u>Document Date</u> | <u>Filed By</u>                      |
|-------------------------------------------|----------------------|----------------------|--------------------------------------|
| 1                                         | 09/30/2016           |                      | Engler, Patricia M.                  |
| Bail Set - Puccio, Steven T.              |                      |                      |                                      |
| 2                                         | 09/30/2016           |                      | Puccio, Steven T.                    |
| Bail Posted - Puccio, Steven T.           |                      |                      |                                      |
| 1                                         | 10/25/2016           |                      | Court of Common Pleas- Lehigh County |
| Original Papers Received from Lower Court |                      |                      |                                      |

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# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET

Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania

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v.

Steven T. Puccio

### ENTRIES

| <u>Sequence Number</u>                            | <u>CP Filed Date</u> | <u>Document Date</u> | <u>Filed By</u>                    |
|---------------------------------------------------|----------------------|----------------------|------------------------------------|
| <u>Service To</u>                                 | <u>Service By</u>    |                      |                                    |
| <u>Issue Date</u>                                 | <u>Service Type</u>  | <u>Status Date</u>   | <u>Service Status</u>              |
| 3                                                 | 10/26/2016           |                      | Lehigh County Court Administration |
| Notice of Formal Arraignment - 12/6/16            |                      |                      |                                    |
| Jackson, Janet                                    | 10/26/2016           | Regular              |                                    |
| Scheetz, Craig William                            | 10/26/2016           | Interoffice          |                                    |
| -----                                             |                      |                      |                                    |
| 1                                                 | 11/23/2016           |                      | Commonwealth of Pennsylvania       |
| Information Filed                                 |                      |                      |                                    |
| -----                                             |                      |                      |                                    |
| 1                                                 | 12/06/2016           |                      | Anthony, James T.                  |
| Arraigned                                         |                      |                      |                                    |
| -----                                             |                      |                      |                                    |
| 4                                                 | 12/06/2016           |                      | Anthony, James T.                  |
| Scheduling Order - Status Conference - 01/09/2017 |                      |                      |                                    |
| Anthony, James T.                                 | 12/06/2016           | E-Mail               |                                    |
| Jackson, Janet                                    | 12/06/2016           | In Court             |                                    |
| Lehigh County Adult Probation                     | 12/06/2016           | E-Mail               |                                    |
| Lehigh County Court Administration                | 12/06/2016           | E-Mail               |                                    |
| Puccio, Steven T.                                 | 12/06/2016           | In Court             |                                    |
| Scheetz, Craig William                            | 12/06/2016           | In Court             |                                    |
| -----                                             |                      |                      |                                    |
| 1                                                 | 12/20/2016           |                      | Jackson, Janet                     |
| Entry of Appearance                               |                      |                      |                                    |
| -----                                             |                      |                      |                                    |
| 2                                                 | 01/09/2017           |                      | Anthony, James T.                  |
| Scheduling Order - Status Conference - 02/21/2017 |                      |                      |                                    |
| Anthony, James T.                                 | 01/09/2017           | E-Mail               |                                    |
| Jackson, Janet                                    | 01/09/2017           | In Court             |                                    |

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# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET

Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania

v.

Steven T. Puccio

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### ENTRIES

| <u>Sequence Number</u>             | <u>CP Filed Date</u> | <u>Document Date</u> | <u>Filed By</u>       |
|------------------------------------|----------------------|----------------------|-----------------------|
| <u>Service To</u>                  |                      | <u>Service By</u>    |                       |
| <u>Issue Date</u>                  | <u>Service Type</u>  | <u>Status Date</u>   | <u>Service Status</u> |
| Lehigh County Adult Probation      |                      |                      |                       |
| 01/09/2017                         | E-Mail               |                      |                       |
| Lehigh County Court Administration |                      |                      |                       |
| 01/09/2017                         | E-Mail               |                      |                       |
| Puccio, Steven T.                  |                      |                      |                       |
| 01/09/2017                         | In Court             |                      |                       |
| Scheetz, Craig William             |                      |                      |                       |
| 01/09/2017                         | In Court             |                      |                       |

|                                              |            |  |                   |
|----------------------------------------------|------------|--|-------------------|
| 1                                            | 02/21/2017 |  | Anthony, James T. |
| Scheduling Order - Status Conference 3/27/17 |            |  |                   |
| Anthony, James T.                            |            |  |                   |
| 02/21/2017                                   | E-Mail     |  |                   |
| Jackson, Janet                               |            |  |                   |
| 02/21/2017                                   | In Court   |  |                   |
| Lehigh County Adult Probation                |            |  |                   |
| 02/21/2017                                   | E-Mail     |  |                   |
| Lehigh County Court Administration           |            |  |                   |
| 02/21/2017                                   | E-Mail     |  |                   |
| Puccio, Steven T.                            |            |  |                   |
| 02/21/2017                                   | In Court   |  |                   |
| Scheetz, Craig William                       |            |  |                   |
| 02/21/2017                                   | In Court   |  |                   |

|                     |            |  |                    |
|---------------------|------------|--|--------------------|
| 1                   | 03/27/2017 |  | Dowdle, Eric Keith |
| Entry of Appearance |            |  |                    |

|                                        |            |  |                   |
|----------------------------------------|------------|--|-------------------|
| 2                                      | 03/27/2017 |  | Anthony, James T. |
| Scheduling Order - Guilty Plea 5/16/17 |            |  |                   |
| Anthony, James T.                      |            |  |                   |
| 03/27/2017                             | E-Mail     |  |                   |
| Dowdle, Eric Keith                     |            |  |                   |
| 03/27/2017                             | In Court   |  |                   |
| Lehigh County Adult Probation          |            |  |                   |
| 03/27/2017                             | E-Mail     |  |                   |
| Lehigh County Court Administration     |            |  |                   |
| 03/27/2017                             | E-Mail     |  |                   |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET

Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania

Page 6 of 8

v.

Steven T. Puccio

### ENTRIES

| <u>Sequence Number</u>                                 | <u>CP Filed Date</u> | <u>Document Date</u> | <u>Filed By</u>                      |
|--------------------------------------------------------|----------------------|----------------------|--------------------------------------|
| <u>Service To</u>                                      | <u>Service By</u>    |                      |                                      |
| <u>Issue Date</u>                                      | <u>Service Type</u>  | <u>Status Date</u>   | <u>Service Status</u>                |
| Puccio, Steven T.<br>03/27/2017                        | In Court             |                      |                                      |
| Scheetz, Craig William<br>03/27/2017                   | In Court             |                      |                                      |
| 1                                                      | 05/16/2017           |                      | Dowdle, Eric Keith                   |
| Written Guilty Plea Colloquy                           |                      |                      |                                      |
| 2                                                      | 05/16/2017           |                      | Anthony, James T.                    |
| Guilty Plea - Negotiated                               |                      |                      |                                      |
| 3                                                      | 05/16/2017           |                      | Anthony, James T.                    |
| Order - Sentence/Penalty Imposed                       |                      |                      |                                      |
| 4                                                      | 05/16/2017           |                      | Court of Common Pleas- Lehigh County |
| Penalty Assessed                                       |                      |                      |                                      |
| 5                                                      | 05/16/2017           |                      | Court of Common Pleas- Lehigh County |
| Itemized Account of Fines, Costs, Fees and Restitution |                      |                      |                                      |
| 6                                                      | 05/16/2017           |                      | Court of Common Pleas- Lehigh County |
| Penalty Satisfied                                      |                      |                      |                                      |

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# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET

Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania

v.

Steven T. Puccio

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### CASE FINANCIAL INFORMATION

Last Payment Date: 05/16/2017

Total of Last Payment -\$803.80

| Puccio, Steven T.<br>Defendant                     | <u>Assessment</u> | <u>Payments</u> | <u>Adjustments</u> | <u>Non Monetary<br/>Payments</u> | <u>Total</u> |
|----------------------------------------------------|-------------------|-----------------|--------------------|----------------------------------|--------------|
| <b>Costs/Fees</b>                                  |                   |                 |                    |                                  |              |
| ATJ                                                | \$4.00            | -\$4.00         | \$0.00             | \$0.00                           | \$0.00       |
| CJES                                               | \$2.25            | -\$2.25         | \$0.00             | \$0.00                           | \$0.00       |
| Commonwealth Cost- HB627 (Act 167 of 1992)         | \$10.25           | -\$10.25        | \$0.00             | \$0.00                           | \$0.00       |
| County Court Cost (Act 204 of 1976)                | \$33.30           | -\$33.30        | \$0.00             | \$0.00                           | \$0.00       |
| Crime Victims Compensation(Act 96 of 1984)         | \$35.00           | -\$35.00        | \$0.00             | \$0.00                           | \$0.00       |
| Domestic Violence Compensation(Act 44 of 1988)     | \$10.00           | -\$10.00        | \$0.00             | \$0.00                           | \$0.00       |
| Firearm Education and Training Fund                | \$5.00            | -\$5.00         | \$0.00             | \$0.00                           | \$0.00       |
| JCPS                                               | \$21.25           | -\$21.25        | \$0.00             | \$0.00                           | \$0.00       |
| Judicial Computer Project                          | \$8.00            | -\$8.00         | \$0.00             | \$0.00                           | \$0.00       |
| State Court Costs (Act 204 of 1976)                | \$11.95           | -\$11.95        | \$0.00             | \$0.00                           | \$0.00       |
| Substance Abuse Education(Act 198 of 2002)         | \$50.00           | -\$50.00        | \$0.00             | \$0.00                           | \$0.00       |
| Substance Abuse Education(Act 198 of 2002)         | \$50.00           | -\$50.00        | \$0.00             | \$0.00                           | \$0.00       |
| Variable Amount to be Distributed CVC/WVS (Act 96) | \$28.00           | -\$28.00        | \$0.00             | \$0.00                           | \$0.00       |
| Variable Amount to be Distributed CVC/WVS (Act 96) | \$12.00           | -\$12.00        | \$0.00             | \$0.00                           | \$0.00       |
| Victim Witness Service (Act 111 of 1998)           | \$25.00           | -\$25.00        | \$0.00             | \$0.00                           | \$0.00       |
| Automation Fee (Lehigh)                            | \$5.00            | -\$5.00         | \$0.00             | \$0.00                           | \$0.00       |
| Central Booking (Lehigh)                           | \$300.00          | -\$300.00       | \$0.00             | \$0.00                           | \$0.00       |
| Clerks Fee - Charge Before Trial (Lehigh)          | \$159.80          | -\$159.80       | \$0.00             | \$0.00                           | \$0.00       |
| Collections Judgment (Lehigh)                      | \$75.75           | \$0.00          | -\$75.75           | \$0.00                           | \$0.00       |
| DA - Misdemeanor Information (Lehigh)              | \$15.00           | -\$15.00        | \$0.00             | \$0.00                           | \$0.00       |
| Sheriff's Attendance in Court (Lehigh)             | \$12.00           | -\$12.00        | \$0.00             | \$0.00                           | \$0.00       |
| Postage (Lehigh)                                   | \$6.00            | -\$6.00         | \$0.00             | \$0.00                           | \$0.00       |
| OSP (Lehigh/State) (Act 35 of 1991)                | \$300.00          | \$0.00          | -\$300.00          | \$0.00                           | \$0.00       |
| OSP (Lehigh/State) (Act 35 of 1991)                | \$300.00          | \$0.00          | -\$300.00          | \$0.00                           | \$0.00       |
| Costs/Fees Totals:                                 | \$1,479.55        | -\$803.80       | -\$675.75          | \$0.00                           | \$0.00       |
| Grand Totals:                                      | \$1,479.55        | -\$803.80       | -\$675.75          | \$0.00                           | \$0.00       |

CPCMS 9052

Printed: 05/23/2017

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COURT OF COMMON PLEAS OF LEHIGH COUNTY

DOCKET

Docket Number: CP-39-CR-0004691-2016

CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania

v.

Steven T. Puccio

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\*\* - Indicates assessment is subrogated

COURT OF COMMON PLEAS  
LEHIGH COUNTY  
CRIMINAL ACTION NO. CP-39-CR-4691/16

COMMONWEALTH OF PENNSYLVANIA

vs.

STEVEN T. PUCCIO

1. The District Attorney of Lehigh County by this information charges that on or between the thirteenth day of March, 2012, and the twenty-third day of February, 2014, in said County of Lehigh, the said STEVEN T. PUCCIO, did obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge; administration, dispensing, delivery, gift or prescription of any controlled substance by any practitioner or professional assistant under the practitioner's direction and supervision unless done (i) in good faith in the course of his professional practice; (ii) within the scope of the patient relationship; (iii) in accordance with treatment principles accepted by a responsible segment of the medical profession; to wit: STEVEN T. PUCCIO DID PRESCRIBE METHADONE, A SCHEDULED II CONTROLLED SUBSTANCE TO RACHEL PUCCIO, KNOWING SHE IS A DRUG DEPENDENT PERSON.

Acquisition of Controlled Substance  
By Fraud  
35 P.S. 780-113 (a)(14)  
F

2. And the District Attorney of Lehigh County by this information further charges that on or between the thirteenth day of March, 2012, and the twenty-third day of February, 2014, in said County of Lehigh, the said STEVEN T. PUCCIO, did sell, dispense, distribute, prescribe, or gift by any practitioner otherwise authorized by law so to do of any controlled substance to any person known to such practitioner to be or whom such practitioner has reason to know is a drug dependent person, unless said drug is prescribed, administered, dispensed or given for the cure or treatment of some malady other than drug dependency; to wit: STEVEN T. PUCCIO DID PRESCRIBE METHADONE, A SCHEDULED II CONTROLLED SUBSTANCE TO RACHEL PUCCIO KNOWING SHE IS A DRUG DEPENDENT PERSON AND NOT BEING TREATED FOR A MEDICAL MALADY.

Dispensing outside  
Professional practice  
35 P.S. Section 780-113(a)(14) (13) 3/27/17  
M

*[Handwritten signature]*

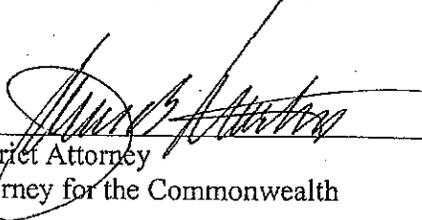
2015 MAR 29 AM 11:24  
JUL 15 2015 10:00 AM  
JUL 15 2015 10:00 AM

5  
ITM

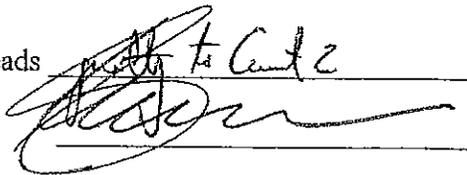
3. And the District Attorney of Lehigh County by this information further charges that on or between the thirteenth day of March, 2012, and the twenty-third day of February, 2014, in said County of Lehigh, the said STEVEN T. PUCCIO, did furnish false or fraudulent material information in, or omission of any material information from any application, report, or other document required to be kept or filed under this act, or any record required to be kept by this act; to wit: STEVEN T. PUCCIO DID NOT FOLLOW THE REQUIRED PROTOCOL FOR PRESCRIBING A SCHEDULED II CONTROLLED SUBSTANCE TO RACHEL PUCCIO.

Furnish false/fraudulent  
Material  
35 P.S. Section 780-113(a)(28)  
M

All of which is against the Act(s) of Assembly and the peace and dignity of the Commonwealth of Pennsylvania.

  
District Attorney  
Attorney for the Commonwealth

May 16, 2017 ~~2016~~ the defendant pleads

  
with to Court

---

**EXHIBIT  
B**

# MICHELMAN & BRICKER, P.C.

Attorneys at Law

1500 Walnut Street, Suite 502  
Philadelphia, Pennsylvania 19102

DAVID F. MICHELMAN \*o□  
AMY BRICKER \*o□  
MARA COHEN JACKEL\*o

OF COUNSEL:  
N. MARLENE FLEMING\*o  
FEDERICO CALAF-LBGRAND ‡

\* Admitted in PA  
o Admitted in NJ  
□ Admitted in MA  
‡ Admitted in PR

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email: [dmichelman@michelmanbricker.com](mailto:dmichelman@michelmanbricker.com)  
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811 Church Road, Suite 117-A  
Cherry Hill, NJ 08002

172 Englewood Road  
Longmeadow, MA 01106

361 San Francisco Street, 4th Floor  
San Juan, Puerto Rico 00901

June 13, 2017

Jason Anderson, Esquire  
Prosecuting Attorney  
Commonwealth of Pennsylvania  
Office of General Counsel  
Department of State  
P.O. Box 69521  
Harrisburg, PA 17106-9521

**RE: MITIGATING STATEMENT ON BEHALF OF STEVEN THOMAS PUCCIO,  
D.O.  
LICENSE NO. OS0077461 (INACTIVE)  
FILE NO. 16-53-13853  
DOCKET No. -53-17  
PHMP NO. 18703**

Dear Mr. Anderson:

In accordance with paragraph 3(h) of the Agreement, this letter is being submitted to the Board as a "mitigating statement", which should be attached as Exhibit B to the Agreement which is contemporaneously being submitted to the Board for approval.

Dr. Puccio has already entered into a Consent Agreement with the PA Health Monitoring Program's ("PHMP") Voluntary Recovery Program ("VRP"), which imposed an indefinite suspension of his license, but stayed that penalty conditioned upon his compliance with the VRP's requirements. Dr. Puccio respectfully requests, consistent with that VRP Consent Agreement, that the Board now impose a similar indefinite suspension of his license, and that such suspension be similarly stayed, retroactively, conditioned upon his satisfactory compliance with the requirements of the Disciplinary Monitoring Unit ("DMU") in lieu of the VRP.

Dr. Puccio pled guilty to a criminal charge of Sale or Giving a Controlled Substance to a Dependent Person, which is a misdemeanor (ungraded) under section 113(a)(13) of the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act ("Drug Act"), 35 PA.C.S.A. § 780.113(a)(13).<sup>1</sup> The Court imposed a sentence of one year of probation, without any fine.

As described below, the criminal charge arose from Dr. Puccio's clouded judgment in prescribing methadone and anti-anxiety medications for his ex-wife, in an effort to help her get treatment for her drug addiction problem. The criminal charge did not involve the sale of controlled substances.

Dr. Puccio requests that the Board take into consideration the following mitigating information:

**1. Dr. Puccio's Background.**

Dr. Puccio is a 52-year old orthopedic surgeon, who was well-respected by his colleagues and patients for his professional skills during his 18 years of medical practice, and for his service to the Allentown-Bethlehem community. Between 2012 and April 2016, he served as the Section Chief for Spinal Surgery of the Department of Orthopedic Surgery of St. Luke's Hospital in Bethlehem, PA. A copy of his Curriculum Vitae is attached hereto as Attachment 1. Character references from 36 physicians, other health care professionals, former patients, members of his community, and family members, are attached hereto as Attachment 2.

**2. Dr. Puccio's Acceptance of Criminal Responsibility for His Actions.**

On May 16, 2017, Dr. Puccio plead guilty to a criminal charge of Sale of Controlled Substances to a Dependent Person. His entry of a guilty plea, rather than contesting these charges, demonstrates an acceptance of responsibility, and a recognition that his actions in prescribing controlled substances were wrong, and that they violated the Commonwealth's criminal laws.<sup>2</sup> Similarly, his entry into a Consent Agreement with the Board, rather than seeking a hearing, demonstrates an acceptance of responsibility for his actions, and his recognition that this conduct violated the standards of conduct expected in his profession.

**3. Dr. Puccio's Misconduct Was Not Motivated by Financial Gain.**

Although the title of the formal criminal charge which Dr. Puccio plead guilty to is "Sale or Giving a Controlled Substance to a Dependent Person" it covers a broad range of conduct including the

---

<sup>1</sup> Prior to his arrest, Dr. Puccio cooperated with the Attorney General's Office ("OAG"), and voluntarily surrendered to the OAG when criminal charges were filed on September 30, 2016. On October 20, 2016, Dr. Puccio waived his right to a preliminary hearing, rather than contesting the charges.

<sup>2</sup> Dr. Puccio also properly complied with his obligations under the M-Care Act.

“sale... prescription or “gift” a controlled substance to a dependent person. **The facts in this case did not involve the “sale” of these controlled substances.** It involved the “prescription or gift” of the controlled substances. **Dr. Puccio did not profit financially from improperly writing these prescriptions.** His crime was not motivated by greed.

**4. Dr. Puccio’s Misconduct Was Motivated by a Misguided Desire to Help His Former Wife Cope with Her Addiction.**

His misconduct involved improperly writing prescriptions for controlled substances for his wife/former wife, during her many-years-long struggle to control her addiction and to help her obtain treatment. As his marriage broke down, he became involved in a pattern of improperly prescribing medications for her in connection with her drug addiction and need for treatment. Approximately half of these prescriptions were for methadone. Although she was scheduled to receive this medication as part of her withdrawal treatment at an out-patient clinic, she often failed to appear for her daily appointments to get that medication, and was suffering withdrawal symptoms. The other prescriptions were for anti-anxiety medications. Even after his marriage ended, he continued the pattern of improperly prescribing medications for her, in order to fill gaps in her treatment or to get her into treatment facilities (which he paid for), or to keep her from purchasing drugs on the street.

Dr. Puccio’s description of his attempts to help his former wife in dealing with her addiction problem are set forth in the Affidavit of Probable Cause supporting the criminal Complaint, which stated:

Dr. Puccio advised he did write prescriptions for his ex-wife, Rachel. Dr. Puccio stated Rachel has fought with addiction for a long period of time and is currently in a rehabilitation facility in lieu of prison. Dr. Puccio stated that during the time in question he did write prescriptions for Methadone while she was in a program in Philipsburg, New Jersey. Dr. Puccio stated that Rachel would over sleep and miss her appointment at the clinic. Dr. Puccio stated Rachel would call him crying that she was in pain and he felt sorry for her and would write her a prescription of the Methadone to get her through until the next day. Dr. Puccio stated that he realized this was wrong but hated to see her in pain.

Dr. Puccio’s 19-year old stepdaughter, Katlyn Scott, described his efforts to help her mother get drug treatment, in a reference letter which is attached as part of Attachment 2, which states:

Steve and my mother were divorced in 2008, and shortly after, my mother’s drug addiction began. During the next few years Steve helped her tremendously, even though they were divorced. He paid for her methadone, bought her a house, bought her a car, paid her bills. We all wanted her to get better, especially Steve. He paid over one hundred thousand dollars in treatment for her. He flew her to Florida to a

rehab amongst paying for others locally. He was always willing to do anything for her.... (emphasis added).

This excessive willingness to do anything to help his former wife clouded his judgment, and has now cost him his job at St. Luke's Hospital and his career, and left him with a criminal record.

**5. Dr. Puccio's Participation in the Voluntary Recovery Program ("VRP").**

Dr. Puccio has been participating in the VRP since October 2016. After his "willingness to do anything" to help his former wife caused him to lose his job and career, he became aware of the complexity of his own underlying psychological issues which contributed to this problem. In early July 2016, he began undergoing a voluntary forensic psychological evaluation by Frank D'Attilio Ph.D., a clinical and forensic psychologist who is a Diplomate in Clinical Psychology of the American Board of Professional Psychology. Dr. D'Attilio concluded that Dr. Puccio's conduct in improperly writing prescriptions for his former wife was directly related to a compulsive personality disorder. He recommended that Dr. Puccio voluntarily begin a counseling and treatment program with Thomas Vellela, ED.D, a psychologist who focuses on the evaluation, prevention, diagnosis, and treatment of mental, emotional and behavioral health issues. Dr. Puccio voluntarily commenced this therapeutic counseling and treatment with Dr. Vellela on August 4, 2016 (approximately two months before the criminal charges were filed against him).

Dr. Puccio initially contacted the Physician's Health Monitoring Program (PHMP) on September 23, 2016, to arrange to enroll in the VRP, and on October 5, 2016, he executed a "Participation Cooperation Form" for the VRP. On January 13, 2017, he signed a final Consent Agreement with the VRP, and his participation in the VRP was formally approved by the Board on February 8, 2017. He has been, and continues to be, in full compliance with the VRP's requirements. His case manager is Kevin Knipe (800-554-3428). Under the supervision of the VRP, Dr. Puccio has continued in treatment and counseling with Dr. Vellela, who has regularly reported to the VRP regarding Dr. Puccio's successful progress.

**6. Dr. Puccio's Recognition of His Obligations to the Public and to the Medical Community.**

Dr. Puccio's misconduct did not affect the quality of the medical care that he provided to his patients. As letters from his patients and colleagues which are attached as Attachment 2 demonstrate, they continue to hold him in high regard for his medical skill and compassion. However, as he became aware of his psychological issues that required treatment and counseling, he recognized that it was in the interest of the public and the medical community that he stop practicing medicine until he had dealt with these personal issues.

In July 2016, he made a formal decision to temporarily give up his medical career. He voluntarily contacted the Board to change his osteopathic medical license status from "active" to "inactive",

**MICHELMAN & BRICKER, P.C.**

June 13, 2017

Page No. -5-

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and he ceased practicing medicine. (See his July 21, 2016 correspondence with the Board, attached as Attachment 3). He also voluntarily surrendered his DEA license to prescribe narcotics and other controlled substances. During the 10-month period from July 2016 through May 2017, he has worked as a car salesman, rather than as an orthopedic surgeon.

On May 22, 2017, Dr. Puccio contacted Mr. Knipe to determine what the PHMP's position was concerning whether and when he could return to practicing medicine. Mr. Knipe advised Dr. Puccio that, based upon his treatment progress, the PHMP was satisfied that he could begin to look for work as a physician again.

7. **Conclusion.**

For the foregoing reasons, Dr. Puccio respectfully requests that the Board include this letter and its attachments in the record, for consideration as part of its evaluation of whether or not the Board should accept the proposed consent agreement.<sup>3</sup> Dr. Puccio's treatment through the VRP program has addressed the issues which clouded his judgment and led to his conviction, and the VRP program has determined that he is fit to resume the practice of osteopathic medicine.

Yours truly,



DAVID F. MICHELMAN, ESQ.

DFM/cmj

Attachments

cc: Dr. Stephen Puccio

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<sup>3</sup> If for any reason, the Board initially determines that it lacks sufficient evidence to accept the Prosecutor's proposed consent agreement, Dr. Puccio also requests an opportunity to supplement the record with further factual and legal support.

# CURRICULUM VITAE

## Steven T. Puccio, D.O.

Home:  
3981 Hunsicker Dr.  
Walnutport, PA 18088

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### Biographical Data

Date of Birth:  
Child: Aydan  
Wife: Caitlin

### Education

Philadelphia College of Pharmacy & Science  
Philadelphia, PA  
B.S. Pharmacy Degree 6/1982 – 7/1987

Philadelphia College of Osteopathic Medicine  
Philadelphia, PA  
Doctor of Osteopathic Medicine 6/1987 – 7/1991

### Internship, Residency, & Fellowship

Hospital of Philadelphia College of Osteopathic Medicine  
Philadelphia, PA  
Rotating Internship 6/1991 – 7/1992

Peninsula Hospital Center  
Far Rockaway, NY  
Orthopedic Surgery Residency 6/1992 – 7/1997

New England Baptist Hospital / Bone and Joint Institute  
Boston, MA  
Orthopedic Spine Surgery Fellowship 6/1997 – 7/1998

### Professional Experience

STAR Buick GMC. 5/2016 - present  
260 Country Club Road  
Easton, PA 18045

St. Luke's Orthopaedic Specialists  
Bethlehem, PA 2006 – 2016

Orthopedics & Sports Medicine, P.C.  
New Windsor, NY 2004 - 2006

St. Luke's / Cornwall Hospital  
Newburgh, NY 4/2004 – 2006

Lehigh Valley Bone Muscle Joint  
Bethlehem, PA 9/2001 – 2004

CURRICULUM VITAE

Steven T. Puccio, D.O.

Page 2 of 6

Professional Experience (continued)

|                                                      |                  |
|------------------------------------------------------|------------------|
| Lehigh Valley Hospital – Muhlenberg<br>Bethlehem, PA | 9/1998 – 2/2004  |
| St. Luke’s Hospital<br>Bethlehem, PA                 | 9/1998 – 4/2016  |
| Sports Medicine North<br>Lynnfield, MA               | 7/2000 – 7/2001  |
| St. Luke’s Regional Trauma Center<br>Bethlehem, PA   | 1/2000 – 7/2000  |
| Coordinated Health Systems<br>Bethlehem, PA          | 9/1998 – 12/1999 |

Certification & Licensure

Pennsylvania License OS-007746L (1991)

Osteopathic Boards  
NBOME Part 1-3 1989 – 1992

Osteopathic Orthopaedic Board Certification  
American Osteopathic Board of Orthopedic Surgery – Certificate# 1456  
Completed Written & Oral Boards 1997  
Completed Practical Boards 2003  
Recertification Oral Boards, October 2008, 2009  
Recertification Practical Boards, February 2007

Advanced Cardiac Life Support (ACLS) 2008

American Osteopathic Board of Orthopaedic Surgery Board Certification  
July 2003

Professional Memberships

North American Spine Society  
American Osteopathic Association  
American Academy of Orthopedic Surgeons  
American Osteopathic Academy of Orthopedics  
POMA

CURRICULUM VITAE

Steven T. Puccio, D.O.

Page 3 of 6

Professional Appointments

|                                                                                                                       |                |
|-----------------------------------------------------------------------------------------------------------------------|----------------|
| Section Chief, Spinal Surgery, Department of Orthopaedic Surgery, St. Luke's University Hospital, Bethlehem, PA 18015 | 5/2012-2016    |
| Assistant Team Physician, Lehigh Valley Steelhawks Arena Football Team, Bethlehem, PA                                 | 2011-2015      |
| Clinical Assistant Professor (Adjunct), Department of Orthopaedic Surgery, Temple University School of Medicine       | 10/1/10-2016   |
| Part II Oral Board Examiner, American Osteopathic Board of Orthopaedic Surgery                                        | 2005 - present |
| Part III Clinical Board Examiner, American Osteopathic Board of Orthopaedic Surgery                                   | 2005 - present |
| Advisory Board, Baxter Pharmaceuticals                                                                                | 10/2010-2014   |

Hospital Committees

|                                                                                       |               |
|---------------------------------------------------------------------------------------|---------------|
| St. Luke's Hospital Operating Room Materials Management Committee for Resterilization | 7/2009 - 2016 |
| St. Luke's Hospital Patient Satisfaction Committee                                    | 8/2008 - 2016 |
| St. Luke's Hospital Committee for Blood Management                                    | 5/2008 - 2016 |

Recognitions

|                                                                                                              |                 |
|--------------------------------------------------------------------------------------------------------------|-----------------|
| Chief Resident<br>Orthopedic Surgery Resident<br>Peninsula Hospital Center, NY                               | 7/1996 - 8/1997 |
| Clinical Instructor<br>Department of Orthopaedic Traumatology<br>St. Luke's Hospital, Bethlehem, PA          | 9/1998 - 4/2016 |
| Clinical Instructor<br>Department of Orthopedic Surgery<br>Tufts University School of Medicine<br>Boston, MA | 8/1997 - 9/1998 |

Presentations

|                                                       |                |
|-------------------------------------------------------|----------------|
| Administration of Part III Clinical Boards (Maryland) | 1/22-1/23/2015 |
| Administration of Part III Clinical Boards            | 8/6-8/7/2014   |
| Administration of Part III Clinical Boards (Texas)    | 8/6-8/9/2015   |

CURRICULUM VITAE

Steven T. Puccio, D.O.

Page 4 of 6

Presentations (continued)

Sports Medicine Roundup Discussions

(Discussion focuses on current sports news with an emphasis on current sports injuries, particularly among professional athletes. Some discussion on physician's various areas of expertise, as well.)

8/30/2014, 11/1/2014, 12/13/2014, 3/28/2015, 5/30/2015, 6/27/2015

Community Talks: "Back Pain"

St. Luke's Allentown Campus

5/27/2015

St. Luke's Bethlehem Campus

9/25/2014

Community Talk: "Suffering from Unresolved Lower Back Pain" – St. Luke's University Hospital Miners Campus  
Tamaqua, PA

6/11/2014

Community Talk: "Suffering from Unresolved Lower Back Pain" – St. Luke's University Hospital Allentown Campus  
Allentown, PA

4/23/2014

Talk With Your Doctor: "Back Health"

WFMZ Channel 69, Allentown, PA

numerous

ESPN Radio Broadcasts

The format of the show is that sports topics in the news that week are discussed including sports injury news relating to athletes and teams; the show covers multiple topics and is not focused on just one topic (examples: running injuries, anterior hip approach, Tommy John Surgery, back surgery, concussions)

5/31/2014

2/22/2014

7/27/2013

Community Talk: "SI Joint" – St. Luke's University Hospital  
Allentown Campus, Allentown, PA

9/18/2013

Community Talk: "SI Joint" – St. Luke's University Hospital  
Allentown Campus, Allentown, PA

5/21/2013

Annual Contemporary Issues in Trauma Conference (one day)  
"Back Pain"

Arts Quest/Steel Stacks, Bethlehem, PA

10/2012

Annual Didactic Lecture to the St. Luke's Orthopaedic  
Residents and Students on "Surgical Anatomy of the Spine"  
St. Luke's Hospital, Bethlehem, PA

2/28/2012

Dorsal Column Stimulators

Orthopaedic Grand Rounds  
St. Luke's Hospital, Bethlehem, PA

4/6/2011

CURRICULUM VITAE

Steven T. Puccio, D.O.

Page 5 of 6

Presentations (continued)

|                                                                                                                                             |               |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Administration of Oral Board Exam                                                                                                           | 10/19/2011    |
| Administration of Part III Clinical Exam                                                                                                    | 7/8-7/10/2011 |
| Regional Meeting -- AO North America Nursing Continuing Education Orthopaedic Bioskills Workshop held at St. Luke's Hospital, Bethlehem, PA | 5/22/2010     |
| Distal Tibial and Pilon Fractures<br>Orthopaedic Grand Rounds<br>St. Luke's Hospital<br>Bethlehem, PA                                       | 5/2010        |
| Kyphoplasty in Compression Fractures<br>Orthopaedic Grand Rounds<br>St. Luke's Hospital<br>Bethlehem, PA                                    | 4/2007        |
| The Quality of Life of Lumbar Stenosis Patients Treated with the X STOP Interspinous Implant.<br>Journal of Neurosurgery                    | 7/2004        |
| Low Back Pain<br>St. Luke's/Cornwall Hospital<br>Newburgh, NY                                                                               | 4/2004        |
| North American Spine Society<br>"Treatment of Lumbar Spinal Stenosis with Interspinous Spacer"<br>Montreal, Quebec, Canada                  | 10/2002       |
| Multiple Orthopedic Trauma<br>St. Luke's Hospital<br>Bethlehem, PA                                                                          | 2/2000        |
| Spinal Stenosis in the Elderly Population<br>Sacred Heart Hospital<br>Allentown, PA                                                         | 4/1999        |
| Pediatric Spine Review<br>Peninsula Hospital Center<br>Rockaway, NY                                                                         | 7/1997        |

CURRICULUM VITAE

Steven T. Puccio, D.O.

Page 6 of 6

Publications

A Prospective Randomized Multi-Center Study for the Treatment of Lumbar Spinal Stenosis with the X STOP Interspinous Implant: 1-Year Results 2004

A Multicenter, Prospective, Randomized Trial Evaluating the X STOP Interspinous Process Decompression System for the Treatment of Neurogenic Intermittent Claudication 2005

Research Studies Being Conducted at St. Luke's University Hospital

- Complete Avulsion Injury of the Adductor Longus in a Professional Athlete: Case Report of Successful Non-Operative Management (This was submitted to the *American Journal of Orthopaedics* with revisions in January 2015)
- Outcomes of Percutaneous Sacroiliac Joint Fusion (This will be submitted to *Spine* or another spine journal in February or March 2015)
- Toradol Use in Epidural Injections (A research protocol is being developed for submission to the hospital's IRB)

Attendance at Continue Medical Education Conferences (listing started April 2016)

American Osteopathic Academy of Orthopaedics  
56<sup>th</sup> Postgraduate Seminar  
April 7-8, 2016  
Phoenix, AR

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ATTACHMENT "2."

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KEVITCH  
CHUNG & JAN  
AESTHETIC SURGERY ASSOCIATES

Integrated Health Campus  
250 Cetronia Road, Suite 301, Allentown, PA 18104  
(P) 610-437-2378 / (F) 610-820-9983

May 16, 2016

Re: Steven T Puccio

To Whom It May Concern:

Please accept this character reference in support of Steven T Puccio, D.O.

I have known Steve for approximately 6 years both as a colleague and friend.

I know Steve to be a person of the highest character for truthfulness, decency, professionalism, dedicated, caring family man and physician.

In the time I have known him, he has always been a genuine good person. His passion for medicine, ethics, and care for patients is second to none. I have had the pleasure to work with him with many mutual patients.

I can be reached by telephone at 610-573-1154 if you wish to speak to me or if you need additional information.

Sincerely,



Johnny Chung, MD, FACS

# Jennifer Crall, Ph.D.

Counseling & Psychological Services  
1534 West Broad Street, Suite 600 • Quakertown, PA 18951  
Phone: (610)730-4755 • JenniferCrall@gmail.com

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May 9, 2016

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steven since June 2015, when I began working with his son and family by providing psychological counseling. Treatment focused on family stressors related to their relationship with Steven's ex-wife.

I know Steven to be a person of the highest character based on his dedication to providing the best possible care for his son. He drives over 40 minutes each direction to attend every scheduled counseling session. He has participated in counseling fully, with the willingness to implement and follow through with all recommendations.

In the time that I have known him, Steven prioritizes the needs of his family, consistently and without hesitation. He focuses on protecting his son from undue stress and turmoil. He works to create a home environment that provides nurturance and a consistent, positive structure for his son to thrive. Steven anticipates the needs of his son and responds accordingly. In my office, Steven demonstrates patience, appropriate boundary setting, and encouragement toward his son. These qualities contribute to a strong, loving relationship with him. His son, in turn, voices a strong admiration and respect for Steven.

I can be reached by telephone at 610-730-4755 if you wish to speak to me or if you need additional information.

Sincerely,



Jennifer Crall, Ph.D.  
Licensed Psychologist

May 1, 2016

Re: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve since July 1997 in both a professional and personal capacity. We trained together in spinal surgery in Boston from 1997 to 1998. We continued to be very close and practiced together in the Hudson Valley area of New York for approximately three to four years. He is the godfather to my son Ryan and trust him to the fullest to care for him should the need come.

We have continued to be friends to this day and I continue to rely on Steve, at times, to consult on patients that I may find to have unusual conditions and vs. versa. I find his insight into patients and treatments to be very well thought out and with authority due to his vast experience. I know Steve to be a person of the highest character for his truthfulness, decency and professionalism. I know him to be a very caring family man and an amazing dedicated father to his son, Aydan. I also know him to be dedicated to his patients and his work. I cannot count the times that I have called him, when most of us are at home eating, that he is caring for trauma patients or performing surgery.

I have personally witnessed his skill as a surgeon and his diagnostic acumen over the years. If myself or anyone in my family required orthopedic or spinal treatment, I would not hesitate to ask for his care. These same qualities that he provides to people with whom he has nothing more than a professional relationship with are also provided in his personal life. Over the years, he continued to provide support to his previous step-daughter and continues that relationship to this day.

I hope that this character reference gives some insight to the man that I call friend and my son calls Uncle Steve.

I can be reached by telephone at my office 860-361-6650 or on my cell 860-605-0258 anytime if you wish to speak to me or if you need additional information.

Sincerely,

Mitchell S. Garden, M.D.



Jackson Law &lt;jacksonlaw607@gmail.com&gt;

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**Puccio**

1 message

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**Marc Portner** <marc@mportner.com>  
To: jacksonlaw607@gmail.com

Mon, May 9, 2016 at 9:49 AM

To whom it may concern:

I've known Steve for over 10 years and have worked collaboratively with him caring for countless patients with traumatic injuries over that time. I've always known Steve to be a reliable, honest, and compassionate physician. Steve has even stepped outside of his typical job duties to help me implement process changes and clinical pathways that would ultimately improve the quality of care we provide for our patients.

In summary, Steve is an outstanding physician who cares deeply about his patients and his colleagues.

Respectfully,

Marc Portner, MD



Jackson Law &lt;jacksonlaw607@gmail.com&gt;

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**Steven Puccio MD**

1 message

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**Raudat, Charles W DO** <RaudatCW@msha.com>  
To: "Jacksonlaw607@gmail.com" <Jacksonlaw607@gmail.com>

Tue, May 3, 2016 at 5:22 PM

To whom it May concern:

Please accept this character reference in support of Steven T. Puccio D.O.

I have known Steve since 1988 when we became friends in medical school and we have maintained a personal friendship since that time and furthermore we have been professional colleagues intermittently over the last 28 years. Steven and I were assigned to be internship partners our first year out of medical school, during this time we worked very closely together. Throughout the ensuing 25 years we have routinely discussed medical management of patients with complex medical and social issues. Steve has always represented that which is best in medicine. He is a dedicated physician who puts the needs of patients and their families ahead of the needs of himself. He is compassionate and caring for people from all walks of life and does not judge them based on their place in society. Steve is the type of physician that we rarely encounter in medicine today who is always available to his patients and provides the most up to date care that can be offered. He is the physician that other physicians send their family members to be cared for. Steve cares for my own sister who has chronic spinal issues. Steve was in my wedding because he has always been a true friend that has integrity, honesty and faith. When I discuss values with my children I use Steve as an example of what is good in a person.

Please feel free to contact me if there is any further information I can provide regarding this most outstanding physician.

Sincerely,

Charles W Raudat DO FACS

Cardiothoracic Surgeon

Mountain States Health Alliance

Johnson City Medical Center

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This message is from Mountain States Health Alliance. The contents contained herein may contain confidential information. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, printing or action taken on the contents is strictly prohibited. If you have received this email in error, please notify the sender immediately and delete this message.

5/4/2016

Gmail - Steven Puccio MD

*M.I.Rothman, MD, LLC. 870 Wafford Lane, Bethlehem, PA 18017*  
*Phone: 610-217-1150 Fax: 610-867-5719*  
*DrRothman@TheNeuroradiologist.Com*

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May 12, 2016

RE: Steven T. Puccio, D.O.

To whom it may concern:

I have volunteered to write a letter of reference for Dr. Steven T. Puccio. It is a pleasure to do so. I have known Dr. Puccio for almost 18 years, when we both joined practices in the Lehigh Valley at the same time. As I am a dedicated Neuroradiologist with strong background and continuing interest in trauma and spine imaging and research, over this time period I have worked closely with Dr. Puccio, at times on a daily basis, and am fully able to provide this letter of support.

Dr. Puccio is an excellent physician with an academic interest and friendly disposition. He demonstrates compassion and concern for his patients. He stays current on topics of importance in his field and in Medicine in general. He is clear and concise, and communicates well with those with whom he interacts.

In summary, I can recommend Dr. Puccio as an excellent physician and human being, without reservation, for any position that he should seek.

If I can be of further service, please do not hesitate to call my cell: 610-217-1150.

Sincerely,

Michael Rothman, MD

# STEVEN J. SVABEK, D.O.

Board Certified Orthopedic Surgeon  
Fellowship - Trained Spine Surgeon

April 29, 2016

Janet Jackson, Attorney at Law  
Jackson Law, LLC  
607 Monroe Street  
Stroudsburg, PA 18360

**RE: Steven T. Puccio, D.O.**

Dear Ms. Jackson:

I am dictating a reference letter in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for 25 years if not longer years. We met in 1991 doing our rotating internship together at the Philadelphia College of Osteopathic Medicine associated with the osteopathic program in the Philadelphia area. From that time, we became friends. We actually developed a great relationship even though we were competing with each other for orthopedic surgical residency spots at that program, as well as other programs in the area. It just happened to be our fortune that we both did accomplish our goals and get in the orthopedic surgical residency program, and we both obtained that in the New York City area. We were residents together from 1992 to 1996 at Peninsula Hospital/Saint Vincent's/Saint Cabrini Hospital Health Systems for our orthopedic surgical residency program. We actually had to do general surgery for a year together, which is part of the program's prerequisite. After doing that for one year, then we did four years of general orthopedics together.

We became great friends and comrades. We shared many experiences together obviously in the training program, as well as socially. We actually lived together for several years, and then at the end of our program, we both decided to do spine fellowship training. He went to the Boston area in the New England Baptist program, and I went to the University of Colorado. Even during that time, we stayed in constant touch with each other sharing stories and experiences, as well as exchanging surgical cases to determine from each other what we would do and how we would handle those cases. Steve actually helped me move out to Colorado as I helped him move to Boston, and we maintained a great relationship and a friendship that would last forever.

Once finishing our fellowship program, we actually decided to take jobs together, and our first job we took ever out of our fellowship program was in the Bethlehem and Allentown area where he resides today. We went to Coordinated Health Systems where we were brought in to start a spine surgical program and attempted to the best we could for two years, and when it seemed that our ways of wanting to run that program and our development of the program did not match the ways and development of the owner of the group and system, we parted our ways. Steve went back up north in Boston to take on a

April 29, 2016

RE: Steven T. Puccio, D.O.

Page: 2

job, and I took a job in the Indianapolis area. Even during that time, we constantly kept in touch, shared each other experiences and shared cases with each other, and he has always been a confidant to me, not just for my personal life, but more importantly my professional life. Actually in my fellowship training program, we were a little bit weak and deficient in cervical spine than his program was, and thanks to Dr. Puccio that the two years I got to spend with him he mastered my skills and I tell everyone today that my cervical spine training obviously started with my fellowship program at University of Colorado, but it was really mastered and contoured into the cervical spine surgeon I am today because of Dr. Puccio, his skills and his teaching abilities and training abilities, which he has always been very good at and always willing to share with others.

It did not surprise me when Steve end up returning back to the Allentown and Bethlehem area when his job in Boston did not seem to materialize the way he wanted to. He always had wanted to be involved with academic medicine. In fact, what was interesting when we both resigned from Coordinated Health Systems before we took jobs and while we were searching for jobs. Steve and I actually were asked by Saint Luke's to be involved in their trauma program since they had a deficient amount of surgeons to help with it and until we found jobs. We did that for approximately six to eight months and enjoyed doing trauma for them as they were starting to develop a trauma program to where it is the trauma program as it has become today under the direction of Dr. Delong.

As far as what I know about this man's character professionally, there is no one I would ever have performed any surgery on myself or family, but Dr. Puccio. His hands are masterful, and he is always one step ahead of everyone in his thinking process and there is no one I ever respect more when it comes to having a very difficult case before I perform it or having complications after a case that I call first than Dr. Puccio. Through Dr. Puccio, I have met also other great relationships and friends, both in the industry of medicine and outside the industry of medicine. As a testament to his character and truthfulness, decency and professionalism, as well as socially and because he is so well liked, I have met wonderful people that I consider life long friends because of him that have adopted me as their friend and vice versa. There are many times where I have been with Steve both in medicine and outside medicine where he has shown me compassion and care for people. I have seen him help people out both financially, as well as emotionally in their times of need, and they were not even looking for that from him.

As far as anything else about his character, I can just tell you again that this man has become a brother to me. I would trust him with my life, and just an aside and as for fun, his driving skills are impeccable, and many times we tease him that he should have been just a driver for motorsports instead of taking a career in medicine.

Dr. Puccio is a very talented man. I have seen that even though he is talented that he has never become arrogant or presumptuous. He has never put himself above others. I have

April 29, 2016

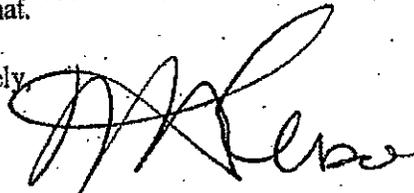
RE: Steven T. Puccio, D.O.  
Page: 3

known him for a long time so I know everything there is to know about him. I know when he makes mistakes. He is the first one to come to me and admit his mistakes even though he may be embarrassed. I know he is always sorry and wants to learn from that and become better, and he has always strived to do that. He has really impressed me when he had difficulties in his marriage and of course while trying to salvage the marriage and becoming a father. He had to take on several roles, and even though I stayed single during this process and there were times that I wanted him to go to a CME course or to play golf or spend time together, he constantly turned me down because his priorities had to be focused on his family and his son. These are qualities that obviously I have seen changed because in the beginning of the career of knowing him, we were single so we could work hard, but we could also play hard and do whatever we wanted to do. In the process of his maturity, becoming a man and then a husband and a father, he has shown me impeccable traits that I hope to emulate one day as I continue my maturation of life, and I look forward to having him next to me during the rest of my life to always give me advice and guidance when I need it.

In ending, I can speak nothing but of high respect and admiration for my friend. I do consider him not just my friend, which we discussed it before, we are family, and he has shown me that throughout my life. He has always been there for me with my good times to celebrate with me, pat me on the back and congratulate me, and the bad times. The great thing about him is he is the friend you want because in my bad times even when I was wrong as you would expect from a real friend he would tell me that I was wrong, but he would also let me know that he is by my side to support me through the process of when you make poor decisions and the consequences they bring. I can tell you that whatever decisions he has made good or bad they are always founded by sound thinking, and when ever he makes bad decisions like all of us, he always wants to recognize it and try to understand how he made that decision so he does not do it again. Again, these are great qualities that make him a great father, a great husband and a great leader in his community.

If you need to know anything else about Dr. Steve Puccio and wish to speak to me about it, feel free to contact me at any time. My cell phone number is (954) 774-1607. My office number is (954) 974-9101. I would be happy to spend time with you, and if you need me to be a character witness for him at any time, I would change my schedule immediately for him and come and represent him with you anywhere you would need me to do that.

Sincerely,



Steven J. Svabek, D.O.  
Board Certified Orthopedic Surgeon

# FLORIDA ORTHOPEDIC and spine center

May 9, 2016

RE: STEVEN T. PUCCIO, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

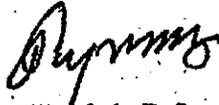
I have known Dr. Puccio for approximately 20 plus years both professionally and socially. I know him to be a person of the highest character for truthfulness, decency, and professionalism; he is a dedicated and caring family man. As a physician and surgeon, I do know no other like him beholden with the exceptional surgical skill, gifted hands, and the clinical intellect to match. He is truly a gifted surgeon.

Over the years I have known him, he has given me personal guidance and advice on many occasions. He is caring and always available to his friends and colleagues. I have worked with him side by side on many patients, and I have collaborated with him on many medical issues and projects. He has shown himself to be thoughtful and fair. He has dedicated himself in providing his own time teaching his fellow surgeons either directly or through our own professional academy.

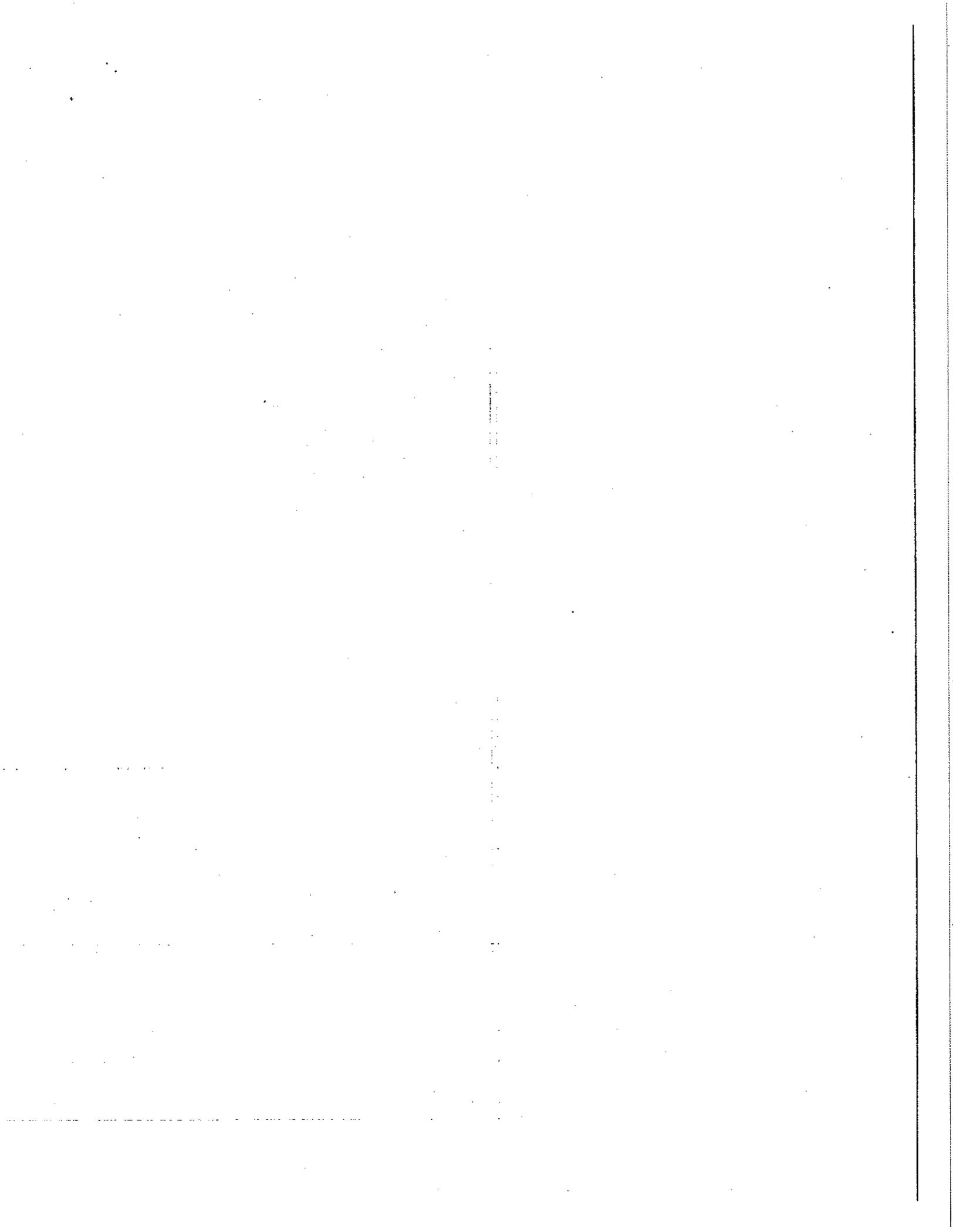
On a personal level, I have followed his progression through the years. During that time, he has demonstrated to me a strong commitment to the field of orthopedic surgery and to his family, especially his son. With this, he has a strong base of ethics. I have found him to be thoughtful and dependable, which he manifests with diplomacy.

I can be reached by telephone at (954) 978-8842 if you wish to speak to me or if you need additional information.

Very truly yours,



Steven Silberfarb, D.O.  
Board Certified Orthopedic Surgeon



Patrick Clancy  
5-10-2016

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

-----  
I have known Steve Puccio for approximately 4 years as we have worked together.

I know him to be a caring family man whom is always attempting to spend as much time with his son as possible and a guy whom always does what he can to help people whether they be a high status physician or a blue collar guy for which Steve could never gain anything.

I can be reached by telephone at 215-378-4357 if you wish to speak to me or if you need additional information.

Sincerely,

Patrick Clancy

A handwritten signature in black ink, appearing to be 'Patrick Clancy', written in a cursive style.

**JACKSONLAW, LLC**  
**ATTORNEYS AT LAW**

JANET JACKSON  
DOMINICK A. LOCKWOOD (1988-2002)

LEO P. JACKSON

5/2/2016

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

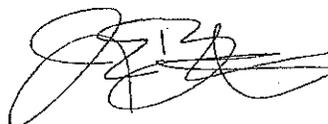
I have known Steve for approximately 8 years as personal friends as well as working together in the operating room at St Luke's Hospital.

I know Steve to be a person of the highest character for truthfulness, decency, professionalism; dedicated, caring family man and physician. He has the full trust of his colleagues with which he works and patients whom he treats.

In the time I have known him he always puts others needs first often sacrificing of his own time and personal benefit. I have known him to be nothing short of a compassionate and selfless person who wants to help his friends and patients. In the years that I've known him, we have partnered to help deliver spinal cord stimulation therapy to over one hundred patients in that time helping to alleviate their chronic pain. These patients are some of the most challenging patients a spine surgeon will work with and for that reason many never get involved with them. Steve embraces them and works to help them not only surgically, which is the straight forward part, but also with support and compassion for the psychological challenges that come with these patients. He spends as much time as necessary during visits ensuring that these patients feel comfortable and cared for, and will see them back as often as necessary until this is the case. Of all the surgeons I have the privilege of working with Steve is by far the most compassionate and caring I know.

I can be reached by telephone at (570) 301-8477 if you wish to speak to me or if you need additional information.

Respectfully,



Jonathan Bilbow

**JACKSONLAW, LLC**  
**ATTORNEYS AT LAW**

JANET JACKSON  
DOMINICK A. LOCKWOOD (1988-2002)

LEO P. JACKSON

**\*Please Reply to Stroudsburg**

May 2<sup>nd</sup> 2016

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for approximately 4 years as an orthopedic surgeon and as a leader in the orthopedic department at St. Luke's University Health Network. Dr. Puccio and I work closely together and interact with each other on a weekly basis. In the time I have known Dr. Puccio, I have seen how he treats his patients, co-workers, and myself with the upmost respect and care. He has always been extremely professional with everyone he interacts with while at work. He always has a positive attitude in every situation and looks for the good in others. From the 4 years I've known him, he truly cares about the well-being of others. I am a perfect example because in 2012, I was diagnosed with an illness and when Dr. Puccio found out about this, he was very supportive of me and always asked how I was doing. I hosted an event for the general population and he came to support me and for the cause. Another example that shows his caring and compassionate personality was when I went to pick up a medical supply for myself that insurance would not cover, as I went to pay for the item, the staff explained to me that Dr. Puccio had already purchased it for me. I immediately broke down in tears and knew I had a guardian angel watching over me. In conclusion, Dr. Puccio is a wonderful, caring, honest, and genuine physician. He has displayed these characteristics to me on multiple occasions.

I wanted to write this letter today because I know what a great person and physician Dr. Puccio is and always has been. I can be reached by telephone at 484-560-6774 if you wish to speak with me or if you need additional information.

Sincerely,

Luz Brandon

May 4, 2016

To Whom It May Concern:

Please accept this character reference in support of Dr. Steven T. Puccio.

I have known Steve since I began my career as a physician assistant in 2001. As one of my mentors, he taught me the technical aspects of being a medical provider in the specialty of orthopedics. Steve modeled everything from evaluation and diagnosis of patients in the office setting to improving skills in the operating room. He allowed me to flourish by offering encouragement and guidance tempered with patience. Working side by side with Steve for the last fifteen years, he always treated me with the utmost respect.

As a skilled spine surgeon, he always strived to make improvements, not for himself, but for the benefit of his patients. But what I observed most about Steve was the manner in which he interacted with his patients. Each patient received his undivided attention. He took as much time as was needed to thoroughly explain the diagnosis, course of treatment and answer any questions. He treated each patient as an individual person.

In 2006, I transitioned to the role of orthopedic sales representative. I continued to work with Steve on a weekly basis and observe his dedication to both his patients and colleagues. He treated the hospital staff with the utmost respect. He was passionate about his work and dedicated to teaching the residents. Last year, Steve was kind enough to go out of his way to care for my father -in -law, during a medical emergency. When I reached out to him for advice and help, he did not hesitate. His quick response/ treatment aided in minimizing my father-in-law's pain and expedited his recovery.

In summary, it is difficult to find the type of talent and dedication that Steve Puccio possesses. He brings to his field the skill, dedication and passion, which improve the quality of life for so many people. I look forward to working with Steve for many years to come.

If you need any additional information, please do not hesitate to contact me at 484-358-4217.

Sincerely,

David Kane  
Orthopedic Sales Associate  
John Hall and Associates

5/3/2016

To Whom It May Concern,

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve for approximately four years as a personal friend and working together in the operating room and his offices at St. Luke's Hospital.

Steve is truly a one of a kind individual. As I have gotten to know him more and more each year; the more truly admirable character traits begin to shine through. The first character trait that best describes Dr. Puccio is his care of the well-being of others. As a physician, Steve truly cares about each of his patient's well-being. This includes their physical condition, as well as their comfort level in his office and his ability to listen and truly understand each of their personal needs. However, his care for others goes beyond his job as a healthcare professional into his personal life. I, along with countless others can always rely on Steve to be there to listen, or lend assistance when needed. He is a true humanitarian in his everyday life.

Steve is also an incredibly hard-working and dedicated individual. In getting to know Dr. Puccio in the operating room and in his practice, his endless desire to please others shines through. Many times, this means him sacrificing his personal and free time because he truly wants to. Dr. Puccio has also volunteered his time to assist local high school team's as their acting physician. It has truly been an joy to get to know Steve over these past four years and I look forward to continuing our friendship in the future.

I can be reached by telephone at (717) 682-5524, or by e-mail at [nate.mast6@gmail.com](mailto:nate.mast6@gmail.com) if you need any additional information, or if I can be of more assistance.

Respectfully,

E. Nathan Mast

JACKSONLAW, LLC  
ATTORNEYS AT LAW

JANET JACKSON  
DOMINICK A. LUCKWOOD (1988-2002)

LEO P. JACKSON

5/11/16

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

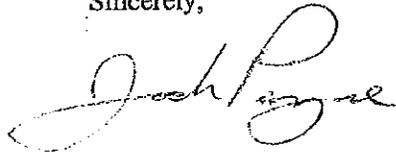
I have known Steven Puccio for approximately 12 years as both a business partner & friend.

I have known Steven in that time to be a person of the highest character for truthfulness, decency, professionalism and most importantly a loving family man to his son Aiden.

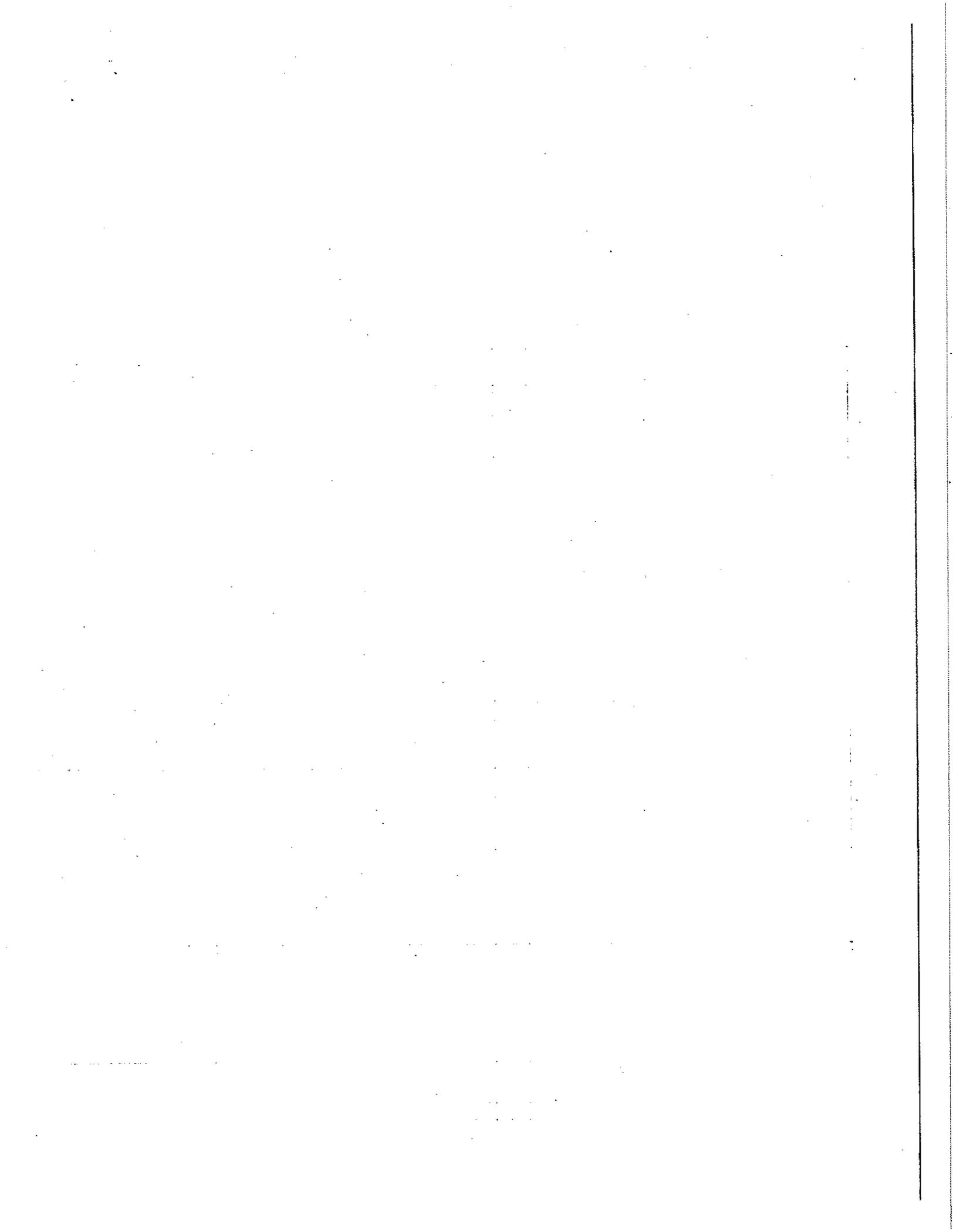
In the time I have known Steven he has made every effort to provide a stable home and lifestyle for his son Aiden. He has done so selflessly... and continues to do so despite these present circumstances. The only thing that truly matters to him is that Aiden grows up to be a well-rounded young man. Thusly we all know that this is no small task... as for the vast majority of Aiden's life Steven has had to do this as a single parent (without much support). I commend Steven's efforts in this capacity and know him to be a wonderful father.

I can be reached by telephone at (845)596-6056 if you wish to speak to me or if you need any additional information.

Sincerely,

A handwritten signature in cursive script that reads "Josh Payne". The signature is written in dark ink and is positioned below the word "Sincerely,".

Josh Payne



May 2, 2016

Re: Steven T. Puccio, D.O.

To Whom It May Concern:

Please see below my character reference of Steve.

I have known Steve since the late 1990s. I originally met him in a work capacity, as I was trying to gain his business and have him as one of my customers. We became friends very quickly, as Steve is one of the nicest, most down to earth, caring, sincere, and generous individual I have ever met. It took me several years, and a few companies later, to gain his business. Although we were friends, Steve wouldn't switch his business over to me until I had products that he believed were of a superior quality to ensure his patients would receive the absolute best care that he could provide. Steve's case load with me increased over time, and I can honestly say that he is among the very best surgeons I have worked with during my almost two decades in the operating room. What makes him the best is not just his skill as a surgeon, but his complete dedication to serving his patients. He always puts them above all else.

Over the years, Steve has served as our doctor and treated every member of my immediate family. We have complete trust in him, both as a physician, and as a person of utmost integrity. I know that at any time, day or night, whether a weekday, weekend, or holiday, Steve is available if I, or anyone I know, should need his assistance. This behavior is by no means limited to my family. He is an unbelievably great father, both to his son, Aydan, and to his step-daughter, Katlyn. Steve has put any differences aside regarding his ex-wife, Rachel, and has continued to support her, both financially and emotionally, many years after he had any legal obligation to do so.

I hope, from this very brief letter, I have been able to convey my thoughts as to what makes Steve such an outstanding person. I am extremely lucky, and proud, to call him my friend. Please feel free to contact me at any time regarding Steve.

Sincerely,

Brad Baum  
Territory Manager, Stryker Spine  
610-533-0444

**JACKSONLAW, LLC**  
ATTORNEYS AT LAW

JANET JACKSON  
DOMINICK A. LOCKWOOD (1988-2002)

LEO P. JACKSON

**\*Please Reply to Stroudsburg**

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve (Dr. Puccio) for approximately 13 years as a client, physician, and friend.

Steve has always been there for my family's medical needs, as a customer he has always keeps his word while treating myself and my staff with curtesy and respect. He is truly a man of integrity who has always shown ethical business practices.

In the time I have known him I have had multiple business transaction as well as many visits to his office for my family's care. I have never had a bad experience or seen any behavior other than professional.

I can be reached by telephone at 610-905-1059 if you wish to speak to me or if you need additional information.

Sincerely or Very truly yours,  
Chris Boland

H. Christina Connor

1480 Sacco Meadow Court\* Bethlehem, PA 18015\* Phone: 610-867-4066  
E-Mail: sconn@adelphia.com

Date: April 29, 2016

To Whom It May Concern  
Jackson Law, LLC  
607 Monroe Street  
Stroudsburg, PA  
18960

Dear Sir or Madam:

Please accept this character reference in support of Steven T Puccio, D.O.

I have known Dr. Puccio for approximately 10 years as a physician with the orthopedic group within the St. Luke's University Health Network.

I know Steve to be a truly dedicated physician.

He has provided expert, professional and compassionate care to myself and family members. Steve is a competent and confident surgeon who devotes a great deal of time to understanding the needs of his patients. He has also continued to hone his skills through further education and training.

I can be reached by telephone at 610-867-4066 if you wish to speak to me or if you need additional information.

Sincerely,



H. Christina Connor

Joseph C. Delfoe  
838 Maple Road  
Hellertown, PA 18055

May 25, 2016

To: All Persons of Interest

I was very disappointed to discover that my Orthopedic Surgeon, Dr Steven T. Puccio would no longer be available to me at St.Lukes.

I have known Dr. Puccio since 2002 as a surgical patient and recipient of numerous major surgeries (neck, shoulder, lower spine, and hip) performed by him. I recognize him as being a compassionate, enthusiastic, competent, and understanding professional. He is, and has always been dedicated one hundred percent to his practice of medicine and surgery. He has always expressed empathy when evaluating my numerous problems. He listens closely to my complaints. He never rushes me through and spends the time to explain the issue in a manner that I can understand. He gives me options for the available procedures and recommended treatment. These are the reasons that I have complete trust and respect in him and find him to be outstanding. He had even released his private telephone number to me so that I could contact him with any issues I may be having about my medical situation. How many patients can say that about their physician?

I find Dr. Steven Puccio to be a highly skilled professional. He has always demonstrated the highest character for truthfulness, dedication, and professionalism as an individual and a physician.

If you would like to contact me, I can be reached by telephone at 610-838-9127.

Sincerely,



# LEHIGH COUNTY CORONER'S OFFICE AND FORENSICS CENTER

4350 Broadway

Allentown, PA 18104

610.782.3426 610.820.8271 FAX

Scott M. Grim, D-ABMDI  
Coroner

April 29, 2016

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this letter as a character reference in support of Steven T. Puccio, D.O.

I have known Steve for approximately 12 years, in both a professional and personal manner. First, in the capacity as my physician and surgeon, and then, as time went on, a personal friend.

I know Steve to be a person of the highest character for truthfulness, professionalism, dedication, decency, caring family man and physician.

In the time I have known Steve; I have seen him interact with other members of his practice, patients and family members. Again, he has earned my respect many times over. Not only has Steve treated me on numerous occasions, he has treated members of my family, all in the utmost professional and respectful manner. In fact, knowing Dr. Puccio as well as I do, if I needed cardiac related surgery and Steve said he could perform the procedure, I would want him to do so. I have the highest respect for this man.

Please feel free to contact me if you would like to speak directly to me or if you would need any additional information.

Respectfully,

Scott M. Grim, D-ABMDI  
Lehigh County Coroner



Accredited by the International Association of Coroners and Medical Examiners





Jackson Law &lt;jacksonlaw607@gmail.com&gt;

---

**Dr. Steven T. Puccio**

1 message

**April D. Jensen** <ptf60@juno.com>

Sun, May 1, 2016 at 4:19 PM

To: "jacksonlaw607@gmail.com" &lt;jacksonlaw607@gmail.com&gt;

To whom it may concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for approximately 4 years as a fellow parishioner at Bethany Wesleyan, then my surgeon.

I know Dr. Puccini to be a person of highest character for truthfulness, decency, and professionalism as my physician.

In the time have known him, he has been helpful and caring in the preparation for my hip replacement. He performed that surgery; not only being a top notch surgeon, but afterward being readily available to consult with on some of my post operation concerns. I have the highest regard for him not only as a surgeon, but a fine man.

I can be reached by telephone at 610-393-6692 if you wish to speak to me or if you need additional information.

Sincerely,

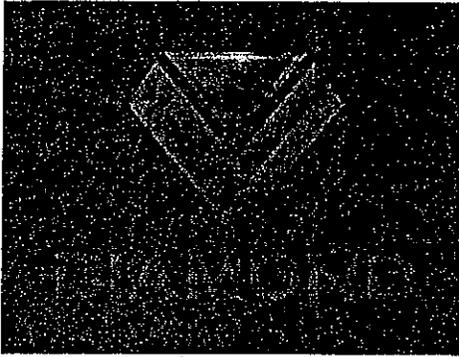
Stephen J. Jensen

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**StyleBistro**

Her Dress Dropped Jaws At The Met Gala

<http://thirdpartyoffers.juno.com/TGL3131/572664c659a7a64c22320st01vuc>



DIAMOND TOYOTA DIAMOND SCION  
1509 QUENTIN ROAD LEBANON PA 17042

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for approximately 5 years and 4 months as a friend and his patient.

I know Dr. Steven Puccio, D.O. to be a person of the highest character for truthfulness, decency, professionalism; dedicated, caring family man and physician.

In the time I have known him I have seen his professional bedside manner with patients, his dedicated time to ensure the well-being of each and every patient. He shows his true compassion handling people in his personal and professional life. I have every ounce of faith that he is truly of honest character. He is one of the most decent human beings and I am grateful to have been his patient and friend.

I can be reached by telephone at 610-217-3500 if you wish to speak to me or if you need any additional information.

Sincerely,

Steven B. Kahlon  
Dealer Principal  
Diamond Toyota  
Blackmans Cycle Center  
Montgomeryville Cycle Center  
Atlantic City Cycle Center  
EAGC Contracting

# Richard B. Pender

5916 Hoffman Lane • Slatington, Pennsylvania 18080 • 484-951-6808 • [rbspender@yahoo.com](mailto:rbspender@yahoo.com)

04/30/2016

Attorney Janet Jackson  
Jackson Law, LLC  
607 Monroe Street  
Stroudsburg, PA 18360

Re: Steven T. Puccio, D.O.

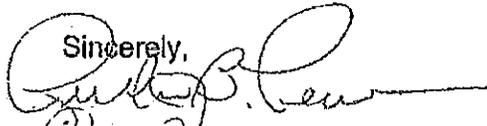
Dear Attorney Jackson,

It has been our privilege to have known Dr. Steven Puccio for over six years; as we are members together at Bethany Wesleyan Church, Cherryville. While considering Dr. Puccio as a close friend, he is also our orthopedic surgeon. In the six years we have known each other, Dr. Puccio has performed spinal fusion surgery, three orthoscopic knee surgeries and most recently bilateral knee replacement. While Rick was the beneficiary of Dr. Puccio's expert care, Dr. Puccio always made himself available to both Shelly and I with open communication regarding his condition and progress. As parents of five children, we would have no hesitation in entrusting their health to Dr. Puccio.

As a member of the Bethany Wesleyan Church Local Board of Administration; I, Richard, can attest to Dr. Puccio being held in high regard with the pastoral staff and church leadership. Dr. Puccio has treated many of our congregants and his reputation as a knowledgeable, honest and passionate physician speaks volumes about the true nature of his heart. Dr. Puccio has contributed generously to the church in so many ways.

If we can be of further assistance to you, please feel free to contact us at any time.

Sincerely,



Richard B. Pender

Richard & Shelly Pender

May 2, 2016

To Whom It May Concern:

Please accept this letter as a character reference in support of Dr. Steven Puccio.

I have known Dr. Puccio for approximately two years. I met him at a time when I was injured and experiencing serious back pain. I needed a physician I could rely on and trust, so I could overcome these issues. I did not want to miss work, take any more medications than needed, and also wanted to continue being active (e.g. running, working out, etc). Dr. Puccio made all that a reality. Following surgery, I returned to work after only a couple weeks and was also running and working out a short time later.

While dealing with my back injury and treatment I came to know Dr. Puccio. We have had many discussions; we've talked about our professions, families, and other things friends discuss (e.g. current events, sports, other friends). I firmly believe that he is a dedicated medical professional and devoted father and husband. He has always been an extremely honest, knowledgeable, trustworthy, and professional-as a doctor and friend to me. That is why I have nothing but support for him and would recommend him to anyone else that may be seeking a dedicated, knowledgeable, trustworthy doctor.

I can be reached at 484-619-0049 if you need any further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel J. Reagan". The signature is stylized with a prominent vertical stroke and a horizontal line extending to the right.

Daniel J. Reagan

RE: Steven T. Puccio

May 5, 2016

To whom it concerns:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for approximately 6 years as a friend, Church member, and my Doctor.

He is the only Doctor that I can truly say has helped me and my family members with our ortho. Problems.

Dr. Puccio is very professional he tells you exactly what to is involved with the procedure and how he will do it. He is also kind, dedicated, decent and friendly professional Doctor.

As long as I personally know him he has never told me anything wrong, never treated me wrong, or for that matter I never have seen him treat any one badly. I want to have him fix my trigger finger, but now I have to wait or find someone that I can trust like Dr. Puccio.

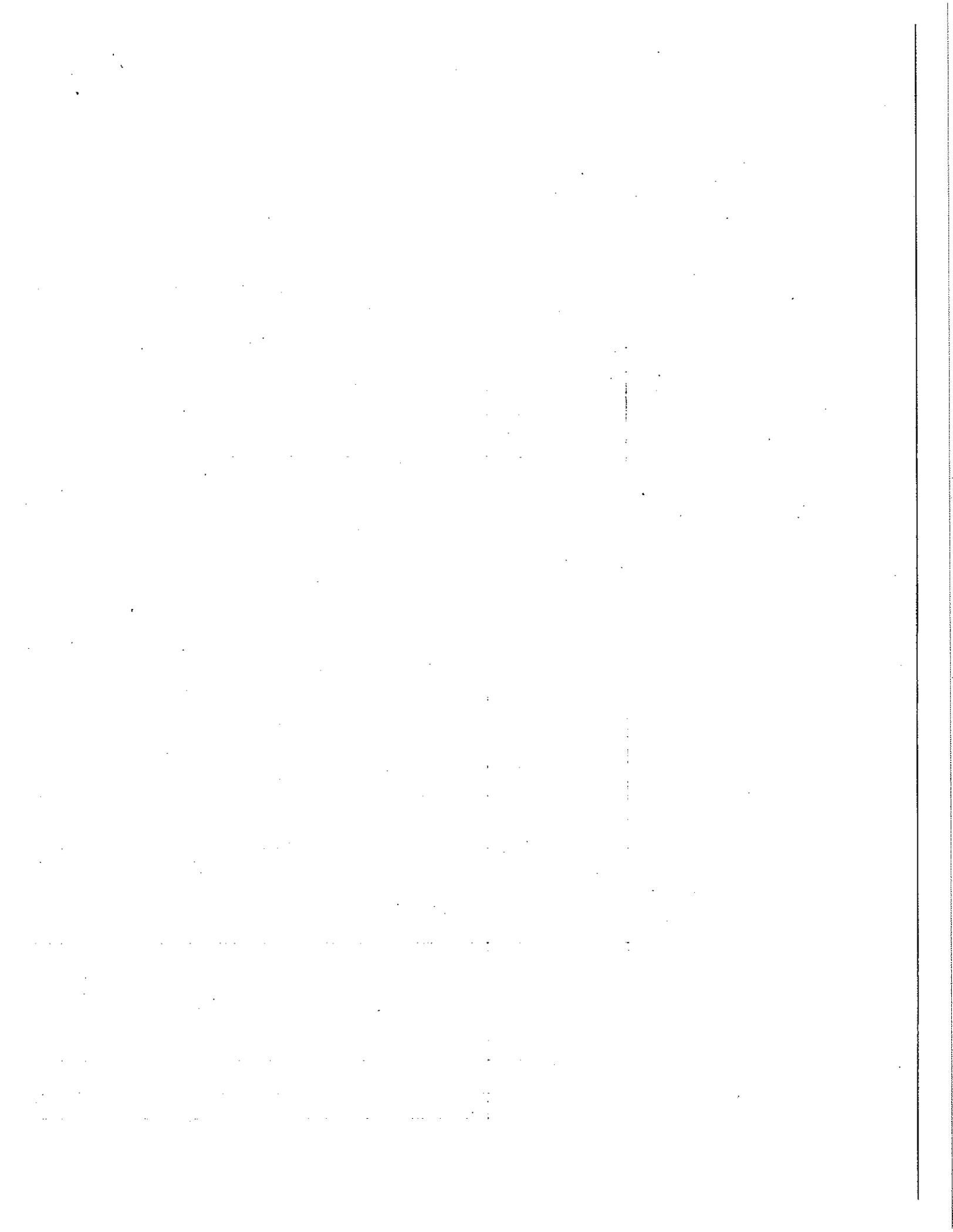
I can be reached by telephone at 610-349-7107 if you wish to speak to me or if you could us me in any way to help Dr. Puccio.

Thank you,

Barry J Weirback

2133 Dogwood Lane

Bethlehem, Pa. 18018





Jackson Law &lt;jacksonlaw607@gmail.com&gt;

**(no subject)**

1 message.

Peggy Ziegenfuss &lt;peggyz@bethanywes.org&gt;

Tue, May 3, 2016 at 12:31 PM

To: jacksonlaw607@gmail.com, Steven Puccio &lt;stevenpuccio@gmail.com&gt;

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for approximately 10 years as both a friend and a patient.

I know Dr. Puccio to be a person of the highest character for truthfulness, decency, professionalism; dedicated, caring family man and physician.

In the time I have known Dr. Steve, I have seen him as a very caring and compassionate person. His interaction with people on Sundays at church when they share their physical concerns is so very tender and caring. He always takes time to listen and do his best to assist them if possible. He's highly respected by many and people are so comfortable talking to him. As a person on the medical team during church services, he is very professional and so kind and compassionate to the individual having a medical issue.

Personally if Dr. Puccio had not intervened in my physical condition of my back, I do not believe I would be walking today. He has made himself available for questions or fears I may have had following surgery.

I have seen his involvement in his son's life through his volunteerism in the sports program at Bethany. Seeing his son snuggle up to him when sitting in service is priceless.

I can be reached by telephone at 484-241-5528 if you wish to speak to me or if you need additional information.

Sincerely,

Peggy Ziegenfuss

—  
Peggy Ziegenfuss  
Administrative Assistant  
Bethany Wesleyan Church



Jackson Law &lt;jacksonlaw607@gmail.com&gt;

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**Character Reference letter from Dwight Addington**

1 message

Peggy Ziegenfuss &lt;peggyz@bethanywes.org&gt;

Thu, May 5, 2016 at 3:02 PM

To: Steven Puccio &lt;stevenpuccio@gmail.com&gt;, Jackson Law &lt;jacksonlaw607@gmail.com&gt;

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve Puccio for the past 6 years as a parishioner of Bethany Wesleyan Church and as a friend.

I have found Steve to be very approachable and very helpful in a number of different areas. I have observed him assisting children and adults in many different situations.

An elderly couple in our church celebrated their 61st wedding anniversary last year. The wife was experiencing more and more pain and after attending the church each week for many, many years, she got to the point she could no longer attend services with her husband due to the pain in her back. Dr. Puccio had her come to his office and go through some testing and he performed an operation on her and her husband told me that following the surgery she was not experiencing any more back pain.

Although a busy physician, Steve found time to volunteer on a regular basis on the church medical team for our weekend services. One Sunday morning when we had approximately 1000 in our church, a man fell over in our lobby. Dr. Puccio immediately attended him and spoke to his wife to further assess the situation. By the time the ambulance and EMTs arrived, Steve had assisted him and he was able to be safely transported to the hospital.

I have also been able to observe Steve interacting with his son, Aydan at various times. Whether he is cheering for him on the sidelines at the football field or when he brings his son to church, Steve takes parenting Aydan very seriously. I personally believe that Steve has played an extremely important role in the life of his son, who will soon be entering the teen years. The next few years will play a critical role in the life of his son.

If you have additional questions for me, I can be reach at the office at (610) 767-1239 or on my cell phone at (717) 989-8000.

5/6/2016

Gmail - Character Reference letter from Dwight Addington

Sincerely,

Dwight L. Addington

—  
*Peggy Ziegenfuss*  
Administrative Assistant  
Bethany Wesleyan Church

May 3, 2016

To Whom It May Concern:

One of the first impressions I had of Dr. Steve was that he is a concerned, dedicated man. He volunteers to help in many of the ministries at Bethany Wesleyan Church in Cherryville. It is inspiring to see a highly skilled physician involved in so many volunteer ministries such as setting up/tearing down for events, coaching flag football, and coaching Upward basketball for children. He is involved in teaching them the fundamental rules of the game and good sportsmanship conduct.

Dr. Steve also serves as a volunteer on the medical staff at the church. I am always amazed how he treats everybody with compassion and concern when they need medical attention during the worship service. Little did I know that I also would be a recipient of Dr. Steve's help when after years of chronic pain, I, too, passed out during the service. Dr. Steve sent me by ambulance to St. Luke's Hospital on Sunday and he operated on me by Tuesday. That surgery literally changed my life for the better.

I watched him as the medical attendant of the Northampton football game give comfort to the parents of a player that was injured in the game. I am always impressed at how this highly-skilled physician treats everyone with respect, courtesy and compassion. His entire life is devoted to helping people whether it is volunteering in the church, in the community or providing service in his craft.

I am aware of the accusation that led to the termination of Dr. Steve at St. Luke's. This is a time when the law and the human element must be considered. Dr. Steve's termination has affected hundreds of lives, his patients, past, present and future, his fellow workers, friends, church members, family and most of all his precious 10 year-old son, Aydan, who idolizes his father. Aydan has, in his short life, seen his parents go through a divorce and his mother incarcerated multiple times. Now Aydan has a solid family with Steve's new wife, Caitlin, who loves and adores him. This has changed Aydan's life for the better.

Any further legal action against Steven T. Puccio, D.O., who is extremely remorseful, would be a travesty of justice and will only serve to bring more damage and harm to all concerned, especially his 10 year-old son.

Sincerely,

Ken Everett, Business Administrator  
Bethany Wesleyan Church  
610.767.1239  
kene@bethanywes.org



Jackson Law &lt;jacksonlaw607@gmail.com&gt;

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**Puccio/character reference**

1 message

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**Kevin Fetterhoff** <kevinf@bethanywes.org>  
To: jacksonlaw607@gmail.com

Tue, May 3, 2016 at 11:57 AM

To Whom It May Concern:

May 3, 2016

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve Puccio for 12 years as a friend and as a parishioner of Bethany Wesleyan Church.

It has been my opportunity to be with Steve in social settings, church settings and I have visited him at his office.

Steve has stood out to me as a person that has made himself available for volunteer service at the church. He has served on the medical volunteer team for various large scale events as well as weekend services. We have approximately 900 attendees each weekend. There have been numerous times that Steve has assisted by assessing situations and by being a calming presence in various emergencies. One particular weekend he assisted an elderly parishioner whose family thought she had the flu. He assessed her situation and it became clear to him that she was suffering from a much greater issue and he recommended she go to the hospital for testing. It was discovered that she had an obstruction which required surgery. That day the helpful operation was performed and she recovered nicely.

One of our parishioners fell about 14 feet while trimming a tree and badly broke both hands and both wrists and sustained other injuries. Steve was able to do strategic surgery to put him back together. I was with this parishioner recently and asked him how he was doing. He showed me his range of motion, grip and I watched him help with all sorts of tasks we were doing that day.

The Business Administrator at my office had been suffering a lot from various issues in his lower back and hip. He was in pain daily and it was quite obvious. He went to see Steve and a plan of action was agreed upon. Steve performed a very helpful surgery for the BA. That surgery was quite beneficial as it relieved the majority of his discomfort. He returned to work and is now functioning in normal ways.

My Office Manager experienced excruciating discomfort in her back while pulling weeds and the pain would not go away. When Steve heard about this he adjusted his Sunday schedule and asked if she would meet at the hospital for x-rays. They saw that she had multiple fractures in the vertebrae in her back. The fractures were due to a condition the OM did not know she had. That Sunday Steve repaired the injured vertebrae and the OM was able to return to work and is doing well without pain.

I was having issues with my hip and went to see Steve. He performed a series of tests and deduced that my discomfort was due to one leg being slightly shorter than the other. No surgery needed. He scheduled me with a podiatrist and I am better off because of it.

The community where Steve serves as a physician is a better place because Steve is in practice there.

Many of my friends and acquaintances have met with him for health situations and have been greatly helped by him. I sincerely hope that Steve can remain a physician who is available to help hurting people. This is what he is gifted to do.

Steve's son, Aydan, is full of energy and quite sharp. I have watched Steve spend time at the football field watching and cheering on his son. I have seen them spend time interacting at family gatherings. Steve takes his son to church and has sought to provide a solid educational experience for him. I believe it is Steve's desire to serve as a positive influence on Aydan both now and in the days ahead.

I can be reached by phone at 610-360-0749 if you wish to speak to me or if you need additional information.

Sincerely,

Kevin Fetterhoff  
KF:lg



Jackson Law &lt;jacksonlaw607@gmail.com&gt;

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**Character reference**

1 message

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**Scott Weldon** <scottw@bethanywes.org>  
To: stevenpuccio@gmail.com, jacksonlaw607@gmail.com

Tue, May 3, 2016 at 2:50 PM

To Whom It May Concern;

Please accept this character reference in support of Steven T. Puccio. D.O.

I have known Dr. Puccio for about 12 years as one of his pastors. I know him to be a man with a huge heart for people who are hurting physically, mentally, emotionally, and medically. He is a sensitive and caring father to his son. He listens carefully and acts decisively with a God-given instinct that moves patients toward healing. His name has become a household name in our large congregation for those needing surgery. As well as his own practice he also have given many hours to our church by being on call when he is on site. Once again, his presence has calmed and directed many medical emergencies at our church.

His value to the medical community and to those of us who know him is beyond estimating. He is obviously on the cutting edge of his profession, and it deeply concerns me that in any way his profession would be in jeopardy. He is needed as a father, as a surgeon, and as a friend to his church family. I believe he is worth all efforts that can be made to bring about full restoration of his medical career and his personal life.

I can be reached at 610.442.5587 if you desire additional information.

Sincerely yours,

Rev. Scott L. Weldon  
Staff Pastor  
Bethany Wesleyan Church  
Cherryville, PA

May 6, 2016

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve for approximately 10 years as his pastor and counselor as well as friend and surgeon for my wife Nancy.

I know Steve to be a person of the highest character for caring about his family, decency, professionalism; dedication, and showing compassion to his patients.

In the time I have known him, he has struggled to protect his son from his former wife, who has managed through her addiction to abandon her son time and time again. He has struggled for many years to help her get the help she needs in order to be a decent mother, even at great personal risk and expense. He has negotiated difficult relationships with her family as well.

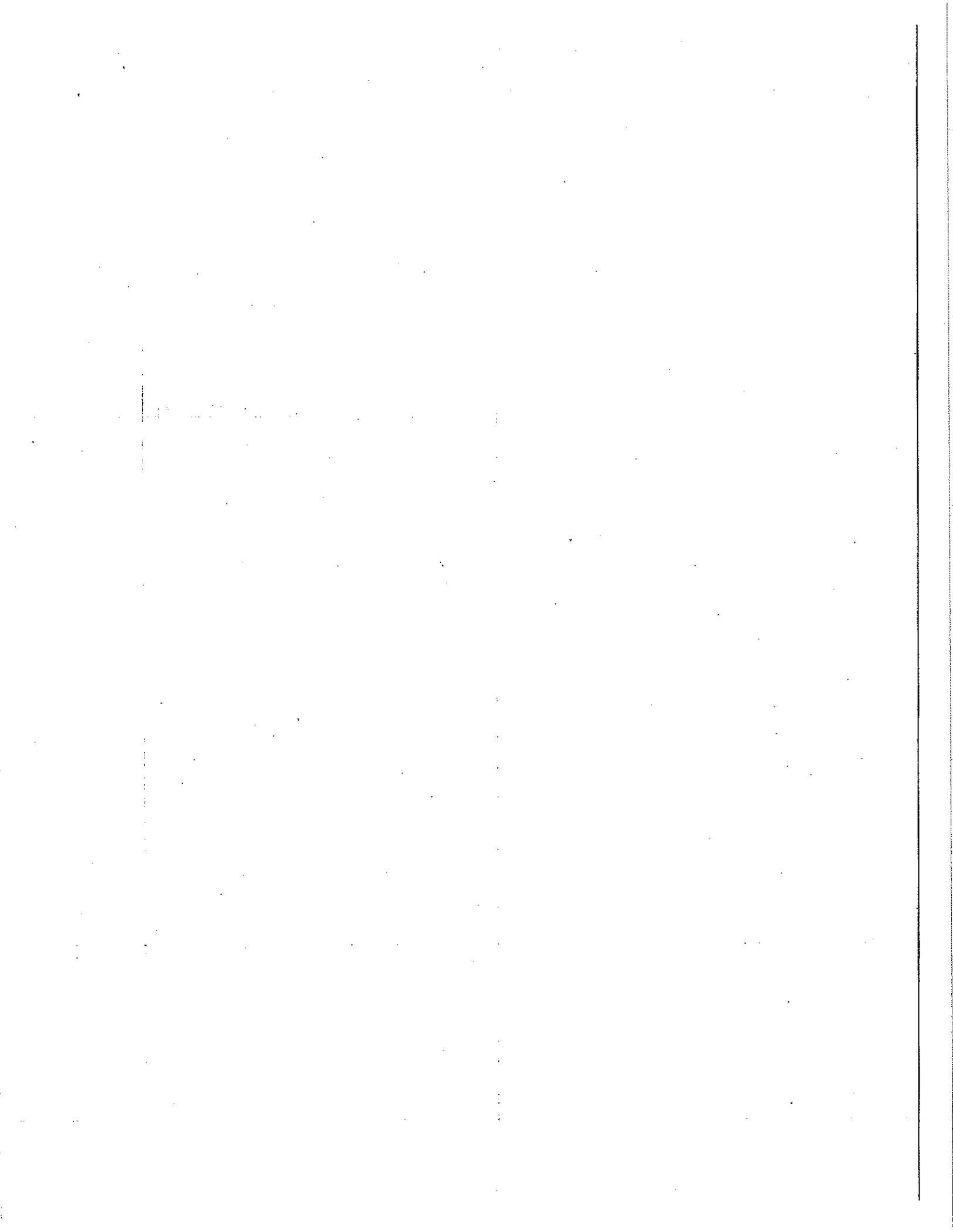
Steve has performed two critical surgeries on my wife Nancy, both back and neck fusion. She has been able to go from living on narcotics to being pain free through his giftedness and expertise.

I can be reached by telephone at 610-703-5090 if you wish to speak to me or if you need additional information.

Sincerely,



Rev. Rod M. Zottarelli MA MFT



Jackson Law, LLC  
Attorneys at Law

Janet Jackson

Leo P. Jackson

Dominick A. Lockwood (1988-2002)

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Steven Puccio for approximately 12 years as a part of my family. Steven became a part of my family through the marriage to my cousin, Rachel Puccio.

I have always known Steven to be a generous, kind, hardworking and loyal family man.

Even through the hardships of the divorce, Steven always went out of his way to include his son, Aydan, in our family and Steven continues to be a loved member of our family. He has endlessly gone out of his way to help our family in any way possible. If he was not able to help, he would find someone who could. We will always be thankful for his generous heart.

Steven's generosity goes far beyond our family. I have always known Steven to help anyone in need. Steven volunteers his Sundays to help anyone in medical need at his church and is loved and appreciated by many for his care.

As a father, Steven has always put Aydan's well-being first and foremost. He has gone above and beyond to give Aydan a normal life through the hard situations he has had to go through in his life. Steven has done an amazing job raising a wonderful, loving, well-rounded boy despite the difficulties life has handed him.

It is from my personal experience that Steven is a man of good character and integrity. He has always been a loyal, trustworthy, hardworking, dedicated family man and I am proud to have him as my family.

I can be reached by telephone at 484-358-6996 if you wish to speak to me or need additional information.

Sincerely,

Brittany J Dieter



**Jackson Law, LLC**

**Janet Jackson  
Leo P. Jackson  
Dominick A. Lockwood (1988-2002)**

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steven for approximately 12 years. Steven came into our family when he married my cousin, Rachel Puccio.

Over the past 12 years, I have gotten to know Steven on a more personal level. Steven has shown to be a trustworthy, dedicated family man, a good provider and a man of his word, to name a few. Steven has been a blessing to our family as a whole and I am personally thankful for him.

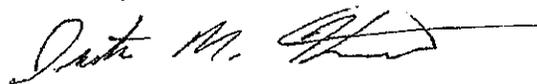
Steven has shown to be a man of good character. Over the years I have developed a solid friendship with Steven. I have been able to go to him with the struggles of everyday life and know that I can trust him. Steven has been there for me when I needed someone to talk to. He has earned my trust and shown how to be a friend. I have trusted him in watching my children. My son has had sleepovers at his residence and loved staying there with him and his family he has now.

Just as he cares for my family, he cares even more for his own. Steven is dedicated to his wife Caitlyn and his son Aydan. Steven has been a true role model for his son when his biological mother was not always around. Steven has shown an overabundant love for Aydan and has always been there for him even though his work schedule is hectic. I have learned from Steven that no matter how important work and life is, your family is a priority.

In all, it is from my personal experience that Steven is a man of good character and integrity. He has been there for his family through it all and continues to show these traits in tough times. Steven will always be a part of my family. I know Steven will always be there for me and my family whenever I need him. I am blessed to call him a friend, but I am more blessed to call him family.

I can be reached by telephone at 610-217-4551 if you wish to speak to me or if you need additional information.

Sincerely,



Justin M. Heisler

RE: Steven T. Puccio, D.O.

To Whom It May Concern :

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known "Steve" or "Dr. Puccio for approximately 44 years and 10 months as I am his brother, David Puccio.

I know my brother to be a person of great character in high regards to being truthful, decency, being proud of his professionalism as a physician and his love for his family.

As being Steve's younger brother I believe i know him the best, he has guided me through life making me a better person. I just know my brother would never do anything intentional to hurt anyone especially with these false allegations put against him by his ex wife. I know she got involved with the wrong people and got hooked on prescription drugs on her own not by my brother. I even asked for him to write me a prescription and he said no, so I know she had my brother right where she wanted him and she threatened him with his job if he stopped writing her prescriptions. It's not my brother's fault, any person in this situation would have done the same thing.

My brother has worked hard his entire life to become what he is today, a successful Doctor with a wonderful loving family. I just want it to stay that way because he deserves it.

I can be reached by telephone at 856-870-3606 if you wish to speak to me if you need additional information.

Sincerely,

David Puccio



Jackson Law &lt;jacksonlaw607@gmail.com&gt;

**Steven T. Puccio**

1 message

npuccio@sccoast.net <npuccio@sccoast.net>  
To: jacksonlaw607@gmail.com  
Cc: stevenpuccio@gmail.com

Tue, May 3, 2016 at 11:51 AM

To whom it may concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

We have known Steven all of his life. As a child he was caring and compassionate. From family, friends, neighbors, animals, he is always willing to help any way possible. This is what Steven is all about! He always gives 100% to whomever or whatever needs his help. I have seen him spend hours figuring out a compatible solution to a problem with a patient. Steven P loves his work. He is a son who makes us proud! We can be reached by telephone at (843-215-6949 if you need additional information, or if you wish to speak with us.

Puccio

Respectfully, David T., & Nancy J.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve for approximately fifteen years as not only a friend but also as a stepfather for four years.

I know Steve to be a person of the highest character for truthfulness, decency, professionalism; dedicated, caring, family man and physician.

In the time I have known him I have learned that he not only is a man of great character, but a loving, thoughtful and wonderful person and father. I was four years old when I first met Steve and was seven when he married my mom. Even before they were married, Steve would spend time with me and take me to do fun things such as buying me Hilary Duff concert tickets and sitting through the three hour concerts that I am sure did not entertain him much, all because he loved me. When him and my mom got married we moved to New York away from my father. Steve quickly became a real father figure to me. We would have family game nights, he would take me trick or treating and he taught me how to ride a bike. Not only did he provide for our family, he paid for me to go to private school for several years, which I greatly appreciate. He also took my mother and I on vacations to see his parents in South Carolina and once to the Bahamas. A few years passed and my mother and Steve told me the great news that I was getting a younger brother, Aydan. Steve was not only a wonderful father to me, but also to Aydan. He was so excited when Aydan was born and I believe anyone could see that. In 2007 we moved back to Pennsylvania when he got a job at St. Luke's Hospital. Steve has always been very close with my mother's parents as have all of us. The entire family loved Steve very much and considered him a part of the family. Steve and my mother were divorced in 2008, and shortly after, my mother's drug addiction began. During the next few years Steve helped her tremendously, even though they were divorced. He paid for her methadone, bought her a house, bought her a car, paid her bills. We all wanted her to get better, especially Steve. He paid over one hundred thousand dollars in treatment for her. He flew her to Florida to a rehab amongst paying for others locally. He was always willing to do anything for her, Aydan, and I.

On top of all of the help he has provided for my mother, he has also helped me in many ways. The years that he was my stepfather he taught me so much, and even though they divorced I have always considered him to be like a father to me. I have maintained a relationship with him and Aydan throughout the years and always will. Steve, his wife Caitlyn, and Aydan asked me to go to Florida with them January of 2015, which I very excitedly accepted the invitation. This was one of the best vacations I have been on and am very thankful to have gotten to do that. A few months later, Steve and Caitlyn asked if I would like to go to the Dominican Republic for their wedding, but unfortunately I was unable to do to schoolwork. I still talk to Steve very frequently and go out for meals with him. I hope what can be gathered from all of this information is that Steve is a thoughtful, and generous person who goes above and beyond for the people he loves.

I can be reached by telephone at 484-767-4922 if you wish to speak to me or if you need additional information

Sincerely,

Katlyn Smith

State Board of Osteopathic Medicine  
P.O. Box 2649  
Harrisburg, PA 17105-2649

**ATTN: Status Change**

To whom it May Concern:

This is my written request to place my Osteopathic License on Inactive status at the present time. I am currently not engaged in the practice of medicine within the state of Pennsylvania. Please allow it to remain INACTIVE until further notice.

Name: Steven Thomas Puccio

License#: OS007746L

SS#: XXX-XX-1277

DOB: September 24, 1964

Thank you in advance for your prompt assistance in this matter. If I could be provided with confirmation of receipt of this letter by either phone at 610-297-0657, via email at [stevenpuccio@gmail.com](mailto:stevenpuccio@gmail.com) or via regular mail to my home at 3981 Hunsicker Drive, Walnutport, PA 18088-9124 I would be greatly appreciative.

Sincerely,

Steven T. Puccio, DO

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF OSTEOPATHIC MEDICINE

Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs

vs.

Steven Thomas Puccio, DO,  
Respondent

File No.: 16-53-11649

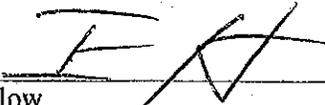
Docket No: 1486-53-17

**ORDER**

AND NOW, this 9<sup>th</sup> day of August 2017, the STATE BOARD OF OSTEOPATHIC MEDICINE ("Board") adopts and approves the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS

  
\_\_\_\_\_  
Ian J. Harlow  
Commissioner

For the Commonwealth:

Respondent/Respondent Counsel:

Date of mailing:

BY ORDER:  
STATE BOARD OF OSTEOPATHIC  
MEDICINE

  
\_\_\_\_\_  
Frank M. Tursi, DO  
Chair

Jason Anderson, Esquire  
2601 North Third Street  
P. O. Box 69521  
Harrisburg, PA 17106-9521

Steven Thomas Puccio, DO  
David F. Michelman, Esq.  
Michelman & Bricker, P.C.  
1500 Walnut Street, Suite 502  
Philadelphia, PA 19102

August 10, 2017

# COPY

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF OSTEOPATHIC MEDICINE

Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs

vs.

Steven Thomas Puccio, DO,  
Respondent

File No.: 16-53-11649

Docket No: 1486 -53-17

PROFHOINDACTARY  
2017 AUG 10 AM 10:42  
Department of State

## CONSENT AGREEMENT AND ORDER

### PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and **Steven Thomas Puccio, DO** ("Respondent") stipulate as follows in settlement of the above-captioned case.

### APPLICABLE LAW

1. This matter is before the State Board of Osteopathic Medicine ("Board") pursuant to the Osteopathic Medical Practice Act, Act of October 5, 1978, P.L. 1109, No. 261, ("Act"), as amended, 63 P.S. §§ 263-271.17; the Medical Care Availability and Reduction of Error ("Mcare") Act, Act of March 20, 2002, P.L. 154, No. 13, as amended, 40 P.S. §§ 1303.101-1303.910; and/or the Act of July 2, 1993, P.L. 345, No. 48 ("ACT 48"), as amended, 63 P.S. §§ 2201-2207.

### LICENSURE STATUS

2. At all times relevant and material hereto, Steven Thomas Puccio, DO, ("Respondent") held a license issued by the State Board of Osteopathic Medicine ("Board") to practice as an osteopathic physician and surgeon in the Commonwealth of Pennsylvania, license number

OS007746L, which was issued on July 20, 1992 and has been inactive since on or about July 22, 2016.

**STIPULATED FACTS**

3. The Respondent admits that the following allegations are true:
  - a. Absent further Board action, Respondent's license may be continually reactivated, renewed, or reinstated upon the filing of the appropriate documentation and payment of the necessary fees.
  - b. Respondent's address on file with the Board is: 3981 Hunsicker Drive, Walnutport, PA 18088.
  - c. Pursuant to a September 30, 2016 Criminal Complaint, Respondent was charged in Lehigh County, PA with Administering a Controlled Substance by a Practitioner for Other than a Medical Purpose (F), Sale/Distribution of Controlled Substance to a Dependent Person (M), and Furnishing False/Fraudulent Material Information (M) (MJ-31301-CR-0000258-2016). On September 30, 2016, the charges were waived to Lehigh County Court of Common Pleas. **See Exhibit A.**
  - d. On November 23, 2016, the Criminal Information was filed which withdrew the charge of Sale Give Controlled Substance to Dependent Person (M) and charged Respondent with: 1) Administering a Controlled Substance by a Practitioner for Other than a Medical Purpose (F), 2) Administering a Controlled Substance by a Practitioner for Other than a Medical Purpose (M), and 3) Furnishing False/Fraudulent Material Information (M) (CP-39-CR-0004691-2016). **See Exhibit A.**

e. Pursuant to the May 16, 2017 Guilty Plea, the charges of Administering a Controlled Substance by a Practitioner for Other than a Medical Purpose (F) and Furnishing False/Fraudulent Material Information (M) were withdrawn, and the charge of Administering a Controlled Substance by a Practitioner for Other than a Medical Purpose (M) was changed to Sale or Giving of Controlled Substance to a Dependent Person (M). On May 16, 2017, Respondent entered into a plea of guilty to the charge of Sale or Giving of Controlled Substance to a Dependent Person (M), and he was sentenced to pay costs and one year of probation. **See Exhibit A.**

f. The Professional Health Monitoring Program recommended that Respondent receive credit for verified monitoring beginning on February 8, 2017 if his participate in the Disciplinary Monitoring Unit (“DMU”) of the Department of State’s Professional Health Monitoring Programs is approved pursuant to the terms of the within agreement. **See Exhibit A.**

g. A true and correct copy of the certified court records for Lehigh County Docket No. CP-39-CR-0004691-2016, including but not limited to the Criminal Complaint, Affidavit of Probable Cause, Criminal Docket, Criminal Information, Guilty Plea Colloquy, and Sentencing Order are incorporated as **Exhibit A.**

h. Without stipulating to the truth of the allegations contained therein, the Prosecution is amenable to Respondent’s inclusion of the mitigating statement, which has been attached hereto as **Exhibit B.**

## ALLEGED VIOLATIONS

4. The Commonwealth alleges that the Board is authorized to suspend, revoke, or otherwise restrict Respondent's license under Sections 11(c) and 15(a) of the Act, 63 P.S. §§ 271.11(c) & 271.15(a); or impose a civil penalty under Section 908 of the Mcare Act, 40 P.S. §§ 1303.908, and/or Section 5(b)(4) of ACT 48, 63 P.S. §2205(b)(4); and/or impose the costs of investigation under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at Section 15(a)(3), 63 P.S. § 271.15(a)(3) because Respondent was convicted of a felony, a crime involving moral turpitude, or a crime related to the practice of osteopathic medicine.

## PROPOSED ORDER

5. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. The Board finds that it is authorized to suspend, revoke, or otherwise restrict Respondent's license under Sections 11(c) and 15(a) of the Act, 63 P.S. §§ 271.11(c) & 271.15(a); or impose a civil penalty under Section 908 of the Mcare Act, 40 P.S. §§ 1303.908, and/or Section 5(b)(4) of ACT 48, 63 P.S. §2205(b)(4); and/or impose the costs of investigation under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at Section 15(a)(3), 63 P.S. § 271.15(a)(3) because Respondent was convicted of a felony, a crime involving moral turpitude, or a crime related to the practice of osteopathic medicine.

b. For purposes of this Agreement and Order, the terms “*practice*”, “*practice of the profession,*” and “*practice the profession*” shall include any and all activities requiring a license, registration, certificate, approval, authorization, or permit from the Board to perform. It also includes attendance at any

educational program/course that includes a clinical practice component with patients and/or requires a current license to practice the profession.

c. On the date this Agreement is adopted by the Board, Respondent's license shall be indefinitely **SUSPENDED** for no less than three (3) years, such suspension shall be immediately **STAYED** in favor of no less than three (3) years of **PROBATION**, unless that period of probation is extended or modified for cause by mutual agreement of the Respondent and the Professional Health Monitoring Program ("PHMP"), Disciplinary Monitoring Unit ("DMU") case manager; however, the above referenced three (3) year period is deemed to be retroactive from and/or have taken effect as of February 8, 2017. In addition, said probation is subject to the following terms and conditions:

**GENERAL**

(1) Within ten (10) days of the approval of this Agreement by the Board, Respondent shall contact the Bureau of Professional and Occupational Affairs, Professional Health Monitoring Programs ("PHMP"), Disciplinary Monitoring Unit ("DMU") to begin monitoring. PHMP's DMU contact information is:

|                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Professional Health Monitoring Programs<br>Disciplinary Monitoring Unit<br>P.O. Box 10569<br>Harrisburg, PA 17105-0569<br>Tele (717)783-4857 or in PA (800)554-3428 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(2) Respondent shall fully and completely comply and cooperate with the PHMP and its agents and employees

in their monitoring of Respondent's impairment under this Agreement.

(3) Respondent shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions and all rules and regulations and laws pertaining to the practice of the profession in this Commonwealth or any other state or jurisdiction in which Respondent holds an authorization to practice the profession. Summary traffic violations shall not constitute a violation of this Agreement; however, a violation of any conditions of a criminal probation and/or parole is a violation of this Agreement.

(4) Respondent shall at all times cooperate and comply with the PHMP and its agents and employees in the monitoring, supervision and investigation of Respondent's compliance with the terms and conditions of this Agreement. Respondent shall cooperate and comply with any requests for written reports, records or verifications of actions that may be required by the PHMP; the requested shall be obtained and submitted at Respondent's expense.

(5) Respondent's failure to fully cooperate and comply with the PHMP shall be deemed a violation of this Agreement.

(6) Upon request of the PHMP case manager, Respondent shall enroll in a peer assistance program, when available, including, but not limited to, Physician's Health Program ("PHP"), and shall fully and completely comply with all of the terms and conditions of Respondent's agreement with the peer assistance program. Respondent's failure to fully and completely comply with Respondent's agreement with the peer assistance program shall constitute a violation of this Agreement.

(7) Respondent shall not falsify, misrepresent or make material omission of any information submitted pursuant to this Agreement.

(8) Respondent may not be absent from the Commonwealth of Pennsylvania for any period exceeding twenty (20) days unless Respondent seeks and receives prior written permission from the PHMP subject to any additional terms and conditions required by the PHMP.

(9) Respondent may not engage in the practice of the profession in any other state or jurisdiction without first obtaining written permission from the PHMP. Once written permission is granted by the PHMP, Respondent shall notify the licensing board of the other state or jurisdiction that Respondent suffers from an impairment

and is enrolled in the DMU prior to engaging in the practice of the profession in the other state or jurisdiction.

(10) In the event Respondent relocates to another jurisdiction, within five (5) days of relocating, Respondent shall either enroll in the other jurisdiction's impaired professional program and have the reports required under this Agreement sent to the Pennsylvania PHMP, or if the other jurisdiction has no impaired professional program, notify the licensing board of the other jurisdiction that Respondent is impaired and enrolled in this Program. In the event Respondent fails to do so, in addition to being in violation of this Agreement, the periods of suspension and probation herein shall be tolled. It is a violation of this Agreement if Respondent violates and/or fails to fully and completely comply with the impaired professional program in another jurisdiction.

(11) Respondent shall notify the PHMP by telephone within forty-eight (48) hours and in writing within five (5) days of the filing of any criminal charges against Respondent; the final disposition of any criminal charges against Respondent; the violation of any terms and conditions of a criminal probation or parole; the initiation of any legal action pertaining to Respondent's practice of

the profession; the initiation of charges, action, restriction or limitation related to Respondent's practice of the profession by a professional licensing authority of any state or jurisdiction or the Drug Enforcement Agency of the United States Department of Justice; or any investigation, action, restriction or limitation related to Respondent's privileges to practice the profession at any health care facility.

(12) Respondent shall notify the PHMP by telephone within forty-eight (48) hours and in writing within five (5) days of any change of Respondent's home address, phone number, employment status, employer and/or change in practice at a health care facility. Failure to timely advise the PHMP under this subsection due to the PHMP office being closed is not an excuse for not leaving a voice mail message with this information.

(13) Respondent shall cease or limit Respondent's practice of the profession if the PHMP case manager directs that Respondent do so.

#### **EVALUATION - TREATMENT**

(14) As requested by the PHMP, Respondent shall have forwarded to the PHMP, a written mental and/or physical evaluation by a provider approved by the PHMP (hereinafter "treatment provider") assessing Respondent's

fitness to actively practice the profession. Unless otherwise directed by PHMP, the evaluation shall be forwarded to:

|                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Professional Health Monitoring Programs<br>Disciplinary Monitoring Unit<br>P.O. Box 10569<br>Harrisburg, PA 17105-0569<br>Tele (717)783-4857 or in PA (800)554-3428 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If the treatment provider determines that Respondent is not fit to practice, Respondent shall immediately cease practicing the profession and not practice until the treatment provider and the PHMP case manager determine that Respondent is fit to resume practice with reasonable skill and safety to patients.

(15) The evaluation described in the previous paragraph is in addition to any other evaluation already provided.

(16) Respondent shall provide copies of any prior evaluations and counseling records and a copy of this agreement to the treatment provider.

(17) Respondent shall authorize, in writing, the PHMP to receive and maintain copies of the written evaluation reports of the treatment provider(s).

(18) If a treatment provider recommends that Respondent obtain treatment, Respondent must fully

comply with those recommendations as part of these probationary requirements.

(19) Respondent shall arrange and ensure that written treatment reports from all treatment providers approved by the PHMP are submitted to the PHMP upon request or at least every ninety (90) days after the effective date of this Agreement. The reports shall contain at least the following information:

(i) Verification that the treatment provider has received a copy of this Agreement and understands the conditions of this probation;

(ii) A treatment plan, if developed;

(iii) Progress reports, including information regarding compliance with the treatment plan;

(iv) Physical evaluations, if applicable;

(v) The results of any testing including any testing for therapeutic levels of prescribed medications when deemed appropriate by the treatment provider;

(vi) Modifications in treatment plan, if applicable;

(vii) Administration or prescription of any drugs to Respondent; and

(viii) Discharge summary and continuing care plan at discharge.

(ix) Any change in the treatment provider's assessment of the Respondent's fitness to actively practice the profession.

(20) Respondent shall identify a primary care physician who shall send written notification to the Respondent's PHMP case manager certifying Respondent's health status as requested.

#### **SUPPORT GROUP ATTENDANCE**

(21) Respondent shall attend and actively participate in any support group programs recommended by the treatment provider or the PHMP case manager at the frequency recommended by the treatment provider; however, Respondents with a chemical dependency or abuse diagnosis shall attend no less than twice a week.

(22) Respondent shall provide written verification of any and all support group attendance to the PHMP on at least a monthly basis or as otherwise directed by the PHMP.

#### **ABSTENTION**

(23) Respondent shall completely abstain from the use of controlled substances, caution legend (prescription) drugs, mood altering drugs or drugs of abuse

including alcohol in any form, except under the following conditions:

(i) Respondent is a bona fide patient of a licensed health care practitioner who is aware of Respondent's impairment and participation in the PHMP;

(ii) Such medications are lawfully prescribed by Respondent's treating practitioner and approved by the PHMP case manager;

(iii) Upon receiving the medication, Respondent must provide to the PHMP, within forty-eight (48) hours by telephone and within five (5) days in writing, the name of the practitioner prescribing the drug, the illness or medical condition diagnosed, the type, strength, amount and dosage of the medication and a signed statement consenting to the release of medical information from the prescribing practitioner to the PHMP or its designated representative for the purpose of verification; and

(iv) Upon refilling a medication, Respondent must provide to the PHMP, within forty-eight (48) hours by telephone and within five (5) days in writing, the name of the practitioner prescribing the drug, the illness or medical condition diagnosed, the type, strength, amount and dosage of the medication and a signed statement consenting to the

release of medical information from the prescribing practitioner to the PHMP or its designated representative for the purpose of verification.

#### **DRUG TESTING**

(24) Respondent shall submit to random unannounced and observed drug and alcohol tests (drug testing), inclusive of bodily fluid, breath analysis, hair analysis, or another procedure as selected by the PHMP, for the detection of substances prohibited under this Agreement as recommended by the treatment provider and as directed by the PHMP. A positive, adulterated or substituted result on a drug test shall constitute an irrefutable violation of this Agreement unless Respondent has complied with the provisions of this Agreement pertaining to the use of drugs. Failure to provide a specimen or a specimen of sufficient quantity for testing when requested will be considered a violation of this Agreement.

(25) Respondent shall avoid all foods that contain poppy seeds. Ingestion of poppy seeds will not be accepted as a valid explanation for a positive screen.

(26) Respondent shall avoid all substances containing alcohol, including alcohol in food or beverages, medications, chemical solutions, cleaning solutions,

gasoline, hand sanitizers, or other skin preparations.

Incidental use of alcohol will not be accepted as a valid explanation for a positive drug test unless Respondent has complied with the provisions of this Agreement pertaining to the use of drugs as set forth in the Abstention Section above.

#### **MONITORED PRACTICE**

(27) Respondent shall not practice the profession unless a provider approved by the PHMP approves the practice in writing and the PHMP Case Manager gives written permission to practice.

(28) Respondent shall not work in any practice setting without workplace monitoring as required by the PHMP.

(29) Workplace monitoring shall require control and personal direction exercised by the monitor over the services provided by Respondent. Constant physical presence of the monitor is not required so long as the monitor and the Respondent are, or can easily be, in contact with one another by radio, telephone, or telecommunications. Monitoring requires the availability of the monitor to the Respondent.

(30) If Respondent is practicing or attending any educational program/course that includes a clinical practice

component with patients and/or requires a current license to practice the profession, Respondent shall give any employer, supervisor, preceptor, or instructor (hereinafter referred to collectively as "supervisor") a copy of this Agreement within five (5) days of the effective date of this Agreement.

(31) Respondent shall give any prospective employer and supervisor a copy of this Agreement when applying for employment in the practice of the profession and to any prospective school/program when applying for any educational program/course that includes a clinical practice component with patients and/or requires a current license to practice the profession.

(32) Within five (5) days of the effective date of this Agreement, and by telephone within forty-eight (48) hours and in writing within five (5) days upon obtaining employment, or entering an educational program/course that includes a clinical practice component with patients and/or requires a current license to practice, Respondent shall provide the following to PHMP:

(i) Name and address of the supervisor responsible for Respondent's practice;

(ii) The name(s) and address(es) of the place(s) at which Respondent will practice the profession and a description of Respondent's duties and responsibilities at such places of practice; and

(iii) Any restrictions on Respondent's practice.

(33) Respondent shall ensure that Respondent's supervisor submits to the PHMP the following information in writing:

(i) Verification that the supervisor has received a copy of this Agreement and understand the conditions of this probation;

(ii) An evaluation of Respondent's work performance on a ninety (90) day or more frequent basis as requested by the PHMP; and

(iii) Immediate notification of any suspected violation of this probation by Respondent.

#### **REPORTING/RELEASES**

(34) Respondent, Respondent's treatment providers, supervisors, employers or other persons required to submit reports under this Agreement shall cause such reports, data or other information to be filed with the PHMP, unless otherwise directed, at:

Professional Health Monitoring Programs  
Disciplinary Monitoring Unit  
P.O. Box 10569  
Harrisburg, PA 17105-0569  
Tele (717)783-4857 or in PA (800)554-3428

(35) Respondent consents to the release by the PHMP of any information or data produced as a result of this probation, including written treatment provider evaluations, to any treatment provider, supervisor, Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this Agreement.

(36) Respondent shall sign any required waivers or release forms requested by the PHMP for any and all records, including medical or other health related and psychological records, pertaining to treatment and monitoring rendered to Respondent during this probation and any corresponding criminal probation, and any employment, personnel, peer review or review records pertaining to Respondent's practice of the profession during this probation to be released to the PHMP, the Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this Agreement.

## COSTS

(37) Respondent shall be responsible for all costs incurred in complying with the terms of this Agreement, including but not limited to psychiatric or psychotherapy treatments, and reproduction of treatment or other records. Respondent shall pay the costs for any drug testing and any subsequent reanalysis of specimens required by the PHMP. Failure of Respondent to pay any of these costs in a timely manner shall constitute a violation of this Agreement.

## BUREAU/PHMP EVALUATIONS

(38) Upon request of the PHMP, Respondent shall submit to mental or physical evaluations, examinations or interviews by a treatment provider approved by the PHMP or the PHMP. Respondent's failure to submit to such an examination, evaluation or interview when directed shall constitute a violation of this Agreement.

## VIOLATION OF THIS ORDER

d. Notification of a violation of the terms or conditions of this Agreement shall result in the **IMMEDIATE VACATING** of the stay order, **TERMINATION** of the period of probation, and **ACTIVATION** of the suspension in paragraph 5(d) above of Respondent's authorizations to practice the profession in the Commonwealth of Pennsylvania as follows:

(1) The prosecuting attorney for the Commonwealth shall present to the Board's Probable Cause Screening Committee ("Committee") a Petition that indicates Respondent has violated any terms or conditions of this Agreement.

(2) Upon a probable cause determination by the Committee that Respondent has violated any of the terms or conditions of this Agreement, the Committee shall, without holding a formal hearing, issue a preliminary order vacating the stay of the within suspension, terminating this probation and activating the suspension of Respondent's authorization(s) to practice the profession.

(3) Respondent shall be notified of the Committee's preliminary order within three (3) business days of its issuance by certified mail and first class mail, postage prepaid, sent to the Respondent's last registered address on file with the Board, or by personal service if necessary.

(4) Within twenty (20) days of mailing of the preliminary order, Respondent may submit a written answer to the Commonwealth's Petition and request that a formal hearing be held concerning Respondent's violation of probation, in which Respondent may seek relief from the preliminary order activating the suspension. **The answer**

**shall be set forth in numbered paragraphs**  
**corresponding to the numbered paragraphs of the**  
**Petition. Respondent shall admit or deny each of the**  
**allegations set forth in the paragraphs in the Petition.**

Respondent shall mail the original answer and request for hearing, as well as all subsequent filings in the matter, to:

|                                                                                       |
|---------------------------------------------------------------------------------------|
| Prothonotary<br>2601 North Third Street<br>P.O. Box 2649<br>Harrisburg, PA 17105-2649 |
|---------------------------------------------------------------------------------------|

Respondent shall also mail a copy of all filings to the prosecuting attorney for the Commonwealth.

(5) If the Respondent submits a timely answer and request for a formal hearing, the Board or a designated hearing examiner shall convene a formal hearing within forty-five (45) days from the date of the Prothonotary's receipt of Respondent's request for a formal hearing.

(6) Respondent's submission of a timely answer and request for a hearing shall not stay the suspension of Respondent's license under the preliminary order. The suspension shall remain in effect unless the Board or the hearing examiner issues an order after the formal hearing staying the suspension again and reactivating the probation.

(7) The facts and averments in this Agreement shall be deemed admitted and uncontested at this hearing.

(8) If the Board or hearing examiner after the formal hearing makes a determination against Respondent, a final order will be issued sustaining the suspension of Respondent's license and imposing any additional disciplinary measures deemed appropriate.

(9) If Respondent fails to timely file an answer and request for a hearing, the Board, upon motion of the prosecuting attorney, shall issue a final order affirming the suspension of Respondent's license.

(10) If Respondent does not make a timely answer and request for a formal hearing and a final order affirming the suspension is issued, or the Board or the hearing examiner makes a determination against Respondent sustaining the suspension of Respondent's license, after at least **three (3)** years of active suspension and any additional imposed discipline, Respondent may petition the Board for reinstatement based upon an affirmative showing that Respondent has at least **thirty-six (36)** months of sustained documented recovery, an evaluation by a treatment provider approved by the PHMP that Respondent is fit to safely practice the profession, and

verification that Respondent has abided by and obeyed all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all rules and regulations pertaining to the practice of the profession in this Commonwealth.

(11) If the Board issues a Preliminary Order terminating the stay of the suspension and actively suspending Respondent's license to practice the profession in accordance with the procedure set forth above, Respondent shall immediately cease the practice of the profession. Respondent shall continue to comply with all of the terms and conditions of probation in this Consent Agreement and Order during the active suspension until the Board issues a Final Order. Continued failure by Respondent to comply with the unaffected terms and conditions of probation while awaiting the issuance of a Final Order by the Board may result in further disciplinary action against Respondent.

e. Respondent's failure to fully comply with any terms of this Agreement may also constitute grounds for additional disciplinary action.

f. Nothing in this Agreement shall preclude the prosecuting attorney for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Agreement.

## COMPLETION OF PROBATION

g. After successful completion of the minimum period of probation, Respondent may petition the Board, upon a form provided by the PHMP, to reinstate Respondent's authorizations to practice the profession to unrestricted, non-probationary status upon an affirmative showing that Respondent has complied with all terms and conditions of this Agreement and that Respondent's resumption of unsupervised practice does not present a threat to the public health and safety. **Respondent is required to remain in compliance with all terms and conditions of this Agreement until the Board issues the order terminating Respondent's probationary status.**

h. Additionally, as a condition precedent to reinstatement of Respondent's license to practice osteopathic medicine and surgery in the Commonwealth of Pennsylvania,

(1) Respondent shall have the burden of demonstrating to the satisfaction of the Board that the Respondent bears the requisite honesty, trustworthiness, integrity, and competency to be entrusted to hold a license to practice osteopathic medicine and surgery; and

(2) Respondent acknowledges if the Respondent petitions for reinstatement of his license to unrestricted status, the Board may take actions, which include, but are not limited to a) requiring the Respondent to appear at a formal or informal hearing to determine the Respondent's

honesty, trustworthiness, integrity, and competency, and b) granting with conditions c) or denying the petition.

(3) Respondent shall have the burden of demonstrating to the satisfaction of the Board that the Respondent has completed all aspects of his sentencing in his underlying criminal case (CP-39-CR-0004691-16).

i. This Order constitutes disciplinary action by the Board and shall be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Board.

j. This case shall be deemed settled and discontinued upon the Board issuing an Order adopting this Consent Agreement, and Respondent's successful completion of any ordered Probation terms.

#### **ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS**

6. Respondent agrees that if Respondent is charged with a violation of an Act enforced by this Board in the future, this Consent Agreement and Order shall be admitted into evidence without objection in that proceeding.

#### **ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING**

7. Respondent waives the filing of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and knowingly and voluntarily waives the following rights related to that hearing: to be represented by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

#### **ACKNOWLEDGMENT OF RIGHT TO ATTORNEY**

8. Respondent acknowledges that he is aware that he has the right to consult with, and/or be represented by, private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement.

#### **WAIVER OF CLAIM OF COMMINGLING AND OTHER CONSTITUTIONAL CLAIMS**

9. Respondent expressly waives any constitutional rights and issues, such as commingling of prosecutorial and adjudicative functions by the Board or its counsel, which may arise or have arisen during the negotiation, preparation and/or presentation of this Consent Agreement. Respondent specifically agrees that if the Board rejects this agreement, it may assume that the facts and averments as alleged in this Consent Agreement are true and correct for the limited purpose of recommending a sanction, based on those assumed facts, that would be acceptable to the Board before hearing the case. In the event that the Board does assume the facts and averments as alleged in this Consent Agreement are true for purposes of making a recommendation as to an acceptable sanction, such action shall not constitute commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Respondent expressly waives any constitutional rights and issues related to alleged commingling, bias, or violation of due process rights to have an unbiased and impartial adjudicator in any subsequent hearing. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at hearing unless otherwise separately stipulated. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

**NO MODIFICATION OF ORDER**

10. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

**AGREEMENT NOT BINDING ON OTHER PARTIES**

11. The Office of General Counsel has approved this Consent Agreement as to form and legality; however, this Consent Agreement shall have no legal effect unless and until the Board issues the stipulated Order.

**EFFECT OF BOARD'S REJECTION OF CONSENT AGREEMENT**

12. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

**ENTIRE AGREEMENT**

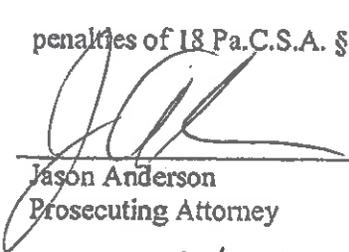
13. This agreement contains the whole agreement between the participants; provided however, that the captions printed in the various provisions of this agreement are for ease of reading only and are not to be interpreted as forming any part of this agreement. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

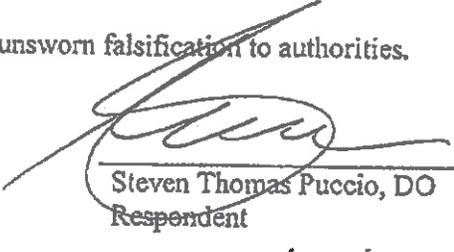
**AGREEMENT DOES NOT PREVENT ADDITIONAL DISCIPLINE BASED ON OTHER COMPLAINTS**

14. Nothing in this Order shall preclude the Prosecution Division for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Consent Agreement;

VERIFICATION OF FACTS AND STATEMENTS

15. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

  
\_\_\_\_\_  
Jason Anderson  
Prosecuting Attorney

  
\_\_\_\_\_  
Steven Thomas Puccio, DO  
Respondent

DATED: 6/14/17

DATED: 6/13/17

*Lehigh County Clerk of Judicial Records*

Criminal Division  
(610) 782-3077

**Andrea E. Naugle**  
*Lehigh County Courthouse  
455 W. Hamilton Street Room 122  
Allentown, PA 18101-1614*

*Toni A. Remer  
Chief Deputy*

May 23, 2017

TO: JASON ANDERSON

Per your request for specified criminal information on PUCCIO, STEVEN T., Case No.(s)  
please note the following:

- Copy of Requested Information
- No Information Found per Request with information provided.

**This does not preclude the existence of other criminal records which may be contained in the repositories of other local, state or federal criminal justice agencies which may have records in their jurisdiction.**



**EXHIBIT  
A**

5/16/17

COURT OF COMMON PLEAS OF LEHIGH COUNTY  
CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA )  
 )  
 V. )  
 )  
Steven Puccio )

Case No. CR-4691-2016

GUILTY PLEA COLLOQUY

You or your attorney has indicated that you may want to plead guilty to some or all of the crimes charged against you. This paper lists questions connected with your guilty plea. Many of the questions go over your rights under the law as a person charged with a crime or with crimes. By pleading guilty, you give up many of these rights. It is important, then, that you understand your rights before pleading guilty. Please read each question carefully and then answer the question. If you do not understand the question, mark that down by the question. When you have finished answering the questions on a page, put your initials in the space at the bottom of the page. When you have finished all of the questions, sign the last page.

If there are questions that you do not understand, or if you do not believe you understand the rights mentioned in this paper, go to your attorney so that he/she can explain the question or your rights to you. You may also ask the Judge to explain your rights to you when you go before him or her.

Initials SP

5  
Pis

1. What is your full name? STEVEN T. Puccio

2. How old are you today? 53

3. How far did you go in school? POST GRADUATE

4. Have you discussed your citizenship status with your attorney?

Yes  No

5. If you are not a U.S. citizen, by pleading guilty your immigration status may be affected and you may be subject to removal from the United States. Do you understand this?

Yes  No

6. Can you read, write and understand the English Language?

Yes  No

7. Are you now being treated for a mental illness?

Yes  No

8. If the answer to Number 7 is yes, explain the details. If the answer is no, go to question 10.

compulsivity disorder

9. If you are now being treated for a mental illness, do you still feel that you are able to understand what you are doing today?

Yes  No

Initials SPD

10. Do you know what crime or crimes are charged against you?

Yes  No

11. Each crime has a number of elements to it. Did your attorney (your lawyer) explain to you the elements of the crime or crimes that you are pleading guilty to?

Yes  No

12. When a person is charged with a crime, he has a right to defend himself in a trial by a jury. Do you understand this?

Yes  No

13. To defend yourself in a trial by jury, you would have to plead not guilty. Do you understand this?

Yes  No

14. By pleading guilty you admit you committed the crime or crimes charged and you give up your right to a trial by jury. Do you understand this?

Yes  No

15. If you want a trial by jury, you have the right to help select the jury with your attorney and you can remove any potential juror who cannot be fair and impartial. Twelve people must be selected to be your jury. Do you understand this?

Yes  No

Initials SIP

21. If you wish to defend yourself and plead not guilty, you may also request a trial before a Judge instead of by a jury. In that case, there is no jury, and the Judge decides whether you are guilty or not guilty. As in a jury trial, the District Attorney must prove you guilty of each element of the crime or crimes charged against you beyond a reasonable doubt. Do you understand your right to a non-jury trial?

Yes  No

22. Do you understand that by pleading guilty you give up your right to a trial, either by jury or before a Judge?

Yes  No

23. By pleading guilty, you also give up the right to challenge the evidence the District Attorney wants to bring against you. If the District Attorney has physical objects or other evidence it has taken from you, or if you made any statements or confessions to the police, or if there are witnesses who identified you to the police you can challenge the use of this evidence at a hearing before the trial starts.

The District Attorney has the burden of showing that it may use this evidence against you. Do you understand that when you plead guilty, you give up this right to challenge the use of the evidence against you?

Yes  No

24. If you go to trial and are convicted you have the right to appeal the verdict to a higher court. Do you understand this?

Yes  No

Initials SNP

25. If you are successful in appealing a verdict of guilty after the trial, the verdict could be overturned and either you would be set free or you would be able to have another trial. Do you understand this and that you would be giving up these rights by pleading guilty?

Yes ✓ No \_\_\_\_\_

26. But if you plead guilty, you give up your right to appeal your guilty plea except on three grounds:

1) That the guilty plea was not made voluntarily or you did not understand what you were doing when you pled guilty.

2) That the court could not accept your guilty plea because the crime or crimes did not occur in Lehigh County.

3) That the Judge's sentence is unlawful or improper.

Do you understand these three grounds of appeal?

Yes ✓ No \_\_\_\_\_

27. You may also appeal your guilty plea if you believe your attorney was incompetent in representing you or otherwise acted improperly in advising you to plead guilty. Do you understand this?

Yes ✓ No \_\_\_\_\_

28. If you wish to appeal your guilty plea based on these grounds, you must petition the court to withdraw your guilty plea either before you are sentenced or within 10 days after you are sentenced. If the court does allow you to withdraw your guilty plea, then you will go to trial on the charges against you. If the court

Initials SNP

does not allow you to withdraw your guilty plea, you may appeal the decision to the Superior Court within 30 days after you are sentenced. Do you understand this?

Yes  No

29. Has your attorney or anyone else told you what sentences you can receive for the crimes charged against you?

Yes  No

30. If you are pleading guilty as a part of a plea bargain, you should know that the Judge does not have to accept the plea bargain if he or she feels it is improper. If the Judge rejects the plea bargain, you will be able to withdraw your guilty plea and go to trial where your guilty plea cannot be mentioned. Do you understand this?

Yes  No

31. If the Judge accepts the plea bargain, you will be sentenced according to the plea bargain. Do you understand this?

Yes  No

32. If you had gone to trial instead of pleading guilty, you would have had the right to have witnesses testify for you, and you would have had the right to confront (face) and cross-examine all of the prosecution witnesses against you. But if you plead guilty, the District Attorney will be able to briefly give its evidence against you, and the Judge will accept this as true. Do you understand this?

Yes  No

Initials SJP

33. Now that you have been informed of these rights do you now wish to plead guilty to some or all of the crimes charged against you?

Yes  No

34. Has anybody forced you to enter this plea of guilty?

Yes  No

35. Are you doing this of your own free will?

Yes  No

36. Have any threats been made to you to enter a plea of guilty?

Yes  No

37. Have any promises been made to you to enter a plea of guilty other than any plea bargain made by you or your attorney?

Yes  No

38. Are you satisfied with the representation of your attorney?

Yes  No

39. Have you had enough time to talk with your attorney before reading this paper and entering your plea of guilty?

Yes  No

40. Has your attorney gone over with you the meaning of the questions in this paper?

Yes  No

41. Has your attorney explained to you the questions you didn't understand?

Yes  No

Initials SRP

42. Are you presently on probation or parole?

Yes \_\_\_\_\_ No  \_\_\_\_\_

43. If you are on probation or parole do you realize that your plea of guilty will mean a violation of that probation or parole and you can be sentenced to prison as a result of that violation caused by your guilty plea today?

Yes  \_\_\_\_\_ No \_\_\_\_\_

44. Do you understand that the decision to enter a guilty plea is yours and yours alone; that you do not have to enter a plea of guilty and give up all your rights as previously explained to you; and that no one can force you to enter a guilty plea?

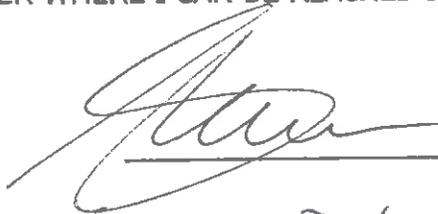
Yes  \_\_\_\_\_ No \_\_\_\_\_

Initials SM

I AFFIRM THAT I HAVE READ THE ABOVE PAPER COMPLETELY AND I UNDERSTAND ITS FULL MEANING AND I STILL WANT TO ENTER A PLEA OF GUILTY TO THE CRIMES SPECIFIED. I FURTHER AFFIRM THAT MY SIGNATURE AND INITIALS ON EACH PAGE OF THIS DOCUMENT ARE TRUE AND CORRECT.

MY CURRENT ADDRESS IS 3981 HUNTSICAZZ DRIVE WILMINGTON PA 18088

AND THE TELEPHONE NUMBER WHERE I CAN BE REACHED IS 610-297-0657 - CELL  
610-767-2759 - HOME

  
STEVEN PUCCIO  
Defendant

DATED: 5/16/17

I, Barbara D. Dorn, Attorney for  
Steven Puccio, state that I have

advised my client of the meaning of the document; that it is my belief that he/she comprehends and understands the questions and what is set forth above; (that I am prepared to try this case); and that the defendant understands what he/she is doing by pleading guilty.

  
Attorney for Defendant

Initials SPD

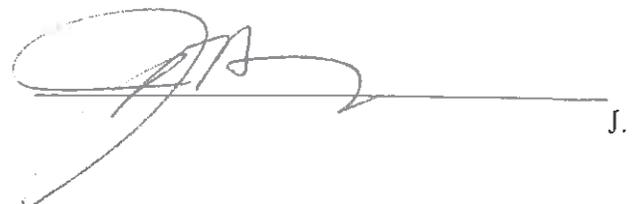
IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
CRIMINAL

Commonwealth of Pennsylvania : Case No. CR-4691-2016  
: OTN: T 845769-1  
vs. : Surcharge: Ct 2: Dispensing outside professional  
: practice M 780-113(a)(13) (as amended)  
Steven T. Puccio : Comm Atty: Craig Scheetz  
: Defense Atty: Eric Dowdle  
LCID: 0188466 : Clerk: dmf  
: OCS: D. Lehmann

Now, May 16, 2017, THE SENTENCE IS THAT YOU

- pay the costs of prosecution,  including a lab user fee to the PA State Police Crime Lab in the sum of \$\_\_\_\_.
- pay a fine of \$\_\_\_\_.
- perform \_\_\_\_ hours of community service as may be determined by the Probation Officer.
- make restitution to \_\_\_\_ in the sum of \$\_\_\_\_.
- that you undergo imprisonment in the **Lehigh County Jail** for a period of not less than \_\_\_\_ nor more than \_\_\_\_, and credit be given you, as required by law, for all time spent in custody, as a result of these criminal charges for which sentence is being imposed.
- that you undergo imprisonment for a period of not less than \_\_\_\_ nor more than \_\_\_\_ in such **State Correctional Institution** as shall be designated by the Deputy Secretary for Treatment, Bureau of Corrections, and credit be given you, as required by law, for all time spent in custody, as a result of these criminal charges for which sentence is being imposed.
- and stand committed until this sentence is complied with.
- Defendant is  not RRRRI eligible.  RRRRI eligible (\_\_\_\_ RRRRI minimum).
- that you undergo and successfully complete an intermediate punishment program for a period of \_\_\_\_, with \_\_\_\_ on house arrest with electronic monitoring.
- It is ordered that you be placed on probation for a period of **1 year** under the supervision of the Lehigh County Adult Probation Department.
- This sentence shall run concurrently with the sentence(s) imposed in Case No(s).
- Defendant  is not eligible for re-entry.  is eligible for re-entry for purposes of good/earned time and early parole.
- Defendant is eligible for work release.
- Defendant is granted immediate parole.
- Defendant  shall be DNA tested pursuant to applicable law.  shall not be DNA tested and shall not be responsible for any DNA assessments.
- Defendant shall report to the Probation Office today.
- The Court finds that the within conviction was of a crime essentially involving a motor vehicle.
- Defendant's operating privilege shall be suspended for such period of time as shall be determined by the Department of Transportation.
- Defendant shall comply with all of the rules, regulations and conditions of the Lehigh County Probation/Parole Department.
- Special Provisions: **See special conditions sheet. Supervision may be transferred to Northampton County.**

By the Court:

  
J.

LEHIGH COUNTY SENTENCE PROBATION/PAROLE/IP CONDITIONS

Commonwealth of Pennsylvania : Case No. CR-4691-2016  
: Judge: James T. Anthony  
vs. : Clerk: dmf  
: LCID: 0188466  
Steven T. Puccio :

SPECIAL CONDITIONS

Now, May 16, 2017,

As conditions of supervision defendant shall

- refrain from consuming alcoholic beverages and illegal drugs,  zero tolerance;
- obtain and maintain a satisfactory residence and suitable employment;
- undergo such  drug and alcohol  psychiatric  psychological  sex offender  anger management  
 evaluation  counseling  treatment,  and follow through with all treatment as recommended by the parole officer.  
 including in patient and out patient treatment as recommended by the parole officer,  
 including urinalysis testing;

attend and satisfactorily complete the Lehigh County Adult Probation Department's

- Retail Theft Program:  Job Readiness Training;

if found eligible, participate in, be supervised under, and abide by all the rules and regulations of,

- the Lehigh County Special Program for Offenders in Rehabilitation and Education (SPORE);
- the Intensive Drug Supervision Unit of the Lehigh County Adult Probation Department;
- the Electronic Monitoring Program;

make satisfactory efforts toward obtaining a G.E.D. high school equivalency diploma;

attend English as Second Language classes;

make regular payments on court () costs, () fines, and () restitution;

have no direct or indirect contact with  co-defendants(s)  co-conspirator(s)  the victim(s)

remain out of \_\_\_\_\_ during the entire period of supervision;

be DNA tested pursuant to applicable law; if not already tested.

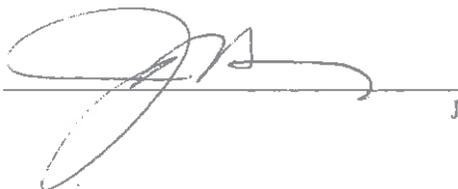
Other:

It is the Court's intention that the defendant serve a sentence of not less than \_\_\_\_\_ nor more than \_\_\_\_\_ in Lehigh County Jail.

This sentence shall commence at 8:30 a.m. on \_\_\_\_\_, at which time defendant shall surrender to the Lehigh County Sheriff at the Lehigh County Courthouse. The Clerk of Judicial Records - Criminal Division shall forward a copy of this sentence to the Sheriff. In the event Defendant shall fail to report as directed, the Sheriff shall promptly notify the District Attorney, the Clerk of Judicial Records - Criminal Division, and the undersigned.

Special Provisions:

By the Court:

  
J.

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: LEHIGH



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

Magisterial District Number: 31-03-1  
MDJ: Hon. ROD R. BECK  
Address: 106 S. WALNUT STREET  
SLATINGTON, PA 18080  
Telephone: (610)767-8641

DEFENDANT: (NAME and ADDRESS):  
STEVEN T Puccio  
First Name Middle Name Last Name Gen.  
3981 HUNSICKER DRIVE  
WALNUTPORT, PA 18088

NCIC Extradition Code Type

- 1-Felony Full
- 2-Felony Ltd.
- 3-Felony Surrounding States
- 4-Felony No Ext.
- 5-Felony Pend.
- A-Misdemeanor Full
- B-Misdemeanor Limited
- C-Misdemeanor Surrounding States
- D-Misdemeanor No Extradition
- E-Misdemeanor Pending
- Distance: \_\_\_\_\_

DEFENDANT IDENTIFICATION INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                         |                                                 |                                          |                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|-------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------|
| Docket Number<br><u>CR255-16 tr</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date Filed<br><u>9/30/2016</u>                           | OTN/LiveScan Number<br><u>T845769-1</u> | Complaint/Incident Number<br><u>BN10057-15C</u> | SID                                      | Request Lab Services?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| GENDER<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DOB                                                      | POB                                     | Add'l DOB / /                                   | Co-Defendant(s) <input type="checkbox"/> |                                                                                              |
| First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          | Middle Name                             |                                                 | Last Name Gen                            |                                                                                              |
| AKA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                         |                                                 |                                          |                                                                                              |
| RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                         |                                                 |                                          |                                                                                              |
| ETHNICITY <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                         |                                                 |                                          |                                                                                              |
| HAIR COLOR<br><input type="checkbox"/> GRY (Gray) <input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> PLE (Purple) <input checked="" type="checkbox"/> BRO (Brown)<br><input type="checkbox"/> BLK (Black) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> WHI (White) <input type="checkbox"/> XXX (Unk./Bald) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> PNK (Pink)<br><input type="checkbox"/> BLN (Blonde / Strawberry) |                                                          |                                         |                                                 |                                          |                                                                                              |
| EYE COLOR<br><input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray)<br><input checked="" type="checkbox"/> HAZ (Hazel) <input type="checkbox"/> MAR (Maroon) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> XXX (Unknown)                                                                                                                                  |                                                          |                                         |                                                 |                                          |                                                                                              |
| Driver License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State PA                                                 | License Number                          | Expires:                                        | WEIGHT (lbs.)                            |                                                                                              |
| DNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> YES <input type="checkbox"/> NO | DNA Location                            |                                                 | 175                                      |                                                                                              |
| FBI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          | MNU Number                              |                                                 | Ft HEIGHT in.                            |                                                                                              |
| Defendant Fingerprinted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                         |                                                 | 6                                        | 0                                                                                            |
| Fingerprint Classification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                         |                                                 |                                          |                                                                                              |

DEFENDANT VEHICLE INFORMATION

|         |       |                                 |                                |                                           |                                      |                     |                                            |
|---------|-------|---------------------------------|--------------------------------|-------------------------------------------|--------------------------------------|---------------------|--------------------------------------------|
| Plate # | State | Hazmat <input type="checkbox"/> | Registration Sticker (MM/YY) / | Comm'l Veh. Ind. <input type="checkbox"/> | School Veh. <input type="checkbox"/> | Oth. NCIC Veh. Code | Reg. same as Def. <input type="checkbox"/> |
| VIN     | Year  | Make                            | Model                          | Style                                     | Color                                |                     |                                            |

Office of the attorney for the Commonwealth  Approved  Disapproved because: \_\_\_\_\_

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

CRAIG SCHEETZ (Name of the attorney for the Commonwealth) U. in phone (Signature of the attorney for the Commonwealth) 9/16/16 (Date)

I, BRIAN RIMPLE (Name of the Affiant) 381 (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of PA OAG (Identify Department or Agency Represented and Political Subdivision) PA0222400 (Police Agency ORI Number)

do hereby state: (check appropriate box)

- 1.  I accuse the above named defendant who lives at the address set forth above
- I accuse the defendant whose name is unknown to me but who is described as \_\_\_\_\_

I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe with violating the penal laws of the Commonwealth of Pennsylvania at [39] 302 MAIN STREET, SLATINGTON, (Subdivision Code) (Place-Political Subdivision) PA 18080 AND OTHER LOCATIONS

in LEHIGH County [39] on or about MARCH 13, 2012 THROUGH FEBRUARY 23, 2014 (County Code)



POI E CRIMINAL COMPLAINT

|                |                    |                     |                                          |
|----------------|--------------------|---------------------|------------------------------------------|
| Docket Number: | Date Filed:<br>/ / | OIN/LiveScan Number | Complaint/Incident Number<br>BN10057-15C |
| Defendant Name | First:<br>STEVEN   | Middle:<br>T        | Last:<br>PUCCIO                          |

- I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.
- This complaint consists of the preceding page(s) numbered 1 through 2.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.  
**(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)**

BRIAN RIMPLE

9-30-16

(Date)

(Signature of Affiant)

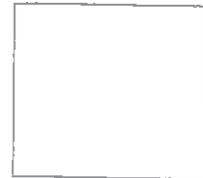
AND NOW, on this date September 30, 2016 I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

31-03-01

(Magisterial District Court Number)

(Issuing Authority)





# POI E CRIMINAL COMPLAINT

|                |                  |                     |                                          |
|----------------|------------------|---------------------|------------------------------------------|
| Docket Number: | Date Filed: / /  | OTN/LiveScan Number | Complaint/Incident Number<br>BN10057-15C |
| Defendant Name | First:<br>STEVEN | Middle:<br>T        | Last:<br>PUCCIO                          |

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 - 213.7.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                   |                                               |                                      |                                    |   |   |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|-----------------------------------------------|--------------------------------------|------------------------------------|---|---|--|--|
| <input checked="" type="checkbox"/> Inchoate Offense                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Attempt<br>18 901 A | <input type="checkbox"/> Solicitation<br>18 902 A | <input type="checkbox"/> Conspiracy<br>18 903 |                                      |                                    |   |   |  |  |
| <input checked="" type="checkbox"/> Lead?                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                            | 780-113                                           | (A)(14)                                       | of the                               | 35                                 | 1 | F |  |  |
| PennDOT Data (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                     | Accident Number                              |                                                   |                                               | <input type="checkbox"/> Safety Zone | <input type="checkbox"/> Work Zone |   |   |  |  |
| Statute Description (include the name of statute or ordinance): The administration, dispensing, delivery, gift or prescription of any controlled substance by any practitioner unless done(i) in good faith in the course of his professional practice; (ii) within the scope of the patient relationship; (iii) in accordance with the treatment principles accepted by a responsible segment of the medical profession.                                        |                                              |                                                   |                                               |                                      |                                    |   |   |  |  |
| Acts of the accused associated with this Offense: TO WIT: On or about March 13, 2012 through February 23, 2014, the defendant, a Doctor of Osteopathic (D.O.), did knowingly prescribe methadone, a Schedule II Control Substance to Rachel Puccio, a known drug dependent person, on at least 28 different occasions. Rachel Puccio was not being treated for any treatment of some malady at the time and she was not a patient of Dr. Puccio or his practice. |                                              |                                                   |                                               |                                      |                                    |   |   |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                   |                                               |                                      |                                    |   |   |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|-----------------------------------------------|--------------------------------------|------------------------------------|---|---|--|--|
| <input type="checkbox"/> Inchoate Offense                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Attempt<br>18 901 A | <input type="checkbox"/> Solicitation<br>18 902 A | <input type="checkbox"/> Conspiracy<br>18 903 |                                      |                                    |   |   |  |  |
| <input type="checkbox"/> Lead?                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2                                            | 780-113                                           | (A)(13)                                       | of the                               | 35                                 | 1 | M |  |  |
| PennDOT Data (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Accident Number                              |                                                   |                                               | <input type="checkbox"/> Safety Zone | <input type="checkbox"/> Work Zone |   |   |  |  |
| Statute Description (include the name of statute or ordinance): The sale, dispensing, distribution, prescription or gift by any practitioner otherwise authorized by law so to do of any controlled substance to any person known to such practitioner to be or whom such practitioner has reason to know is a drug dependent person unless said drug is prescribed, administered, dispensed or given for the cure or treatment other than drug dependency.                       |                                              |                                                   |                                               |                                      |                                    |   |   |  |  |
| Acts of the accused associated with this Offense: TO WIT: On or about March 13, 2012 through February 23, 2014, the defendant, a Doctor of Osteopathic (D.O.), did knowingly prescribe methadone, a Schedule II Control Substance to Rachel Puccio, a known drug dependent person, on at least 28 different occasions. Rachel Puccio was not being treated for any treatment of some malady at the time. These prescriptions were filled in both Lehigh and Northampton Counties. |                                              |                                                   |                                               |                                      |                                    |   |   |  |  |

|                                                                                                                                                                                                                                                                                                                                |                                              |                                                   |                                               |                                      |                                    |   |   |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|-----------------------------------------------|--------------------------------------|------------------------------------|---|---|--|--|
| <input type="checkbox"/> Inchoate Offense                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Attempt<br>18 901 A | <input type="checkbox"/> Solicitation<br>18 902 A | <input type="checkbox"/> Conspiracy<br>18 903 |                                      |                                    |   |   |  |  |
| <input type="checkbox"/> Lead?                                                                                                                                                                                                                                                                                                 | 3                                            | 780-113                                           | (A)(28)                                       | of the                               | 35                                 | 1 | M |  |  |
| PennDOT Data (if applicable)                                                                                                                                                                                                                                                                                                   | Accident Number                              |                                                   |                                               | <input type="checkbox"/> Safety Zone | <input type="checkbox"/> Work Zone |   |   |  |  |
| Statute Description (include the name of statute or ordinance): The furnishing of false or fraudulent material information in, or omission of any material information from any application, report, or other document required to be kept or filed under this act or any record required to be kept by this act (MISDEMEANOR) |                                              |                                                   |                                               |                                      |                                    |   |   |  |  |
| Acts of the accused associated with this Offense: TO WIT: On or about March 13, 2012 through February 23, 2014, the defendant did not maintain the required records by this act for prescribing Schedule II Controlled Substance to Rachel Puccio.                                                                             |                                              |                                                   |                                               |                                      |                                    |   |   |  |  |



# POLICE CRIMINAL COMPLAINT

|                 |                    |                     |                                          |
|-----------------|--------------------|---------------------|------------------------------------------|
| Docket Number:  | Date Filed:<br>/ / | OTN/LiveScan Number | Complaint/Incident Number<br>BN10057-15C |
| Defendant Name: | First:<br>STEVEN   | Middle:<br>T        | Last:<br>PUCCIO                          |

## AFFIDAVIT of PROBABLE CAUSE

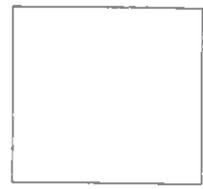
1. Your Affiant, Brian Rimple is a sworn Narcotics Agent for the Pennsylvania Office of Attorney General (OAG), Bureau of Narcotics Investigation and Drug Control (BNIDC). Your Affiant has been with the OAG for over 13 years. Your Affiant has over 25 years of law enforcement experience. Your Affiant was a detective for the Anne Arundel County Police Department (Maryland) for over three years and a detective for the Lehigh County District Attorney's Office for two years.
2. The BNIDC investigates and prosecutes violations of the Pennsylvania Crimes Code including, but not limited to, Act # 64, the Pennsylvania Controlled Substance, Drug Device and Cosmetic Act of 1972.
3. On July 8, 2015, your Affiant received information through SDAG Christie Bonesch to contact Jennifer B. Dodwell, Northampton County Probation Office, in reference to a person she had on probation for DUI that had information about a doctor.
4. Your Affiant contacted Dodwell and was advised that Rachel Puccio is currently on probation for her second drug related DUI. During her initial interview, Rachel Puccio stated her ex-husband had prescribed her a lot of prescriptions between 2007 and 2014. Her ex-husband is Steven Puccio who is an orthopedic doctor for St. Luke's Bethlehem. Dodwell stated Rachel Puccio told her that Dr. Puccio would write her prescriptions to support her drug habits.
5. On August 18, 2015, your Affiant met with Rachel Puccio. Rachel Puccio stated she was married to Steven Puccio from 2003 through 2007. Dr. Puccio works for St. Luke's Bethlehem Orthopedics. Rachel Puccio stated that Dr. Puccio has been writing prescriptions for her since they been married. The first prescriptions were for benzodiazepines and she became addicted to them. Rachel Puccio stated she then moved to cocaine as her drug of choice. Rachel Puccio stated she went to rehabilitation and met a guy who was using Oxycodone. Rachel Puccio stated after she left rehabilitation she moved to Oxycodone. Rachel Puccio stated she then went to a rehabilitation center in Florida for detoxification. Rachel Puccio stated when she returned from Florida, she asked her ex-husband for prescriptions and he would provide her them.

**I, BRIAN RIMPLE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

Brian Rimple 9-30-16  
(Signature of Affiant)

Sworn to me and subscribed before me this 30<sup>th</sup> day of September 2016  
9/30/16 Date [Signature] Magisterial District Judge

My commission expires first Monday of January, 2022





**POLICE CRIMINAL COMPLAINT**  
**AFFIDAVIT CONTINUATION PAGE**

|                 |                    |                     |                                          |
|-----------------|--------------------|---------------------|------------------------------------------|
| Docket Number:  | Date Filed:<br>/ / | OTN/LiveScan Number | Complaint/Incident Number<br>BN10057-15C |
| Defendant Name: | First:<br>STEVEN   | Middle:<br>T        | Last:<br>PUCCIO                          |

**AFFIDAVIT of PROBABLE CAUSE CONTINUATION**

Rachel Puccio stated she has gotten these prescriptions for the past seven years. Rachel Puccio stated about a year ago, Dr. Puccio cut her off from all prescriptions. Rachel Puccio stated she had filled prescriptions at the Rite Aids in Northampton and Walnutport; Newhard Pharmacy in Northampton and Bechtel's in Slatington. Rachel Puccio stated she was never a patient of Dr. Puccio and he did not maintain any medical records for her.

6. On August 25, 2015, your Affiant went to Bechtel's Pharmacy and contacted the pharmacist Edward Bechtel. Bechtel provided your Affiant a copy of Rachel Puccio's Patient Prescription List from January 12, 2012 through August 25, 2015. This report showed that Dr. Puccio had prescribed her Methadone three times and the prescriptions had been filled at this pharmacy.

7. On April 5, 2016, your Affiant executed a search and seizure warrant on St. Luke's University Health Network at 1110 American Parkway, Allentown, PA. Your Affiant was provided with a disk that contained the medical records for Rachel Puccio. This disk was provided on April 8, 2016. A review of this disk revealed only one patient record for Rachel Puccio during the time period of this case. This visit was for an emergency room with Dr. Shingles. There were no record of any prescriptions be issued to Rachel Puccio from Dr. Puccio.

8. On June 7, 2016, your Affiant requested records from Rite Aid Corporation for all prescriptions filled by Rachel Puccio that were authorized by Dr. Steven Puccio. The date range was from February 6, 2012 through June 7, 2016. A review of these prescriptions showed that twenty-five of them were for Methadone a Schedule II Controlled Substance from March 13, 2012 through February 23, 2014.

9. On August 5, 2016, Puccio and his lawyer Janet Jackson came to the DEA's Resident Office in Allentown to meet with this your Affiant. Dr. Puccio advised he did write prescriptions for his ex-wife Rachel. Dr. Puccio stated Rachel has fought with addiction for a long period of time and is currently in a rehabilitation facility in lieu of prison. Dr. Puccio stated during the time in question he did write prescriptions for Methadone while she was in a program in Philipsburg, New Jersey. Dr. Puccio stated that Rachel would over sleep and miss her appointment at the clinic. Dr. Puccio stated Rachel would call him crying that she was in pain and he felt sorry for her and would write her a prescription for the Methadone to get her through until the next day. Dr. Puccio stated he realized this was wrong but hated to see her in pain.

*Re Rimpl 9-30-16*

(Signature of Affiant)

*7/30/16* *[Signature]*

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016

### CRIMINAL DOCKET

Court Case

Commonwealth of Pennsylvania

v.

Steven T. Puccio

Page 1 of 8

#### CASE INFORMATION

Judge Assigned: Anthony, James T.

Date Filed: 10/25/2016

Initiation Date: 09/30/2016

OTN: T 845769-1

LOTN:

Originating Docket No: MJ-31301-CR-0000258-2016

Initial Issuing Authority: Rod Beck

Final Issuing Authority: Rod Beck

Arresting Agency: Pennsylvania Office of Attorney General

Arresting Officer: Rimple, Brian H.

Complaint/Incident #: BN10057 15C

Case Local Number Type(s)

Case Local Number(s)

LCID#

0188466

#### STATUS INFORMATION

Case Status: Closed

Status Date

Processing Status

Complaint Date: 09/30/2016

05/16/2017

Sentenced/Penalty Imposed

05/16/2017

Awaiting Sentencing

12/06/2016

Awaiting Pre-Trial Conference

10/26/2016

Awaiting Formal Arraignment

10/25/2016

Awaiting Filing of Information

#### CALENDAR EVENTS

| <u>Case Calendar</u> | <u>Schedule</u>   | <u>Start</u> | <u>Room</u>  | <u>Judge Name</u>      | <u>Schedule</u> |
|----------------------|-------------------|--------------|--------------|------------------------|-----------------|
| <u>Event Type</u>    | <u>Start Date</u> | <u>Time</u>  |              |                        | <u>Status</u>   |
| Formal Arraignment   | 12/06/2016        | 8:30 am      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Status Conference    | 01/09/2017        | 9:30 am      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Status Conference    | 02/21/2017        | 1:30 pm      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Status Conference    | 03/27/2017        | 1:30 pm      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Guilty Plea          | 05/16/2017        | 1:30 pm      | Courtroom 2C | Judge James T. Anthony | Scheduled       |

#### DEFENDANT INFORMATION

Date Of Birth:

City/State/Zip: Walnutport, PA 18088

Alias Name

Puccio, Steven

#### CASE PARTICIPANTS

Participant Type

Name

Defendant

Puccio, Steven T.

#### BAIL INFORMATION

**Puccio, Steven T.**

**Nebbia Status: None**

| <u>Bail Action</u> | <u>Date</u> | <u>Bail Type</u> | <u>Percentage</u> | <u>Amount</u> | <u>Bail Posting Status</u> | <u>Posting Date</u> |
|--------------------|-------------|------------------|-------------------|---------------|----------------------------|---------------------|
| Set                | 09/30/2016  | Unsecured        |                   | \$50,000.00   | Posted                     | 09/30/2016          |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016  
**CRIMINAL DOCKET**

Court Case

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Steven T. Puccio

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### CHARGES

| <u>Seq.</u> | <u>Orig Seq.</u> | <u>Grade</u> | <u>Statute</u>     | <u>Statute Description</u>             | <u>Offense Dt.</u> | <u>OTN</u> |
|-------------|------------------|--------------|--------------------|----------------------------------------|--------------------|------------|
| 1           | 1                | F            | 35 § 780-113 §§A14 | Admin Etc Of Cont Subst By Pract       | 03/13/2012         | T 845769-1 |
| 2           | 4                | M            | 35 § 780-113 §§A14 | Admin Etc Of Cont Subst By Pract       | 03/13/2012         | T 845769-1 |
| 3           | 3                | M            | 35 § 780-113 §§A28 | Furnish False/Fraudulent Material Info | 03/13/2012         | T 845769-1 |
| 100         | 2                | M            | 35 § 780-113 §§A13 | Sale Give Contr Subs To Dep Person     | 03/13/2012         | T 845769-1 |
| 101         | 5                | M            | 35 § 780-113 §§A13 | Sale Give Contr Subs To Dep Person     | 03/13/2012         | T 845769-1 |

### DISPOSITION SENTENCING/PENALTIES

Disposition

Case Event

Sequence/Description

Sentencing Judge

Sentence/Diversion Program Type

Sentence Conditions

Disposition Date

Offense Disposition

Sentence Date

Incarceration/Diversionary Period

Final Disposition

Grade Section

Credit For Time Served

Start Date

**Waived for Court (Lower Court)**

**Defendant Was Present**

**Lower Court Disposition**

09/30/2016

Not Final

1 / Admin Etc Of Cont Subst By Pract

Waived for Court (Lower Court)

F

35 § 780-113 §§ A14

3 / Furnish False/Fraudulent Material Info

Waived for Court (Lower Court)

M

35 § 780-113 §§ A28

100 / Sale Give Contr Subs To Dep Person

Waived for Court (Lower Court)

M

35 § 780-113 §§ A13

**Proceed to Court**

**Information Filed**

11/23/2016

Not Final

1 / Admin Etc Of Cont Subst By Pract

Proceed to Court

F

35 § 780-113 §§ A14

2 / Admin Etc Of Cont Subst By Pract

Added by Information

M

35 § 780-113 §§ A14

3 / Furnish False/Fraudulent Material Info

Proceed to Court

M

35 § 780-113 §§ A28

100 / Sale Give Contr Subs To Dep Person

Withdrawn Pursuant to

M

35 § 780-113 §§ A13

Pa.R.Crim.P. 561(B)

**Guilty Plea - Negotiated**

**Guilty Plea**

05/16/2017

Final Disposition

1 / Admin Etc Of Cont Subst By Pract

Withdrawn

F

35 § 780-113 §§ A14

Anthony, James T.

05/16/2017

Charge Changed

M

35 § 780-113 §§ A14

2 / Admin Etc Of Cont Subst By Pract

Replaced by 35 § 780-113 §§ A13, Sale Give Contr Subs To Dep Person

05/16/2017

Anthony, James T.

3 / Furnish False/Fraudulent Material Info

Withdrawn

M

35 § 780-113 §§ A28

Anthony, James T.

05/16/2017

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET

Docket Number: CP-39-CR-0004691-2016

### CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania

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#### DISPOSITION SENTENCING/PENALTIES

##### Disposition

| <u>Case Event</u>                                                          | <u>Disposition Date</u>                                    | <u>Final Disposition</u>      |                                   |
|----------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------|-----------------------------------|
| <u>Sequence/Description</u>                                                | <u>Offense Disposition</u>                                 | <u>Grade</u>                  | <u>Section</u>                    |
| <u>Sentencing Judge</u>                                                    | <u>Sentence Date</u>                                       | <u>Credit For Time Served</u> |                                   |
| <u>Sentence/Diversion Program Type</u>                                     | <u>Incarceration/Diversionary Period</u>                   | <u>Start Date</u>             |                                   |
| <u>Sentence Conditions</u>                                                 |                                                            |                               |                                   |
| 100 / Sale Give Contr Subs To Dep Person<br>Anthony, James T.              | Withdrawn Pursuant to<br>Pa.R.Crim.P. 561(B)<br>05/16/2017 | M                             | 35 § 780-113 §§ A13               |
| 101 / Sale Give Contr Subs To Dep Person<br>Anthony, James T.<br>Probation | Guilty Plea - Negotiated<br>05/16/2017<br>1 year           | M                             | 35 § 780-113 §§ A13<br>05/16/2017 |

#### COMMONWEALTH INFORMATION

Name: Craig William Scheetz  
Assistant District Attorney

Supreme Court No: 092619

Phone Number(s):  
610-782-3100 (Phone)

Address:  
Lehigh CO Da's Office  
455 Hamilton St Ste 307  
Allentown, PA 18101-1602

#### ATTORNEY INFORMATION

Name: Eric Keith Dowdle  
Private

Supreme Court No: 068335

Rep. Status: Active

Phone Number(s):  
610-882-3000 (Phone)  
610-882-3000 (Phone)  
610-351-9139 (Fax)

Address:  
333 W Union St  
Allentown, PA 18102

Representing: Puccio, Steven T.

#### ENTRIES

| <u>Sequence Number</u>                    | <u>CP Filed Date</u> | <u>Document Date</u> | <u>Filed By</u>                      |
|-------------------------------------------|----------------------|----------------------|--------------------------------------|
| 1                                         | 09/30/2016           |                      | Engler, Patricia M.                  |
| Bail Set - Puccio, Steven T.              |                      |                      |                                      |
| 2                                         | 09/30/2016           |                      | Puccio, Steven T.                    |
| Bail Posted - Puccio, Steven T.           |                      |                      |                                      |
| 1                                         | 10/25/2016           |                      | Court of Common Pleas- Lehigh County |
| Original Papers Received from Lower Court |                      |                      |                                      |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET

Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

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### ENTRIES

| <u>Sequence Number</u>                            | <u>CP Filed Date</u> | <u>Document Date</u> | <u>Filed By</u>                    |
|---------------------------------------------------|----------------------|----------------------|------------------------------------|
| <u>Service To</u>                                 | <u>Service By</u>    |                      |                                    |
| <u>Issue Date</u>                                 | <u>Service Type</u>  | <u>Status Date</u>   | <u>Service Status</u>              |
| 3                                                 | 10/26/2016           |                      | Lehigh County Court Administration |
| Notice of Formal Arraignment - 12/6/16            |                      |                      |                                    |
| Jackson, Janet                                    | 10/26/2016           | Regular              |                                    |
| Scheetz, Craig William                            | 10/26/2016           | Interoffice          |                                    |
| -----                                             |                      |                      |                                    |
| 1                                                 | 11/23/2016           |                      | Commonwealth of Pennsylvania       |
| Information Filed                                 |                      |                      |                                    |
| -----                                             |                      |                      |                                    |
| 1                                                 | 12/06/2016           |                      | Anthony, James T.                  |
| Arraigned                                         |                      |                      |                                    |
| -----                                             |                      |                      |                                    |
| 4                                                 | 12/06/2016           |                      | Anthony, James T.                  |
| Scheduling Order - Status Conference - 01/09/2017 |                      |                      |                                    |
| Anthony, James T.                                 | 12/06/2016           | E-Mail               |                                    |
| Jackson, Janet                                    | 12/06/2016           | In Court             |                                    |
| Lehigh County Adult Probation                     | 12/06/2016           | E-Mail               |                                    |
| Lehigh County Court Administration                | 12/06/2016           | E-Mail               |                                    |
| Puccio, Steven T.                                 | 12/06/2016           | In Court             |                                    |
| Scheetz, Craig William                            | 12/06/2016           | In Court             |                                    |
| -----                                             |                      |                      |                                    |
| 1                                                 | 12/20/2016           |                      | Jackson, Janet                     |
| Entry of Appearance                               |                      |                      |                                    |
| -----                                             |                      |                      |                                    |
| 2                                                 | 01/09/2017           |                      | Anthony, James T.                  |
| Scheduling Order - Status Conference - 02/21/2017 |                      |                      |                                    |
| Anthony, James T.                                 | 01/09/2017           | E-Mail               |                                    |
| Jackson, Janet                                    | 01/09/2017           | In Court             |                                    |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET

Docket Number: CP-39-CR-0004691-2016  
**CRIMINAL DOCKET**

Court Case



Commonwealth of Pennsylvania

v.

Steven T. Puccio

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### ENTRIES

Sequence Number      CP Filed Date      Document Date      Filed By

Service To      Service By

Issue Date      Service Type      Status Date      Service Status

Lehigh County Adult Probation

01/09/2017      E-Mail

Lehigh County Court Administration

01/09/2017      E-Mail

Puccio, Steven T.

01/09/2017      In Court

Scheetz, Craig William

01/09/2017      In Court

---

1      02/21/2017      Anthony, James T.  
Scheduling Order - Status Conference 3/27/17

Anthony, James T.

02/21/2017      E-Mail

Jackson, Janet

02/21/2017      In Court

Lehigh County Adult Probation

02/21/2017      E-Mail

Lehigh County Court Administration

02/21/2017      E-Mail

Puccio, Steven T.

02/21/2017      In Court

Scheetz, Craig William

02/21/2017      In Court

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1      03/27/2017      Dowdle, Eric Keith  
Entry of Appearance

---

2      03/27/2017      Anthony, James T.  
Scheduling Order - Guilty Plea 5/16/17

Anthony, James T.

03/27/2017      E-Mail

Dowdle, Eric Keith

03/27/2017      In Court

Lehigh County Adult Probation

03/27/2017      E-Mail

Lehigh County Court Administration

03/27/2017      E-Mail

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016

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#### ENTRIES

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| <u>Sequence Number</u>                                 | <u>CP Filed Date</u> | <u>Document Date</u> | <u>Filed By</u>                         |
|--------------------------------------------------------|----------------------|----------------------|-----------------------------------------|
| <u>Service To</u>                                      |                      | <u>Service By</u>    |                                         |
| <u>Issue Date</u>                                      | <u>Service Type</u>  | <u>Status Date</u>   | <u>Service Status</u>                   |
| Puccio, Steven T.<br>03/27/2017                        | In Court             |                      |                                         |
| Scheetz, Craig William<br>03/27/2017                   | In Court             |                      |                                         |
| 1                                                      | 05/16/2017           |                      | Dowdle, Eric Keith                      |
| Written Guilty Plea Colloquy                           |                      |                      |                                         |
| 2                                                      | 05/16/2017           |                      | Anthony, James T.                       |
| Guilty Plea - Negotiated                               |                      |                      |                                         |
| 3                                                      | 05/16/2017           |                      | Anthony, James T.                       |
| Order - Sentence/Penalty Imposed                       |                      |                      |                                         |
| 4                                                      | 05/16/2017           |                      | Court of Common Pleas- Lehigh<br>County |
| Penalty Assessed                                       |                      |                      |                                         |
| 5                                                      | 05/16/2017           |                      | Court of Common Pleas- Lehigh<br>County |
| Itemized Account of Fines, Costs, Fees and Restitution |                      |                      |                                         |
| 6                                                      | 05/16/2017           |                      | Court of Common Pleas- Lehigh<br>County |
| Penalty Satisfied                                      |                      |                      |                                         |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET

Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania

v.

Steven T. Puccio

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### CASE FINANCIAL INFORMATION

Last Payment Date: 05/16/2017

Total of Last Payment: -\$803.80

| Puccio, Steven T.<br>Defendant                     | <u>Assessment</u> | <u>Payments</u> | <u>Adjustments</u> | <u>Non Monetary<br/>Payments</u> | <u>Total</u> |
|----------------------------------------------------|-------------------|-----------------|--------------------|----------------------------------|--------------|
| <b>Costs/Fees</b>                                  |                   |                 |                    |                                  |              |
| ATJ                                                | \$4.00            | -\$4.00         | \$0.00             | \$0.00                           | \$0.00       |
| CJES                                               | \$2.25            | -\$2.25         | \$0.00             | \$0.00                           | \$0.00       |
| Commonwealth Cost- HB627 (Act 167 of 1992)         | \$10.25           | -\$10.25        | \$0.00             | \$0.00                           | \$0.00       |
| County Court Cost (Act 204 of 1976)                | \$33.30           | -\$33.30        | \$0.00             | \$0.00                           | \$0.00       |
| Crime Victims Compensation(Act 96 of 1984)         | \$35.00           | -\$35.00        | \$0.00             | \$0.00                           | \$0.00       |
| Domestic Violence Compensation(Act 44 of 1988)     | \$10.00           | -\$10.00        | \$0.00             | \$0.00                           | \$0.00       |
| Firearm Education and Training Fund                | \$5.00            | -\$5.00         | \$0.00             | \$0.00                           | \$0.00       |
| JCPS                                               | \$21.25           | -\$21.25        | \$0.00             | \$0.00                           | \$0.00       |
| Judicial Computer Project                          | \$8.00            | -\$8.00         | \$0.00             | \$0.00                           | \$0.00       |
| State Court Costs (Act 204 of 1976)                | \$11.95           | -\$11.95        | \$0.00             | \$0.00                           | \$0.00       |
| Substance Abuse Education(Act 198 of 2002)         | \$50.00           | -\$50.00        | \$0.00             | \$0.00                           | \$0.00       |
| Substance Abuse Education(Act 198 of 2002)         | \$50.00           | -\$50.00        | \$0.00             | \$0.00                           | \$0.00       |
| Variable Amount to be Distributed CVC/MWS (Act 96) | \$28.00           | -\$28.00        | \$0.00             | \$0.00                           | \$0.00       |
| Variable Amount to be Distributed CVC/MWS (Act 96) | \$12.00           | -\$12.00        | \$0.00             | \$0.00                           | \$0.00       |
| Victim Witness Service (Act 111 of 1998)           | \$25.00           | -\$25.00        | \$0.00             | \$0.00                           | \$0.00       |
| Automation Fee (Lehigh)                            | \$5.00            | -\$5.00         | \$0.00             | \$0.00                           | \$0.00       |
| Central Booking (Lehigh)                           | \$300.00          | -\$300.00       | \$0.00             | \$0.00                           | \$0.00       |
| Clerks Fee - Charge Before Trial (Lehigh)          | \$159.80          | -\$159.80       | \$0.00             | \$0.00                           | \$0.00       |
| Collections Judgment (Lehigh)                      | \$75.75           | \$0.00          | -\$75.75           | \$0.00                           | \$0.00       |
| DA - Misdemeanor Information (Lehigh)              | \$15.00           | -\$15.00        | \$0.00             | \$0.00                           | \$0.00       |
| Sheriff's Attendance in Court (Lehigh)             | \$12.00           | -\$12.00        | \$0.00             | \$0.00                           | \$0.00       |
| Postage (Lehigh)                                   | \$6.00            | -\$6.00         | \$0.00             | \$0.00                           | \$0.00       |
| OSP (Lehigh/State) (Act 35 of 1991 )               | \$300.00          | \$0.00          | -\$300.00          | \$0.00                           | \$0.00       |
| OSP (Lehigh/State) (Act 35 of 1991 )               | \$300.00          | \$0.00          | -\$300.00          | \$0.00                           | \$0.00       |
| Costs/Fees Totals:                                 | \$1,479.55        | -\$803.80       | -\$675.75          | \$0.00                           | \$0.00       |
| Grand Totals:                                      | \$1,479.55        | -\$803.80       | -\$675.75          | \$0.00                           | \$0.00       |

COURT OF COMMON PLEAS OF LEHIGH COUNTY

DOCKET

Docket Number: CP-39-CR-0004691-2016

CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania

v.

Steven T. Puccio

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\*\* - Indicates assessment is subrogated

COURT OF COMMON PLEAS  
LEHIGH COUNTY  
CRIMINAL ACTION NO. CP-39-CR-4691/16

COMMONWEALTH OF PENNSYLVANIA

vs.

STEVEN T. PUCCIO

1. The District Attorney of Lehigh County by this information charges that on or between the thirteenth day of March, 2012, and the twenty-third day of February, 2014, in said County of Lehigh, the said STEVEN T. PUCCIO, did obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge; administration, dispensing, delivery, gift or prescription of any controlled substance by any practitioner or professional assistant under the practitioner's direction and supervision unless done (i) in good faith in the course of his professional practice; (ii) within the scope of the patient relationship; (iii) in accordance with treatment principles accepted by a responsible segment of the medical profession; to wit: STEVEN T. PUCCIO DID PRESCRIBE METHADONE, A SCHEDULED II CONTROLLED SUBSTANCE TO RACHEL PUCCIO, KNOWING SHE IS A DRUG DEPENDENT PERSON.

Acquisition of Controlled Substance  
By Fraud  
35 P.S. 780-113 (a)(14)  
F

2. And the District Attorney of Lehigh County by this information further charges that on or between the thirteenth day of March, 2012, and the twenty-third day of February, 2014, in said County of Lehigh, the said STEVEN T. PUCCIO, did sell, dispense, distribute, prescribe, or gift by any practitioner otherwise authorized by law so to do of any controlled substance to any person known to such practitioner to be or whom such practitioner has reason to know is a drug dependent person, unless said drug is prescribed, administered, dispensed or given for the cure or treatment of some malady other than drug dependency; to wit: STEVEN T. PUCCIO DID PRESCRIBE METHADONE, A SCHEDULED II CONTROLLED SUBSTANCE TO RACHEL PUCCIO KNOWING SHE IS A DRUG DEPENDENT PERSON AND NOT BEING TREATED FOR A MEDICAL MALADY.

Dispensing outside  
Professional practice

35 P.S. Section 780-113(a)(14)  
M

(i3) 3/27/17  
CP

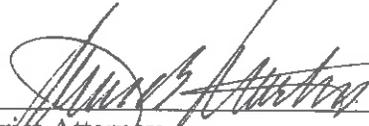
CP-39-CR-4691-16  
MARCH 29 10:11:04  
FBI

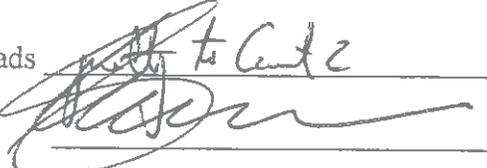
ITIH<sup>S</sup>

3. And the District Attorney of Lehigh County by this information further charges that on or between the thirteenth day of March, 2012, and the twenty-third day of February, 2014, in said County of Lehigh, the said STEVEN T. PUCCIO, did furnish false or fraudulent material information in, or omission of any material information from any application, report, or other document required to be kept or filed under this act, or any record required to be kept by this act; to wit: STEVEN T. PUCCIO DID NOT FOLLOW THE REQUIRED PROTOCOL FOR PRESCRIBING A SCHEDULED II CONTROLLED SUBSTANCE TO RACHEL PUCCIO.

Furnish false/fraudulent  
Material  
35 P.S. Section 780-113(a)(28)  
M

All of which is against the Act(s) of Assembly and the peace and dignity of the Commonwealth of Pennsylvania.

  
\_\_\_\_\_  
District Attorney  
Attorney for the Commonwealth

May 16, 2017 ~~2016~~ the defendant pleads guilty to Count 2  
  
\_\_\_\_\_

---

**EXHIBIT  
B**

# MICHELMAN & BRICKER, P.C.

Attorneys at Law

1500 Walnut Street, Suite 502  
Philadelphia, Pennsylvania 19102

DAVID F. MICHELMAN \*  
AMY BRICKER \*  
MARA COHEN JACKEL \*

OF COUNSEL:  
N. MARLENE FLEMING \*  
FEDERICO CALAF-LEGRAND ‡

\* Admitted in PA  
◦ Admitted in NJ  
 Admitted in MA  
‡ Admitted in PR

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811 Church Road, Suite 117-A  
Cherry Hill, NJ 08002

172 Englewood Road  
Longmeadow, MA 01106

361 San Francisco Street, 4th Floor  
San Juan, Puerto Rico 00901

June 13, 2017

Jason Anderson, Esquire  
Prosecuting Attorney  
Commonwealth of Pennsylvania  
Office of General Counsel  
Department of State  
P.O. Box 69521  
Harrisburg, PA 17106-9521

**RE: MITIGATING STATEMENT ON BEHALF OF STEVEN THOMAS PUCCIO,  
D.O.  
LICENSE NO. OS0077461 (INACTIVE)  
FILE NO. 16-53-13853  
DOCKET No. -53-17  
PHMP NO. 18703**

Dear Mr. Anderson:

In accordance with paragraph 3(h) of the Agreement, this letter is being submitted to the Board as a "mitigating statement", which should be attached as Exhibit B to the Agreement which is contemporaneously being submitted to the Board for approval.

Dr. Puccio has already entered into a Consent Agreement with the PA Health Monitoring Program's ("PHMP") Voluntary Recovery Program ("VRP"), which imposed an indefinite suspension of his license, but stayed that penalty conditioned upon his compliance with the VRP's requirements. Dr. Puccio respectfully requests, consistent with that VRP Consent Agreement, that the Board now impose a similar indefinite suspension of his license, and that such suspension be similarly stayed, retroactively, conditioned upon his satisfactory compliance with the requirements of the Disciplinary Monitoring Unit ("DMU") in lieu of the VRP.

Dr. Puccio pled guilty to a criminal charge of Sale or Giving a Controlled Substance to a Dependent Person, which is a misdemeanor (ungraded) under section 113(a)(13) of the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act (“Drug Act”), 35 PA.C.S.A. § 780.113(a)(13).<sup>1</sup> The Court imposed a sentence of one year of probation, without any fine.

As described below, the criminal charge arose from Dr. Puccio’s clouded judgment in prescribing methadone and anti-anxiety medications for his ex-wife, in an effort to help her get treatment for her drug addiction problem. The criminal charge did not involve the sale of controlled substances.

Dr. Puccio requests that the Board take into consideration the following mitigating information:

**1. Dr. Puccio’s Background.**

Dr. Puccio is a 52-year old orthopedic surgeon, who was well-respected by his colleagues and patients for his professional skills during his 18 years of medical practice, and for his service to the Allentown-Bethlehem community. Between 2012 and April 2016, he served as the Section Chief for Spinal Surgery of the Department of Orthopedic Surgery of St. Luke’s Hospital in Bethlehem, PA. A copy of his Curriculum Vitae is attached hereto as Attachment 1. Character references from 36 physicians, other health care professionals, former patients, members of his community, and family members, are attached hereto as Attachment 2.

**2. Dr. Puccio’s Acceptance of Criminal Responsibility for His Actions.**

On May 16, 2017, Dr. Puccio plead guilty to a criminal charge of Sale of Controlled Substances to a Dependent Person. His entry of a guilty plea, rather than contesting these charges, demonstrates an acceptance of responsibility, and a recognition that his actions in prescribing controlled substances were wrong, and that they violated the Commonwealth’s criminal laws.<sup>2</sup> Similarly, his entry into a Consent Agreement with the Board, rather than seeking a hearing, demonstrates an acceptance of responsibility for his actions, and his recognition that this conduct violated the standards of conduct expected in his profession.

**3. Dr. Puccio’s Misconduct Was Not Motivated by Financial Gain.**

Although the title of the formal criminal charge which Dr. Puccio plead guilty to is “Sale or Giving a Controlled Substance to a Dependent Person” it covers a broad range of conduct including the

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<sup>1</sup> Prior to his arrest, Dr. Puccio cooperated with the Attorney General’s Office (“OAG”), and voluntarily surrendered to the OAG when criminal charges were filed on September 30, 2016. On October 20, 2016, Dr. Puccio waived his right to a preliminary hearing, rather than contesting the charges.

<sup>2</sup> Dr. Puccio also properly complied with his obligations under the M-Care Act.

“sale... prescription or “gift” a controlled substance to a dependent person. **The facts in this case did not involve the “sale” of these controlled substances.** It involved the “prescription or gift” of the controlled substances. **Dr. Puccio did not profit financially from improperly writing these prescriptions.** His crime was not motivated by greed.

**4. Dr. Puccio’s Misconduct Was Motivated by a Misguided Desire to Help His Former Wife Cope with Her Addiction.**

His misconduct involved improperly writing prescriptions for controlled substances for his wife/former wife, during her many-years-long struggle to control her addiction and to help her obtain treatment. As his marriage broke down, he became involved in a pattern of improperly prescribing medications for her in connection with her drug addiction and need for treatment. Approximately half of these prescriptions were for methadone. Although she was scheduled to receive this medication as part of her withdrawal treatment at an out-patient clinic, she often failed to appear for her daily appointments to get that medication, and was suffering withdrawal symptoms. The other prescriptions were for anti-anxiety medications. Even after his marriage ended, he continued the pattern of improperly prescribing medications for her, in order to fill gaps in her treatment or to get her into treatment facilities (which he paid for), or to keep her from purchasing drugs on the street.

Dr. Puccio’s description of his attempts to help his former wife in dealing with her addiction problem are set forth in the Affidavit of Probable Cause supporting the criminal Complaint, which stated:

Dr. Puccio advised he did write prescriptions for his ex-wife, Rachel. Dr. Puccio stated Rachel has fought with addiction for a long period of time and is currently in a rehabilitation facility in lieu of prison. Dr. Puccio stated that during the time in question he did write prescriptions for Methadone while she was in a program in Philipsburg, New Jersey. Dr. Puccio stated that Rachel would over sleep and miss her appointment at the clinic. Dr. Puccio stated Rachel would call him crying that she was in pain and he felt sorry for her and would write her a prescription of the Methadone to get her through until the next day. Dr. Puccio stated that he realized this was wrong but hated to see her in pain.

Dr. Puccio’s 19-year old stepdaughter, Katlyn Scott, described his efforts to help her mother get drug treatment, in a reference letter which is attached as part of Attachment 2, which states:

Steve and my mother were divorced in 2008, and shortly after, my mother’s drug addiction began. During the next few years Steve helped her tremendously, even though they were divorced. He paid for her methadone, bought her a house, bought her a car, paid her bills. We all wanted her to get better, especially Steve. He paid over one hundred thousand dollars in treatment for her. He flew her to Florida to a

rehab amongst paying for others locally. **He was always willing to do anything for her....** (emphasis added).

This excessive willingness to do anything to help his former wife clouded his judgment, and has now cost him his job at St. Luke's Hospital and his career, and left him with a criminal record.

**5. Dr. Puccio's Participation in the Voluntary Recovery Program ("VRP").**

Dr. Puccio has been participating in the VRP since October 2016. After his "willingness to do anything" to help his former wife caused him to lose his job and career, he became aware of the complexity of his own underlying psychological issues which contributed to this problem. In early July 2016, he began undergoing a voluntary forensic psychological evaluation by Frank D'Attilio Ph.D., a clinical and forensic psychologist who is a Diplomate in Clinical Psychology of the American Board of Professional Psychology. Dr. D'Attilio concluded that Dr. Puccio's conduct in improperly writing prescriptions for his former wife was directly related to a compulsive personality disorder. He recommended that Dr. Puccio voluntarily begin a counseling and treatment program with Thomas Vellela, ED.D, a psychologist who focuses on the evaluation, prevention, diagnosis, and treatment of mental, emotional and behavioral health issues. Dr. Puccio voluntarily commenced this therapeutic counseling and treatment with Dr. Vellela on August 4, 2016 (approximately two months before the criminal charges were filed against him).

Dr. Puccio initially contacted the Physician's Health Monitoring Program (PHMP) on September 23, 2016, to arrange to enroll in the VRP, and on October 5, 2016, he executed a "Participation Cooperation Form" for the VRP. On January 13, 2017, he signed a final Consent Agreement with the VRP, and his participation in the VRP was formally approved by the Board on February 8, 2017. He has been, and continues to be, in full compliance with the VRP's requirements. His case manager is Kevin Knipe (800-554-3428). Under the supervision of the VRP, Dr. Puccio has continued in treatment and counseling with Dr. Vellela, who has regularly reported to the VRP regarding Dr. Puccio's successful progress.

**6. Dr. Puccio's Recognition of His Obligations to the Public and to the Medical Community.**

Dr. Puccio's misconduct did not affect the quality of the medical care that he provided to his patients. As letters from his patients and colleagues which are attached as Attachment 2 demonstrate, they continue to hold him in high regard for his medical skill and compassion. However, as he became aware of his psychological issues that required treatment and counseling, he recognized that it was in the interest of the public and the medical community that he stop practicing medicine until he had dealt with these personal issues.

In July 2016, he made a formal decision to temporarily give up his medical career. He voluntarily contacted the Board to change his osteopathic medical license status from "active" to "inactive",

**MICHELMAN & BRICKER, P.C.**

**June 13, 2017**

**Page No. -5-**

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and he ceased practicing medicine. (See his July 21, 2016 correspondence with the Board, attached as Attachment 3). He also voluntarily surrendered his DEA license to prescribe narcotics and other controlled substances. During the 10-month period from July 2016 through May 2017, he has worked as a car salesman, rather than as an orthopedic surgeon.

On May 22, 2017, Dr. Puccio contacted Mr. Knipe to determine what the PHMP's position was concerning whether and when he could return to practicing medicine. Mr. Knipe advised Dr. Puccio that, based upon his treatment progress, the PHMP was satisfied that he could begin to look for work as a physician again.

**7. Conclusion.**

For the foregoing reasons, Dr. Puccio respectfully requests that the Board include this letter and its attachments in the record, for consideration as part of its evaluation of whether or not the Board should accept the proposed consent agreement.<sup>3</sup> Dr. Puccio's treatment through the VRP program has addressed the issues which clouded his judgment and led to his conviction, and the VRP program has determined that he is fit to resume the practice of osteopathic medicine.

Yours truly,



DAVID F. MICHELMAN, ESQ.

DFM/cmj

Attachments

cc: Dr. Stephen Puccio

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<sup>3</sup> If for any reason, the Board initially determines that it lacks sufficient evidence to accept the Prosecutor's proposed consent agreement, Dr. Puccio also requests an opportunity to supplement the record with further factual and legal support.

# CURRICULUM VITAE

Steven T. Puccio, D.O.

Home:  
3981 Hunsicker Dr.  
Walnutport, PA 18088

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## Biographical Data

Date of Birth:  
Child: Aydan  
Wife: Caitlin

## Education

Philadelphia College of Pharmacy & Science  
Philadelphia, PA  
B.S. Pharmacy Degree 6/1982 – 7/1987

Philadelphia College of Osteopathic Medicine  
Philadelphia, PA  
Doctor of Osteopathic Medicine 6/1987 – 7/1991

## Internship, Residency, & Fellowship

Hospital of Philadelphia College of Osteopathic Medicine  
Philadelphia, PA  
Rotating Internship 6/1991 – 7/1992

Peninsula Hospital Center  
Far Rockaway, NY  
Orthopedic Surgery Residency 6/1992 – 7/1997

New England Baptist Hospital / Bone and Joint Institute  
Boston, MA  
Orthopedic Spine Surgery Fellowship 6/1997 – 7/1998

## Professional Experience

STAR Buick GMC. 5/2016 - present  
260 Country Club Road  
Easton, PA 18045

St. Luke's Orthopaedic Specialists  
Bethlehem, PA 2006 – 2016

Orthopedics & Sports Medicine, P.C.  
New Windsor, NY 2004 - 2006

St. Luke's / Cornwall Hospital  
Newburgh, NY 4/2004 – 2006

Lehigh Valley Bone Muscle Joint  
Bethlehem, PA 9/2001 – 2004

Professional Experience (continued)

|                                                      |                  |
|------------------------------------------------------|------------------|
| Lehigh Valley Hospital – Muhlenberg<br>Bethlehem, PA | 9/1998 – 2/2004  |
| St. Luke’s Hospital<br>Bethlehem, PA                 | 9/1998 – 4/2016  |
| Sports Medicine North<br>Lynnfield, MA               | 7/2000 – 7/2001  |
| St. Luke’s Regional Trauma Center<br>Bethlehem, PA   | 1/2000 – 7/2000  |
| Coordinated Health Systems<br>Bethlehem, PA          | 9/1998 – 12/1999 |

Certification & Licensure

Pennsylvania License OS-007746L (1991)

Osteopathic Boards  
NBOME Part 1-3 1989 – 1992

Osteopathic Orthopaedic Board Certification  
American Osteopathic Board of Orthopedic Surgery – Certificate# 1456  
Completed Written & Oral Boards 1997  
Completed Practical Boards 2003  
Recertification Oral Boards, October 2008, 2009  
Recertification Practical Boards, February 2007

Advanced Cardiac Life Support (ACLS) 2008

American Osteopathic Board of Orthopaedic Surgery Board Certification  
July 2003

Professional Memberships

North American Spine Society  
American Osteopathic Association  
American Academy of Orthopedic Surgeons  
American Osteopathic Academy of Orthopedics  
POMA

Professional Appointments

|                                                                                                                       |                |
|-----------------------------------------------------------------------------------------------------------------------|----------------|
| Section Chief, Spinal Surgery, Department of Orthopaedic Surgery, St. Luke's University Hospital, Bethlehem, PA 18015 | 5/2012-2016    |
| Assistant Team Physician, Lehigh Valley Steelhawks Arena Football Team, Bethlehem, PA                                 | 2011-2015      |
| Clinical Assistant Professor (Adjunct), Department of Orthopaedic Surgery, Temple University School of Medicine       | 10/1/10-2016   |
| Part II Oral Board Examiner, American Osteopathic Board of Orthopaedic Surgery                                        | 2005 - present |
| Part III Clinical Board Examiner, American Osteopathic Board of Orthopaedic Surgery                                   | 2005 - present |
| Advisory Board, Baxter Pharmaceuticals                                                                                | 10/2010-2014   |

Hospital Committees

|                                                                                       |               |
|---------------------------------------------------------------------------------------|---------------|
| St. Luke's Hospital Operating Room Materials Management Committee for Resterilization | 7/2009 - 2016 |
| St. Luke's Hospital Patient Satisfaction Committee                                    | 8/2008 - 2016 |
| St. Luke's Hospital Committee for Blood Management                                    | 5/2008 - 2016 |

Recognitions

|                                                                                                              |                 |
|--------------------------------------------------------------------------------------------------------------|-----------------|
| Chief Resident<br>Orthopedic Surgery Resident<br>Peninsula Hospital Center, NY                               | 7/1996 - 8/1997 |
| Clinical Instructor<br>Department of Orthopaedic Traumatology<br>St. Luke's Hospital, Bethlehem, PA          | 9/1998 - 4/2016 |
| Clinical Instructor<br>Department of Orthopedic Surgery<br>Tufts University School of Medicine<br>Boston, MA | 8/1997 - 9/1998 |

Presentations

|                                                       |                |
|-------------------------------------------------------|----------------|
| Administration of Part III Clinical Boards (Maryland) | 1/22-1/23/2015 |
| Administration of Part III Clinical Boards            | 8/6-8/7/2014   |
| Administration of Part III Clinical Boards (Texas)    | 8/6-8/9/2015   |

CURRICULUM VITAE

Steven T. Puccio, D.O.

Page 4 of 6

Presentations (continued)

Sports Medicine Roundup Discussions

(Discussion focuses on current sports news with an emphasis on current sports injuries, particularly among professional athletes. Some discussion on physician's various areas of expertise, as well.)

8/30/2014, 11/1/2014, 12/13/2014, 3/28/2015, 5/30/2015, 6/27/2015

Community Talks: "Back Pain"

St. Luke's Allentown Campus

5/27/2015

St. Luke's Bethlehem Campus

9/25/2014

Community Talk: "Suffering from Unresolved Lower Back Pain" – St. Luke's University Hospital Miners Campus  
Tamaqua, PA

6/11/2014

Community Talk: "Suffering from Unresolved Lower Back Pain" – St. Luke's University Hospital Allentown Campus  
Allentown, PA

4/23/2014

Talk With Your Doctor: "Back Health"

WFMZ Channel 69, Allentown, PA

numerous

ESPN Radio Broadcasts

The format of the show is that sports topics in the news that week are discussed including sports injury news relating to athletes and teams; the show covers multiple topics and is not focused on just one topic (examples: running injuries, anterior hip approach, Tommy John Surgery, back surgery, concussions)

5/31/2014

2/22/2014

7/27/2013

Community Talk: "SI Joint" – St. Luke's University Hospital  
Allentown Campus, Allentown, PA

9/18/2013

Community Talk: "SI Joint" – St. Luke's University Hospital  
Allentown Campus, Allentown, PA

5/21/2013

Annual Contemporary Issues in Trauma Conference (one day)  
"Back Pain"

Arts Quest/Steel Stacks, Bethlehem, PA

10/2012

Annual Didactic Lecture to the St. Luke's Orthopaedic  
Residents and Students on "Surgical Anatomy of the Spine"  
St. Luke's Hospital, Bethlehem, PA

2/28/2012

Dorsal Column Stimulators

CURRICULUM VITAE  
Steven T. Puccio, D.O.  
Page 5 of 6

Presentations (continued)

|                                                                                                                                            |               |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Administration of Oral Board Exam                                                                                                          | 10/19/2011    |
| Administration of Part III Clinical Exam                                                                                                   | 7/8-7/10/2011 |
| Regional Meeting – AO North America Nursing Continuing Education Orthopaedic Bioskills Workshop held at St. Luke's Hospital, Bethlehem, PA | 5/22/2010     |
| Distal Tibial and Pilon Fractures<br>Orthopaedic Grand Rounds<br>St. Luke's Hospital<br>Bethlehem, PA                                      | 5/2010        |
| Kyphoplasty in Compression Fractures<br>Orthopaedic Grand Rounds<br>St. Luke's Hospital<br>Bethlehem, PA                                   | 4/2007        |
| The Quality of Life of Lumbar Stenosis Patients Treated with the X STOP Interspinous Implant.<br>Journal of Neurosurgery                   | 7/2004        |
| Low Back Pain<br>St. Luke's/Cornwall Hospital<br>Newburgh, NY                                                                              | 4/2004        |
| North American Spine Society<br>"Treatment of Lumbar Spinal Stenosis with Interspinous Spacer"<br>Montreal, Quebec, Canada                 | 10/2002       |
| Multiple Orthopedic Trauma<br>St. Luke's Hospital<br>Bethlehem, PA                                                                         | 2/2000        |
| Spinal Stenosis in the Elderly Population<br>Sacred Heart Hospital<br>Allentown, PA                                                        | 4/1999        |
| Pediatric Spine Review<br>Peninsula Hospital Center<br>Rockaway, NY                                                                        | 7/1997        |

Publications

- A Prospective Randomized Multi-Center Study for the Treatment of Lumbar Spinal Stenosis with the X STOP Interspinous Implant: 1-Year Results 2004
- A Multicenter, Prospective, Randomized Trial Evaluating the X STOP Interspinous Process Decompression System for the Treatment of Neurogenic Intermittent Claudication 2005

Research Studies Being Conducted  
at St. Luke's University Hospital

- Complete Avulsion Injury of the Adductor Longus in a Professional Athlete: Case Report of Successful Non-Operative Management (This was submitted to the *American Journal of Orthopaedics* with revisions in January 2015)
- Outcomes of Percutaneous Sacroiliac Joint Fusion (This will be submitted to *Spine* or another spine journal in February or March 2015)
- Toradol Use in Epidural Injections (A research protocol is being developed for submission to the hospital's IRB)

Attendance at Continue Medical Education Conferences (listing started April 2016)

American Osteopathic Academy of Orthopaedics  
56<sup>th</sup> Postgraduate Seminar  
April 7-8, 2016  
Phoenix, AR

ATTACHMENT "2."

KEVITCH  
CHUNG & JAN  
AESTHETIC SURGERY ASSOCIATES

Integrated Health Campus  
250 Cetronia Road, Suite 301, Allentown, PA 18104  
(P) 610-437-2378 / (F) 610-820-9983

May 16, 2016

Re: Steven T Puccio

To Whom It May Concern:

Please accept this character reference in support of Steven T Puccio, D.O.

I have known Steve for approximately 6 years both as a colleague and friend.

I know Steve to be a person of the highest character for truthfulness, decency, professionalism, dedicated, caring family man and physician.

In the time I have known him, he has always been a genuine good person. His passion for medicine, ethics, and care for patients is second to none. I have had the pleasure to work with him with many mutual patients.

I can be reached by telephone at 610-573-1154 if you wish to speak to me or if you need additional information.

Sincerely,



Johnny Chung, MD, FACS

# Jennifer Crall, Ph.D.

Counseling & Psychological Services  
1534 West Broad Street, Suite 600 • Quakertown, PA 18951  
Phone: (610)730-4755 • JenniferCrall@gmail.com

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May 9, 2016

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

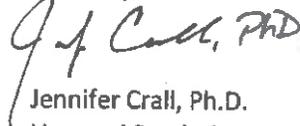
I have known Steven since June 2015, when I began working with his son and family by providing psychological counseling. Treatment focused on family stressors related to their relationship with Steven's ex-wife.

I know Steven to be a person of the highest character based on his dedication to providing the best possible care for his son. He drives over 40 minutes each direction to attend every scheduled counseling session. He has participated in counseling fully, with the willingness to implement and follow through with all recommendations.

In the time that I have known him, Steven prioritizes the needs of his family, consistently and without hesitation. He focuses on protecting his son from undue stress and turmoil. He works to create a home environment that provides nurturance and a consistent, positive structure for his son to thrive. Steven anticipates the needs of his son and responds accordingly. In my office, Steven demonstrates patience, appropriate boundary setting, and encouragement toward his son. These qualities contribute to a strong, loving relationship with him. His son, in turn, voices a strong admiration and respect for Steven.

I can be reached by telephone at 610-730-4755 if you wish to speak to me or if you need additional information.

Sincerely,



Jennifer Crall, Ph.D.  
Licensed Psychologist

May 1, 2016

Re: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve since July 1997 in both a professional and personal capacity. We trained together in spinal surgery in Boston from 1997 to 1998. We continued to be very close and practiced together in the Hudson Valley area of New York for approximately three to four years. He is the godfather to my son Ryan and trust him to the fullest to care for him should the need come.

We have continued to be friends to this day and I continue to rely on Steve, at times, to consult on patients that I may find to have unusual conditions and vs. versa. I find his insight into patients and treatments to be very well thought out and with authority due to his vast experience. I know Steve to be a person of the highest character for his truthfulness, decency and professionalism. I know him to be a very caring family man and an amazing dedicated father to his son, Aydan. I also know him to be dedicated to his patients and his work. I cannot count the times that I have called him, when most of us are at home eating, that he is caring for trauma patients or performing surgery.

I have personally witnessed his skill as a surgeon and his diagnostic acumen over the years. If myself or anyone in my family required orthopedic or spinal treatment, I would not hesitate to ask for his care. These same qualities that he provides to people with whom he has nothing more than a professional relationship with are also provided in his personal life. Over the years, he continued to provide support to his previous step-daughter and continues that relationship to this day.

I hope that this character reference gives some insight to the man that I call friend and my son calls Uncle Steve.

I can be reached by telephone at my office 860-361-6650 or on my cell 860-605-0258 anytime if you wish to speak to me or if you need additional information.

Sincerely,

Mitchell S. Garden, M.D.



Jackson Law &lt;jacksonlaw607@gmail.com&gt;

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**Puccio**

1 message

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**Marc Portner** <marc@mportner.com>  
To: jacksonlaw607@gmail.com

Mon, May 9, 2016 at 9:49 AM

To whom it may concern:

I've known Steve for over 10 years and have worked collaboratively with him caring for countless patients with traumatic injuries over that time. I've always known Steve to be a reliable, honest, and compassionate physician. Steve has even stepped outside of his typical job duties to help me implement process changes and clinical pathways that would ultimately improve the quality of care we provide for our patients.

In summary, Steve is an outstanding physician who cares deeply about his patients and his colleagues.

Respectfully,

Marc Portner, MD



Jackson Law &lt;jacksonlaw607@gmail.com&gt;

---

**Steven Puccio MD**

1 message

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**Raudat, Charles W DO** <RaudatCW@msha.com>  
To: "Jacksonlaw607@gmail.com" <Jacksonlaw607@gmail.com>

Tue, May 3, 2016 at 5:22 PM

To whom it May concern:

Please accept this character reference in support of Steven T. Puccio D.O.

I have known Steve since 1988 when we became friends in medical school and we have maintained a personal friendship since that time and furthermore we have been professional colleagues intermittently over the last 28 years. Steven and I were assigned to be internship partners our first year out of medical school, during this time we worked very closely together. Throughout the ensuing 25 years we have routinely discussed medical management of patients with complex medical and social issues. Steve has always represented that which is best in medicine. He is a dedicated physician who puts the needs of patients and their families ahead of the needs of himself. He is compassionate and caring for people from all walks of life and does not judge them based on their place in society. Steve is the type of physician that we rarely encounter in medicine today who is always available to his patients and provides the most up to date care that can be offered. He is the physician that other physicians send their family members to be cared for. Steve cares for my own sister who has chronic spinal issues. Steve was in my wedding because he has always been a true friend that has integrity, honesty and faith. When I discuss values with my children I use Steve as an example of what is good in a person.

Please feel free to contact me if there is any further information I can provide regarding this most outstanding physician.

Sincerely,

Charles W Raudat DO FACS  
Cardiothoracic Surgeon  
Mountain States Health Alliance  
Johnson City Medical Center

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This message is from Mountain States Health Alliance. The contents contained herein may contain confidential information. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, printing or action taken on the contents is strictly prohibited. If you have received this email in error, please notify the sender immediately and delete this message.

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5/4/2016

Gmail - Steven Puccio MD

*M.I.Rothman, MD, LLC. 870 Wafford Lane, Bethlehem, PA 18017  
Phone: 610-217-1150 Fax: 610-867-5719  
DrRothman@TheNeuroradiologist.Com*

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May 12, 2016

RE: Steven T. Puccio, D.O.

To whom it may concern:

I have volunteered to write a letter of reference for Dr. Steven T. Puccio. It is a pleasure to do so. I have known Dr. Puccio for almost 18 years, when we both joined practices in the Lehigh Valley at the same time. As I am a dedicated Neuroradiologist with strong background and continuing interest in trauma and spine imaging and research, over this time period I have worked closely with Dr. Puccio, at times on a daily basis, and am fully able to provide this letter of support.

Dr. Puccio is an excellent physician with an academic interest and friendly disposition. He demonstrates compassion and concern for his patients. He stays current on topics of importance in his field and in Medicine in general. He is clear and concise, and communicates well with those with whom he interacts.

In summary, I can recommend Dr. Puccio as an excellent physician and human being, without reservation, for any position that he should seek.

If I can be of further service, please do not hesitate to call my cell: 610-217-1150.

Sincerely,

Michael Rothman, MD

# **STEVEN J. SVABEK, D.O.**

Board Certified Orthopedic Surgeon  
Fellowship - Trained Spine Surgeon

April 29, 2016

Janet Jackson, Attorney at Law  
Jackson Law, LLC  
607 Monroe Street  
Stroudsburg, PA 18360

**RE: Steven T. Puccio, D.O.**

Dear Ms. Jackson:

I am dictating a reference letter in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for 25 years if not longer years. We met in 1991 doing our rotating internship together at the Philadelphia College of Osteopathic Medicine associated with the osteopathic program in the Philadelphia area. From that time, we became friends. We actually developed a great relationship even though we were competing with each other for orthopedic surgical residency spots at that program, as well as other programs in the area. It just happened to be our fortune that we both did accomplish our goals and get in the orthopedic surgical residency program, and we both obtained that in the New York City area. We were residents together from 1992 to 1996 at Peninsula Hospital/Saint Vincent's/Saint Cabrini Hospital Health Systems for our orthopedic surgical residency program. We actually had to do general surgery for a year together, which is part of the program's prerequisite. After doing that for one year, then we did four years of general orthopedics together.

We became great friends and comrades. We shared many experiences together obviously in the training program, as well as socially. We actually lived together for several years, and then at the end of our program, we both decided to do spine fellowship training. He went to the Boston area in the New England Baptist program, and I went to the University of Colorado. Even during that time, we stayed in constant touch with each other sharing stories and experiences, as well as exchanging surgical cases to determine from each other what we would do and how we would handle those cases. Steve actually helped me move out to Colorado as I helped him move to Boston, and we maintained a great relationship and a friendship that would last forever.

Once finishing our fellowship program, we actually decided to take jobs together, and our first job we took ever out of our fellowship program was in the Bethlehem and Allentown area where he resides today. We went to Coordinated Health Systems where we were brought in to start a spine surgical program and attempted to the best we could for two years, and when it seemed that our ways of wanting to run that program and our development of the program did not match the ways and development of the owner of the group and system, we parted our ways. Steve went back up north in Boston to take on a

April 29, 2016

RE: Steven T. Puccio, D.O.

Page: 2

job, and I took a job in the Indianapolis area. Even during that time, we constantly kept in touch, shared each other experiences and shared cases with each other, and he has always been a confidant to me, not just for my personal life, but more importantly my professional life. Actually in my fellowship training program, we were a little bit weak and deficient in cervical spine than his program was, and thanks to Dr. Puccio that the two years I got to spend with him he mastered my skills and I tell everyone today that my cervical spine training obviously started with my fellowship program at University of Colorado, but it was really mastered and contoured into the cervical spine surgeon I am today because of Dr. Puccio, his skills and his teaching abilities and training abilities, which he has always been very good at and always willing to share with others.

It did not surprise me when Steve end up returning back to the Allentown and Bethlehem area when his job in Boston did not seem to materialize the way he wanted to. He always had wanted to be involved with academic medicine. In fact, what was interesting when we both resigned from Coordinated Health Systems before we took jobs and while we were searching for jobs. Steve and I actually were asked by Saint Luke's to be involved in their trauma program since they had a deficient amount of surgeons to help with it and until we found jobs. We did that for approximately six to eight months and enjoyed doing trauma for them as they were starting to develop a trauma program to where it is the trauma program as it has become today under the direction of Dr. Delong.

As far as what I know about this man's character professionally, there is no one I would ever have performed any surgery on myself or family, but Dr. Puccio. His hands are masterful, and he is always one step ahead of everyone in his thinking process and there is no one I ever respect more when it comes to having a very difficult case before I perform it or having complications after a case that I call first than Dr. Puccio. Through Dr. Puccio, I have met also other great relationships and friends, both in the industry of medicine and outside the industry of medicine. As a testament to his character and truthfulness, decency and professionalism, as well as socially and because he is so well liked, I have met wonderful people that I consider life long friends because of him that have adopted me as their friend and vice versa. There are many times where I have been with Steve both in medicine and outside medicine where he has shown me compassion and care for people. I have seen him help people out both financially, as well as emotionally in their times of need, and they were not even looking for that from him.

As far as anything else about his character, I can just tell you again that this man has become a brother to me. I would trust him with my life, and just an aside and as for fun, his driving skills are impeccable, and many times we tease him that he should have been just a driver for motorsports instead of taking a career in medicine.

Dr. Puccio is a very talented man. I have seen that even though he is talented that he has never become arrogant or presumptuous. He has never put himself above others. I have

April 29, 2016

RE: Steven T. Puccio, D.O.

Page: 3

known him for a long time so I know everything there is to know about him. I know when he makes mistakes. He is the first one to come to me and admit his mistakes even though he may be embarrassed. I know he is always sorry and wants to learn from that and become better, and he has always strived to do that. He has really impressed me when he had difficulties in his marriage and of course while trying to salvage the marriage and becoming a father. He had to take on several roles, and even though I stayed single during this process and there were times that I wanted him to go to a CME course or to play golf or spend time together, he constantly turned me down because his priorities had to be focused on his family and his son. These are qualities that obviously I have seen changed because in the beginning of the career of knowing him, we were single so we could work hard, but we could also play hard and do whatever we wanted to do. In the process of his maturity, becoming a man and then a husband and a father, he has shown me impeccable traits that I hope to emulate one day as I continue my maturation of life, and I look forward to having him next to me during the rest of my life to always give me advice and guidance when I need it.

In ending, I can speak nothing but of high respect and admiration for my friend. I do consider him not just my friend, which we discussed it before, we are family, and he has shown me that throughout my life. He has always been there for me with my good times to celebrate with me, pat me on the back and congratulate me, and the bad times. The great thing about him is he is the friend you want because in my bad times even when I was wrong as you would expect from a real friend he would tell me that I was wrong, but he would also let me know that he is by my side to support me through the process of when you make poor decisions and the consequences they bring. I can tell you that whatever decisions he has made good or bad they are always founded by sound thinking, and when ever he makes bad decisions like all of us, he always wants to recognize it and try to understand how he made that decision so he does not do it again. Again, these are great qualities that make him a great father, a great husband and a great leader in his community.

If you need to know anything else about Dr. Steve Puccio and wish to speak to me about it, feel free to contact me at any time. My cell phone number is (954) 774-1607. My office number is (954) 974-9101. I would be happy to spend time with you, and if you need me to be a character witness for him at any time, I would change my schedule immediately for him and come and represent him with you anywhere you would need me to do that.

Sincerely,



Steven J. Syabek, D.O.  
Board Certified Orthopedic Surgeon

# FLORIDA ORTHOPEDIC and spine center

May 9, 2016

RE: STEVEN T. PUCCIO, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for approximately 20 plus years both professionally and socially. I know him to be a person of the highest character for truthfulness, decency, and professionalism; he is a dedicated and caring family man. As a physician and surgeon, I do know no other like him beholden with the exceptional surgical skill, gifted hands, and the clinical intellect to match. He is truly a gifted surgeon.

Over the years I have known him, he has given me personal guidance and advice on many occasions. He is caring and always available to his friends and colleagues. I have worked with him side by side on many patients, and I have collaborated with him on many medical issues and projects. He has shown himself to be thoughtful and fair. He has dedicated himself in providing his own time teaching his fellow surgeons either directly or through our own professional academy.

On a personal level, I have followed his progression through the years. During that time, he has demonstrated to me a strong commitment to the field of orthopedic surgery and to his family, especially his son. With this, he has a strong base of ethics. I have found him to be thoughtful and dependable, which he manifests with diplomacy.

I can be reached by telephone at (954) 978-8842 if you wish to speak to me or if you need additional information.

Very truly yours,



Steven Silberfarb, D.O.  
Board Certified Orthopedic Surgeon



Patrick Clancy  
5-10-2016

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

-----  
I have known Steve Puccio for approximately 4 years as we have worked together.

I know him to be a caring family man whom is always attempting to spend as much time with his son as possible and a guy whom always does what he can to help people whether they be a high status physician or a blue collar guy for which Steve could never gain anything.

I can be reached by telephone at 215-378-4357 if you wish to speak to me or if you need additional information.

Sincerely,

Patrick Clancy

A handwritten signature in black ink, appearing to read 'Patrick Clancy', with a stylized flourish at the end.

**JACKSONLAW, LLC**  
**ATTORNEYS AT LAW**

JANET JACKSON  
DOMINICK A. LOCKWOOD (1988-2002)

LEO P. JACKSON

5/2/2016

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve for approximately 8 years as personal friends as well as working together in the operating room at St Luke's Hospital.

I know Steve to be a person of the highest character for truthfulness, decency, professionalism; dedicated, caring family man and physician. He has the full trust of his colleagues with which he works and patients whom he treats.

In the time I have known him he always puts others needs first often sacrificing of his own time and personal benefit. I have known him to be nothing short of a compassionate and selfless person who wants to help his friends and patients. In the years that I've known him, we have partnered to help deliver spinal cord stimulation therapy to over one hundred patients in that time helping to alleviate their chronic pain. These patients are some of the most challenging patients a spine surgeon will work with and for that reason many never get involved with them. Steve embraces them and works to help them not only surgically, which is the straight forward part, but also with support and compassion for the psychological challenges that come with these patients. He spends as much time as necessary during visits ensuring that these patients feel comfortable and cared for, and will see them back as often as necessary until this is the case. Of all the surgeons I have the privilege of working with Steve is by far the most compassionate and caring I know.

I can be reached by telephone at (570) 301-8477 if you wish to speak to me or if you need additional information.

Respectfully,



Jonathan Bilbow

**JACKSONLAW, LLC**  
**ATTORNEYS AT LAW**

JANET JACKSON  
DOMINICK A. LOCKWOOD (1988-2002)

LEO P. JACKSON

**\*Please Reply to Stroudsburg**

**May 2<sup>nd</sup> 2016**

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for approximately 4 years as an orthopedic surgeon and as a leader in the orthopedic department at St. Luke's University Health Network. Dr. Puccio and I work closely together and interact with each other on a weekly basis. In the time I have known Dr. Puccio, I have seen how he treats his patients, co-workers, and myself with the upmost respect and care. He has always been extremely professional with everyone he interacts with while at work. He always has a positive attitude in every situation and looks for the good in others. From the 4 years I've known him, he truly cares about the well-being of others. I am a perfect example because in 2012, I was diagnosed with an illness and when Dr. Puccio found out about this, he was very supportive of me and always asked how I was doing. I hosted an event for the general population and he came to support me and for the cause. Another example that shows his caring and compassionate personality was when I went to pick up a medical supply for myself that insurance would not cover, as I went to pay for the item, the staff explained to me that Dr. Puccio had already purchased it for me. I immediately broke down in tears and knew I had a guardian angel watching over me. In conclusion, Dr. Puccio is a wonderful, caring, honest, and genuine physician. He has displayed these characteristics to me on multiple occasions.

I wanted to write this letter today because I know what a great person and physician Dr. Puccio is and always has been. I can be reached by telephone at 484-560-6774 if you wish to speak with me or if you need additional information.

Sincerely,

Luz Brandon

May 4, 2016

To Whom It May Concern:

Please accept this character reference in support of Dr. Steven T. Puccio.

I have known Steve since I began my career as a physician assistant in 2001. As one of my mentors, he taught me the technical aspects of being a medical provider in the specialty of orthopedics. Steve modeled everything from evaluation and diagnosis of patients in the office setting to improving skills in the operating room. He allowed me to flourish by offering encouragement and guidance tempered with patience. Working side by side with Steve for the last fifteen years, he always treated me with the utmost respect.

As a skilled spine surgeon, he always strived to make improvements, not for himself, but for the benefit of his patients. But what I observed most about Steve was the manner in which he interacted with his patients. Each patient received his undivided attention. He took as much time as was needed to thoroughly explain the diagnosis, course of treatment and answer any questions. He treated each patient as an individual person.

In 2006, I transitioned to the role of orthopedic sales representative. I continued to work with Steve on a weekly basis and observe his dedication to both his patients and colleagues. He treated the hospital staff with the utmost respect. He was passionate about his work and dedicated to teaching the residents. Last year, Steve was kind enough to go out of his way to care for my father -in -law, during a medical emergency. When I reached out to him for advice and help, he did not hesitate. His quick response/ treatment aided in minimizing my father-in-law's pain and expedited his recovery.

In summary, it is difficult to find the type of talent and dedication that Steve Puccio possesses. He brings to his field the skill, dedication and passion, which improve the quality of life for so many people. I look forward to working with Steve for many years to come.

If you need any additional information, please do not hesitate to contact me at 484-358-4217.

Sincerely,

David Kane  
Orthopedic Sales Associate  
John Hall and Associates

5/3/2016

To Whom It May Concern,

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve for approximately four years as a personal friend and working together in the operating room and his offices at St. Luke's Hospital.

Steve is truly a one of a kind individual. As I have gotten to know him more and more each year; the more truly admirable character traits begin to shine through. The first character trait that best describes Dr. Puccio is his care of the well-being of others. As a physician, Steve truly cares about each of his patient's well-being. This includes their physical condition, as well as their comfort level in his office and his ability to listen and truly understand each of their personal needs. However, his care for others goes beyond his job as a healthcare professional into his personal life. I, along with countless others can always rely on Steve to be there to listen, or lend assistance when needed. He is a true humanitarian in his everyday life.

Steve is also an incredibly hard-working and dedicated individual. In getting to know Dr. Puccio in the operating room and in his practice, his endless desire to please others shines through. Many times, this means him sacrificing his personal and free time because he truly wants to. Dr. Puccio has also volunteered his time to assist local high school team's as their acting physician. It has truly been an joy to get to know Steve over these past four years and I look forward to continuing our friendship in the future.

I can be reached by telephone at (717) 682-5524, or by e-mail at [nate.mast6@gmail.com](mailto:nate.mast6@gmail.com) if you need any additional information, or if I can be of more assistance.

Respectfully,

E. Nathan Mast

**JACKSONLAW, LLC**  
**ATTORNEYS AT LAW**

JANET JACKSON  
DOMINICK A. LOCKWOOD (1988-2002)

LEO P. JACKSON

5/11/16

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

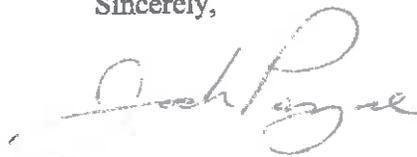
I have known Steven Puccio for approximately 12 years as both a business partner & friend.

I have known Steven in that time to be a person of the highest character for truthfulness, decency, professionalism and most importantly a loving family man to his son Aiden.

In the time I have known Steven he has made every effort to provide a stable home and lifestyle for his son Aiden. He has done so selflessly... and continues to do so despite these present circumstances. The only thing that truly matters to him is that Aiden grows up to be a well-rounded young man. Thusly we all know that this is no small task... as for the vast majority of Aiden's life Steven has had to do this as a single parent (without much support). I commend Steven's efforts in this capacity and know him to be a wonderful father.

I can be reached by telephone at (845)596-6056 if you wish to speak to me or if you need any additional information.

Sincerely,

A handwritten signature in cursive script that reads "Josh Payne". The signature is written in dark ink and is positioned below the word "Sincerely,".

Josh Payne



May 2, 2016

Re: Steven T. Puccio, D.O.

To Whom It May Concern:

Please see below my character reference of Steve.

I have known Steve since the late 1990s. I originally met him in a work capacity, as I was trying to gain his business and have him as one of my customers. We became friends very quickly, as Steve is one of the nicest, most down to earth, caring, sincere, and generous individual I have ever met. It took me several years, and a few companies later, to gain his business. Although we were friends, Steve wouldn't switch his business over to me until I had products that he believed were of a superior quality to ensure his patients would receive the absolute best care that he could provide. Steve's case load with me increased over time, and I can honestly say that he is among the very best surgeons I have worked with during my almost two decades in the operating room. What makes him the best is not just his skill as a surgeon, but his complete dedication to serving his patients. He always puts them above all else.

Over the years, Steve has served as our doctor and treated every member of my immediate family. We have complete trust in him, both as a physician, and as a person of utmost integrity. I know that at any time, day or night, whether a weekday, weekend, or holiday, Steve is available if I, or anyone I know, should need his assistance. This behavior is by no means limited to my family. He is an unbelievably great father, both to his son, Aydan, and to his step-daughter, Katlyn. Steve has put any differences aside regarding his ex-wife, Rachel, and has continued to support her, both financially and emotionally, many years after he had any legal obligation to do so.

I hope, from this very brief letter, I have been able to convey my thoughts as to what makes Steve such an outstanding person. I am extremely lucky, and proud, to call him my friend. Please feel free to contact me at any time regarding Steve.

Sincerely,

Brad Baum  
Territory Manager, Stryker Spine  
610-533-0444

**JACKSONLAW, LLC**  
**ATTORNEYS AT LAW**

JANET JACKSON  
DOMINICK A. LOCKWOOD (1988-2002)

LEO P. JACKSON

**\*Please Reply to Stroudsburg**

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve (Dr. Puccio) for approximately 13 years as a client, physician, and friend.

Steve has always been there for my family's medical needs, as a customer he has always keeps his word while treating myself and my staff with curtesy and respect. He is truly a man of integrity who has always shown ethical business practices.

In the time I have known him I have had multiple business transaction as well as many visits to his office for my family's care. I have never had a bad experience or seen any behavior other than professional.

I can be reached by telephone at 610-905-1059 if you wish to speak to me or if you need additional information.

Sincerely or Very truly yours,  
Chris Boland

## H. Christina Connor

1480 Sawcos Meadow Court\* Bethlehem, PA 18015\* Phone: 610-867-4066  
E-Mail: sawpcb@aol.com

Date: April 29, 2016

To Whom It May Concern  
Jackson Law, LLC  
607 Monroe Street  
Stroudsburg, PA  
18960

Dear Sir or Madam:

Please accept this character reference in support of Steven T Puccio, D.O.

I have known Dr. Puccio for approximately 10 years as a physician with the orthopedic group within the St. Luke's University Health Network.

I know Steve to be a truly dedicated physician.

He has provided expert, professional and compassionate care to myself and family members. Steve is a competent and confident surgeon who devotes a great deal of time to understanding the needs of his patients. He has also continued to hone his skills through further education and training.

I can be reached by telephone at 610-867-4066 if you wish to speak to me or if you need additional information.

Sincerely,



H. Christina Connor

Joseph C. Delfoe  
838 Maple Road  
Hellertown, PA 18055

May 25, 2016

To: All Persons of Interest

I was very disappointed to discover that my Orthopedic Surgeon, Dr Steven T. Puccio would no longer be available to me at St Lukes.

I have known Dr. Puccio since 2002 as a surgical patient and recipient of numerous major surgeries (neck, shoulder, lower spine, and hip) performed by him. I recognize him as being a compassionate, enthusiastic, competent, and understanding professional. He is, and has always been dedicated one hundred percent to his practice of medicine and surgery. He has always expressed empathy when evaluating my numerous problems. He listens closely to my complaints. He never rushes me through and spends the time to explain the issue in a manner that I can understand. He gives me options for the available procedures and recommended treatment. These are the reasons that I have complete trust and respect in him and find him to be outstanding. He had even released his private telephone number to me so that I could contact him with any issues I may be having about my medical situation. How many patients can say that about their physician?

I find Dr. Steven Puccio to be a highly skilled professional. He has always demonstrated the highest character for truthfulness, dedication, and professionalism as an individual and a physician.

If you would like to contact me, I can be reached by telephone at 610-838-9127.

Sincerely,



# LEHIGH COUNTY CORONER'S OFFICE AND FORENSICS CENTER

4350 Broadway

Allentown, PA 18104

610.782.3426 610.820.8271 FAX

Scott M. Grim, D-ABMDI  
Coroner

April 29, 2016

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this letter as a character reference in support of Steven T. Puccio, D.O.

I have known Steve for approximately 12 years, in both a professional and personal manner. First, in the capacity as my physician and surgeon, and then, as time went on, a personal friend.

I know Steve to be a person of the highest character for truthfulness, professionalism, dedication, decency, caring family man and physician.

In the time I have known Steve; I have seen him interact with other members of his practice, patients and family members. Again, he has earned my respect many times over. Not only has Steve treated me on numerous occasions, he has treated members of my family, all in the utmost professional and respectful manner. In fact, knowing Dr. Puccio as well as I do, if I needed cardiac related surgery and Steve said he could perform the procedure, I would want him to do so. I have the highest respect for this man.

Please feel free to contact me if you would like to speak directly to me or if you would need any additional information.

Respectfully,



Scott M. Grim, D-ABMDI  
Lehigh County Coroner



Accredited by the International Association of Coroners and Medical Examiners





Jackson Law &lt;jacksonlaw607@gmail.com&gt;

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**Dr. Steven T. Puccio**

1 message

**April D. Jensen** <ptl60@juno.com>

Sun, May 1, 2016 at 4:19 PM

To: "jacksonlaw607@gmail.com" &lt;jacksonlaw607@gmail.com&gt;

To whom it may concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for approximately 4 years as a fellow parishioner at Bethany Wesleyan, then my surgeon.

I know Dr. Puccini to be a person of highest character for truthfulness, decency, and professionalism as my physician.

In the time have known him, he has been helpful and caring in the preparation for my hip replacement. He performed that surgery; not only being a top notch surgeon, but afterward being readily available to consult with on some of my post operation concerns. I have the highest regard for him not only as a surgeon, but a fine man.

I can be reached by telephone at 610-393-6692 if you wish to speak to me or if you need additional information.

Sincerely,

Stephen J. Jensen

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StyleBistro

Her Dress Dropped Jaws At The Met Gala

<http://thirdpartyoffers.juno.com/TGL3131/572664c659a7a64c22320st01vuc>



DIAMOND TOYOTA DIAMOND SCION  
1509 QUENTIN ROAD LEBANON PA 17042

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RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for approximately 5 years and 4 months as a friend and his patient.

I know Dr. Steven Puccio, D.O. to be a person of the highest character for truthfulness, decency, professionalism; dedicated, caring family man and physician.

In the time I have known him I have seen his professional bedside manner with patients, his dedicated time to ensure the well-being of each and every patient. He shows his true compassion handling people in his personal and professional life. I have every ounce of faith that he is truly of honest character. He is one of the most decent human beings and I am grateful to have been his patient and friend.

I can be reached by telephone at 610-217-3500 if you wish to speak to me or if you need any additional information.

Sincerely,

Steven B. Kahlon  
Dealer Principal  
Diamond Toyota  
Blackmans Cycle Center  
Montgomeryville Cycle Center  
Atlantic City Cycle Center  
EAGC Contracting

# Richard B. Pender

5916 Hoffman Lane • Slatington, Pennsylvania 18080 • 484-951-6808 • [rbpender@yahoo.com](mailto:rbpender@yahoo.com)

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04/30/2016

Attorney Janet Jackson  
Jackson Law, LLC  
607 Monroe Street  
Stroudsburg, PA 18360

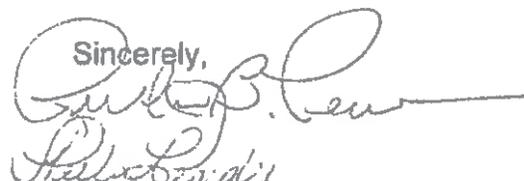
Re: Steven T. Puccio, D.O.

Dear Attorney Jackson,

It has been our privilege to have known Dr. Steven Puccio for over six years; as we are members together at Bethany Wesleyan Church, Cherryville. While considering Dr. Puccio as a close friend, he is also our orthopedic surgeon. In the six years we have known each other, Dr. Puccio has performed spinal fusion surgery, three orthoscopic knee surgeries and most recently bilateral knee replacement. While Rick was the beneficiary of Dr. Puccio's expert care, Dr. Puccio always made himself available to both Shelly and I with open communication regarding his condition and progress. As parents of five children, we would have no hesitation in entrusting their health to Dr. Puccio.

As a member of the Bethany Wesleyan Church Local Board of Administration; I, Richard, can attest to Dr. Puccio being held in high regard with the pastoral staff and church leadership. Dr. Puccio has treated many of our congregants and his reputation as a knowledgeable, honest and passionate physician speaks volumes about the true nature of his heart. Dr. Puccio has contributed generously to the church in so many ways.

If we can be of further assistance to you, please feel free to contact us at any time.

Sincerely,  
  
Richard & Shelly Pender

May 2, 2016

To Whom It May Concern:

Please accept this letter as a character reference in support of Dr. Steven Puccio.

I have known Dr. Puccio for approximately two years. I met him at a time when I was injured and experiencing serious back pain. I needed a physician I could rely on and trust, so I could overcome these issues. I did not want to miss work, take any more medications than needed, and also wanted to continue being active (e.g. running, working out, etc). Dr. Puccio made all that a reality. Following surgery, I returned to work after only a couple weeks and was also running and working out a short time later.

While dealing with my back injury and treatment I came to know Dr. Puccio. We have had many discussions; we've talked about our professions, families, and other things friends discuss (e.g. current events, sports, other friends). I firmly believe that he is a dedicated medical professional and devoted father and husband. He has always been an extremely honest, knowledgeable, trustworthy, and professional-as a doctor and friend to me. That is why I have nothing but support for him and would recommend him to anyone else that may be seeking a dedicated, knowledgeable, trustworthy doctor.

I can be reached at 484-619-0049 if you need any further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Daniel J. Reagan', with a horizontal line extending to the left.

Daniel J. Reagan

RE: Steven T. Puccio

May 5, 2016

To whom it concerns:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for approximately 6 years as a friend, Church member, and my Doctor.

He is the only Doctor that I can truly say has helped me and my family members with our orthro. Problems.

Dr. Puccio is very professional he tells you exactly what to is involved with the procedure and how he will do it. He is also kind, dedicated, decent and friendly professional Doctor.

As long as I personally know him he has never told me anything wrong, never treated me wrong, or for that matter I never have seen him treat any one badly. I want to have him fix my trigger finger, but now I have to wait or find someone that I can trust like Dr. Puccio.

I can be reached by telephone at 610-349-7107 if you wish to speak to me or if you could us me in any way to help Dr. Puccio.

Thank you,

Barry J Weirback

2133 Dogwood Lane

Bethlehem, Pa. 18018





Jackson Law &lt;jacksonlaw607@gmail.com&gt;

**(no subject)**

1 message

**Peggy Ziegenfuss** <peggyz@bethanywes.org>

Tue, May 3, 2016 at 12:31 PM

To: jacksonlaw607@gmail.com, Steven Puccio &lt;stevenpuccio@gmail.com&gt;

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Puccio for approximately 10 years as both a friend and a patient.

I know Dr. Puccio to be a person of the highest character for truthfulness, decency, professionalism; dedicated, caring family man and physician.

In the time I have known Dr. Steve, I have seen him as a very caring and compassionate person. His interaction with people on Sundays at church when they share their physical concerns is so very tender and caring. He always takes time to listen and do his best to assist them if possible. He's highly respected by many and people are so comfortable talking to him. As a person on the medical team during church services, he is very professional and so kind and compassionate to the individual having a medical issue.

Personally if Dr. Puccio had not intervened in my physical condition of my back, I do not believe I would be walking today. He has made himself available for questions or fears I may have had following surgery.

I have seen his involvement in his son's life through his volunteerism in the sports program at Bethany. Seeing his son snuggle up to him when sitting in service is priceless.

I can be reached by telephone at 484-241-5528 if you wish to speak to me or if you need additional information.

Sincerely,

Peggy Ziegenfuss

*Peggy Ziegenfuss*  
Administrative Assistant  
Bethany Wesleyan Church



Jackson Law &lt;jacksonlaw607@gmail.com&gt;

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**Character Reference letter from Dwight Addington**

1 message

**Peggy Ziegenfuss** <peggyz@bethanywes.org>

Thu, May 5, 2016 at 3:02 PM

To: Steven Puccio &lt;stevenpuccio@gmail.com&gt;, Jackson Law &lt;jacksonlaw607@gmail.com&gt;

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve Puccio for the past 6 years as a parishioner of Bethany Wesleyan Church and as a friend.

I have found Steve to be very approachable and very helpful in a number of different areas. I have observed him assisting children and adults in many different situations.

An elderly couple in our church celebrated their 61st wedding anniversary last year. The wife was experiencing more and more pain and after attending the church each week for many, many years, she got to the point she could no longer attend services with her husband due to the pain in her back. Dr. Puccio had her come to his office and go through some testing and he performed an operation on her and her husband told me that following the surgery she was not experiencing any more back pain.

Although a busy physician, Steve found time to volunteer on a regular basis on the church medical team for our weekend services. One Sunday morning when we had approximately 1000 in our church, a man fell over in our lobby. Dr. Puccio immediately attended him and spoke to his wife to further assess the situation. By the time the ambulance and EMTs arrived, Steve had assisted him and he was able to be safely transported to the hospital.

I have also been able to observe Steve interacting with his son, Aydan at various times. Whether he is cheering for him on the sidelines at the football field or when he brings his son to church, Steve takes parenting Aydan very seriously. I personally believe that Steve has played an extremely important role in the life of his son, who will soon be entering the teen years. The next few years will play a critical role in the life of his son.

If you have additional questions for me, I can be reach at the office at (610) 767-1239 or on my cell phone at (717) 989-8000.

5/6/2016

Gmail - Character Reference letter from Dwight Addington

Sincerely,

Dwight L. Addington

—  
*Peggy Ziegenfuss*  
Administrative Assistant  
Bethany Wesleyan Church

May 3, 2016

To Whom It May Concern:

One of the first impressions I had of Dr. Steve was that he is a concerned, dedicated man. He volunteers to help in many of the ministries at Bethany Wesleyan Church in Cherryville. It is inspiring to see a highly skilled physician involved in so many volunteer ministries such as setting up/tearing down for events, coaching flag football, and coaching Upward basketball for children. He is involved in teaching them the fundamental rules of the game and good sportsmanship conduct.

Dr. Steve also serves as a volunteer on the medical staff at the church. I am always amazed how he treats everybody with compassion and concern when they need medical attention during the worship service. Little did I know that I also would be a recipient of Dr. Steve's help when after years of chronic pain, I, too, passed out during the service. Dr. Steve sent me by ambulance to St. Luke's Hospital on Sunday and he operated on me by Tuesday. That surgery literally changed my life for the better.

I watched him as the medical attendant of the Northampton football game give comfort to the parents of a player that was injured in the game. I am always impressed at how this highly-skilled physician treats everyone with respect, courtesy and compassion. His entire life is devoted to helping people whether it is volunteering in the church, in the community or providing service in his craft.

I am aware of the accusation that led to the termination of Dr. Steve at St. Luke's. This is a time when the law and the human element must be considered. Dr. Steve's termination has affected hundreds of lives, his patients, past, present and future, his fellow workers, friends, church members, family and most of all his precious 10 year-old son, Aydan, who idolizes his father. Aydan has, in his short life, seen his parents go through a divorce and his mother incarcerated multiple times. Now Aydan has a solid family with Steve's new wife, Caitlin, who loves and adores him. This has changed Aydan's life for the better.

Any further legal action against Steven T. Puccio, D.O., who is extremely remorseful, would be a travesty of justice and will only serve to bring more damage and harm to all concerned, especially his 10 year-old son.

Sincerely,

Ken Everett, Business Administrator  
Bethany Wesleyan Church  
610.767.1239  
kene@bethanywes.org



Jackson Law &lt;jacksonlaw607@gmail.com&gt;

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**Puccio/character reference**

1 message

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**Kevin Fetterhoff** <kevinf@bethanywes.org>  
To: jacksonlaw607@gmail.com

Tue, May 3, 2016 at 11:57 AM

To Whom It May Concern:

May 3, 2016

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve Puccio for 12 years as a friend and as a parishioner of Bethany Wesleyan Church.

It has been my opportunity to be with Steve in social settings, church settings and I have visited him at his office.

Steve has stood out to me as a person that has made himself available for volunteer service at the church. He has served on the medical volunteer team for various large scale events as well as weekend services. We have approximately 900 attendees each weekend. There have been numerous times that Steve has assisted by assessing situations and by being a calming presence in various emergencies. One particular weekend he assisted an elderly parishioner whose family thought she had the flu. He assessed her situation and it became clear to him that she was suffering from a much greater issue and he recommended she go to the hospital for testing. It was discovered that she had an obstruction which required surgery. That day the helpful operation was performed and she recovered nicely.

One of our parishioners fell about 14 feet while trimming a tree and badly broke both hands and both wrists and sustained other injuries. Steve was able to do strategic surgery to put him back together. I was with this parishioner recently and asked him how he was doing. He showed me his range of motion, grip and I watched him help with all sorts of tasks we were doing that day.

The Business Administrator at my office had been suffering a lot from various issues in his lower back and hip. He was in pain daily and it was quite obvious. He went to see Steve and a plan of action was agreed upon. Steve performed a very helpful surgery for the BA. That surgery was quite beneficial as it relieved the majority of his discomfort. He returned to work and is now functioning in normal ways.

My Office Manager experienced excruciating discomfort in her back while pulling weeds and the pain would not go away. When Steve heard about this he adjusted his Sunday schedule and asked if she would meet at the hospital for x-rays. They saw that she had multiple fractures in the vertebrae in her back. The fractures were due to a condition the OM did not know she had. That Sunday Steve repaired the injured vertebrae and the OM was able to return to work and is doing well without pain.

I was having issues with my hip and went to see Steve. He performed a series of tests and deduced that my discomfort was due to one leg being slightly shorter than the other. No surgery needed. He scheduled me with a podiatrist and I am better off because of it.

The community where Steve serves as a physician is a better place because Steve is in practice there.

Many of my friends and acquaintances have met with him for health situations and have been greatly helped by him. I sincerely hope that Steve can remain a physician who is available to help hurting people. This is what he is gifted to do.

Steve's son, Aydan, is full of energy and quite sharp. I have watched Steve spend time at the football field watching and cheering on his son. I have seen them spend time interacting at family gatherings. Steve takes his son to church and has sought to provide a solid educational experience for him. I believe it is Steve's desire to serve as a positive influence on Aydan both now and in the days ahead.

I can be reached by phone at 610-360-0749 if you wish to speak to me or if you need additional information.

Sincerely,

Kevin Fetterhoff  
KF:lg



Jackson Law &lt;jacksonlaw607@gmail.com&gt;

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**Character reference**

1 message

**Scott Weldon** <scottw@bethanywes.org>

Tue, May 3, 2016 at 2:50 PM

To: stevenpuccio@gmail.com, jacksonlaw607@gmail.com

To Whom It May Concern;

Please accept this character reference in support of Steven T. Puccio. D.O.

I have known Dr. Puccio for about 12 years as one of his pastors. I know him to be a man with a huge heart for people who are hurting physically, mentally, emotionally, and medically. He is a sensitive and caring father to his son. He listens carefully and acts decisively with a God-given instinct that moves patients toward healing. His name has become a household name in our large congregation for those needing surgery. As well as his own practice he also has given many hours to our church by being on call when he is on site. Once again, his presence has calmed and directed many medical emergencies at our church.

His value to the medical community and to those of us who know him is beyond estimating. He is obviously on the cutting edge of his profession, and it deeply concerns me that in any way his profession would be in jeopardy. He is needed as a father, as a surgeon, and as a friend to his church family. I believe he is worth all efforts that can be made to bring about full restoration of his medical career and his personal life.

I can be reached at 610.442.5587 if you desire additional information.

Sincerely yours,

Rev. Scott L. Weldon  
Staff Pastor  
Bethany Wesleyan Church  
Cherryville, PA

May 6, 2016

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve for approximately 10 years as his pastor and counselor as well as friend and surgeon for my wife Nancy.

I know Steve to be a person of the highest character for caring about his family, decency, professionalism; dedication, and showing compassion to his patients.

In the time I have known him, he has struggled to protect his son from his former wife, who has managed through her addiction to abandon her son time and time again. He has struggled for many years to help her get the help she needs in order to be a decent mother, even at great personal risk and expense. He has negotiated difficult relationships with her family as well.

Steve has performed two critical surgeries on my wife Nancy, both back and neck fusion. She has been able to go from living on narcotics to being pain free through his giftedness and expertise.

I can be reached by telephone at 610-703-5090 if you wish to speak to me or if you need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Rev. Rod M. Zottarelli". The signature is fluid and cursive, with a horizontal line extending from the end.

Rev. Rod M. Zottarelli MA MFT



Jackson Law, LLC  
Attorneys at Law

Janet Jackson

Leo P. Jackson

Dominick A. Lockwood (1988-2002)

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Dr. Steven Puccio for approximately 12 years as a part of my family. Steven became a part of my family through the marriage to my cousin, Rachel Puccio.

I have always known Steven to be a generous, kind, hardworking and loyal family man.

Even through the hardships of the divorce, Steven always went out of his way to include his son, Aydan, in our family and Steven continues to be a loved member of our family. He has endlessly gone out of his way to help our family in any way possible. If he was not able to help, he would find someone who could. We will always be thankful for his generous heart.

Steven's generosity goes far beyond our family. I have always known Steven to help anyone in need. Steven volunteers his Sundays to help anyone in medical need at his church and is loved and appreciated by many for his care.

As a father, Steven has always put Aydan's well-being first and foremost. He has gone above and beyond to give Aydan a normal life through the hard situations he has had to go through in his life. Steven has done an amazing job raising a wonderful, loving, well-rounded boy despite the difficulties life has handed him.

It is from my personal experience that Steven is a man of good character and integrity. He has always been a loyal, trustworthy, hardworking, dedicated family man and I am proud to have him as my family.

I can be reached by telephone at 484-358-6996 if you wish to speak to me or need additional information.

Sincerely,

Brittany J Dieter



**Jackson Law, LLC**

**Janet Jackson  
Leo P. Jackson  
Dominick A. Lockwood (1988-2002)**

RE: Steven T. Puccio, D.O.

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steven for approximately 12 years. Steven came into our family when he married my cousin, Rachel Puccio.

Over the past 12 years, I have gotten to know Steven on a more personal level. Steven has shown to be a trustworthy, dedicated family man, a good provider and a man of his word, to name a few. Steven has been a blessing to our family as a whole and I am personally thankful for him.

Steven has shown to be a man of good character. Over the years I have developed a solid friendship with Steven. I have been able to go to him with the struggles of everyday life and know that I can trust him. Steven has been there for me when I needed someone to talk to. He has earned my trust and shown how to be a friend. I have trusted him in watching my children. My son has had sleepovers at his residence and loved staying there with him and his family he has now.

Just as he cares for my family, he cares even more for his own. Steven is dedicated to his wife Caitlyn and his son Aydan. Steven has been a true role model for his son when his biological mother was not always around. Steven has shown an overabundant love for Aydan and has always been there for him even though his work schedule is hectic. I have learned from Steven that no matter how important work and life is, your family is a priority.

In all, it is from my personal experience that Steven is a man of good character and integrity. He has been there for his family through it all and continues to show these traits in tough times. Steven will always be a part of my family. I know Steven will always be there for me and my family whenever I need him. I am blessed to call him a friend, but I am more blessed to call him family.

I can be reached by telephone at 610-217-4551 if you wish to speak to me or if you need additional information.

Sincerely,



Justin M. Heisler

RE: Steven T. Puccio, D.O.

To Whom It May Concern :

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known "Steve" or "Dr. Puccio for approximately 44 years and 10 months as I am his brother, David Puccio.

I know my brother to be a person of great character in high regards to being truthful, decency, being proud of his professionalism as a physician and his love for his family.

As being Steve's younger brother I believe i know him the best, he has guided me through life making me a better person. I just know my brother would never do anything intentional to hurt anyone especially with these false allegations put against him by his ex wife. I know she got involved with the wrong people and got hooked on prescription drugs on her own not by my brother. I even asked for him to write me a prescription and he said no, so I know she had my brother right where she wanted him and she threatened him with his job if he stopped writing her prescriptions. It's not my brother's fault, any person in this situation would have done the same thing.

My brother has worked hard his entire life to become what he is today, a successful Doctor with a wonderful loving family. I just want it to stay that way because he deserves it.

I can be reached by telephone at 856-870-3606 if you wish to speak to me if you need additional information.

Sincerely,

David Puccio



Jackson Law &lt;jacksonlaw607@gmail.com&gt;

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**Steven T. Puccio**

1 message

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**nnpuccio@sccoast.net** <nnpuccio@sccoast.net>

Tue, May 3, 2016 at 11:51 AM

To: jacksonlaw607@gmail.com

Cc: stevenpuccio@gmail.com

To whom it may concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

We have known Steven all of his life. As a child he was caring and compassionate. From family, friends, neighbors, animals, he is always willing to help any way possible. This is what Steven is all about! He always gives 100% to whomever or whatever needs his help. I have seen him spend hours figuring out a compatible solution to a problem with a patient. Steven P loves his work. He is a son who makes us proud! We can be reached by telephone at (843-215-6949) if you need additional information, or if you wish to speak with us.

Respectfully, David T., & Nancy J.

Puccio

To Whom It May Concern:

Please accept this character reference in support of Steven T. Puccio, D.O.

I have known Steve for approximately fifteen years as not only a friend but also as a stepfather for four years.

I know Steve to be a person of the highest character for truthfulness, decency, professionalism; dedicated, caring, family man and physician.

In the time I have known him I have learned that he not only is a man of great character, but a loving, thoughtful and wonderful person and father. I was four years old when I first met Steve and was seven when he married my mom. Even before they were married, Steve would spend time with me and take me to do fun things such as buying me Hilary Duff concert tickets and sitting through the three hour concerts that I am sure did not entertain him much, all because he loved me. When him and my mom got married we moved to New York away from my father. Steve quickly became a real father figure to me. We would have family game nights, he would take me trick or treating and he taught me how to ride a bike. Not only did he provide for our family, he paid for me to go to private school for several years, which I greatly appreciate. He also took my mother and I on vacations to see his parents in South Carolina and once to the Bahamas. A few years passed and my mother and Steve told me the great news that I was getting a younger brother, Aydan. Steve was not only a wonderful father to me, but also to Aydan. He was so excited when Aydan was born and I believe anyone could see that. In 2007 we moved back to Pennsylvania when he got a job at St. Luke's Hospital. Steve has always been very close with my mother's parents as have all of us. The entire family loved Steve very much and considered him a part of the family. Steve and my mother were divorced in 2008, and shortly after, my mother's drug addiction began. During the next few years Steve helped her tremendously, even though they were divorced. He paid for her methadone, bought her a house, bought her a car, paid her bills. We all wanted her to get better, especially Steve. He paid over one hundred thousand dollars in treatment for her. He flew her to Florida to a rehab amongst paying for others locally. He was always willing to do anything for her, Aydan, and I.

On top of all of the help he has provided for my mother, he has also helped me in many ways. The years that he was my stepfather he taught me so much, and even though they divorced I have always considered him to be like a father to me. I have maintained a relationship with him and Aydan throughout the years and always will. Steve, his wife Caitlyn, and Aydan asked me to go to Florida with them January of 2015, which I very excitedly accepted the invitation. This was one of the best vacations I have been on and am very thankful to have gotten to do that. A few months later, Steve and Caitlyn asked if I would like to go to the Dominican Republic for their wedding, but unfortunately I was unable to do so due to schoolwork. I still talk to Steve very frequently and go out for meals with him. I hope what can be gathered from all of this information is that Steve is a thoughtful, and generous person who goes above and beyond for the people he loves.

I can be reached by telephone at 484-767-4922 if you wish to speak to me or if you need additional information

Sincerely,

Katlyn Smith

State Board of Osteopathic Medicine  
P.O. Box 2649  
Harrisburg, PA 17105-2649

**ATTN: Status Change**

To whom it May Concern:

This is my written request to place my Osteopathic License on Inactive status at the present time. I am currently not engaged in the practice of medicine within the state of Pennsylvania. Please allow it to remain INACTIVE until further notice.

Name: Steven Thomas Puccio

License#: OS007746L

SS#: XXX-XX-1277

DOB: September 24, 1964

Thank you in advance for your prompt assistance in this matter. If I could be provided with confirmation of receipt of this letter by either phone at 610-297-0657, via email at [stevenpuccio@gmail.com](mailto:stevenpuccio@gmail.com) or via regular mail to my home at 3981 Hunsicker Drive, Walnutport, PA 18088-9124 I would be greatly appreciative.

Sincerely,

Steven T. Puccio, DO

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF OSTEOPATHIC MEDICINE

Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs

vs.

Steven Thomas Puccio, DO,  
Respondent

File No.: 16-53-11649

Docket No: 1486 -53-17

ORDER

AND NOW, this 9<sup>th</sup> day of August 2017, the STATE BOARD OF OSTEOPATHIC MEDICINE ("Board") adopts and approves the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS



Ian J. Harlow  
Commissioner

For the Commonwealth:

Respondent/Respondent Counsel:

Date of mailing:

BY ORDER:  
STATE BOARD OF OSTEOPATHIC  
MEDICINE



Frank M. Tursi, DO  
Chair

Jason Anderson, Esquire  
2601 North Third Street  
P. O. Box 69521  
Harrisburg, PA 17106-9521

Steven Thomas Puccio, DO  
David F. Michelman, Esq.  
Michelman & Bricker, P.C.  
1500 Walnut Street, Suite 502  
Philadelphia, PA 19102

August 10, 2017

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**One or more pages have been removed  
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advance to the next document if all  
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS  
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE  
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

## Taylor, Carol

---

**From:** Taylor, Carol  
**Sent:** Friday, April 17, 2020 5:35 PM  
**To:** Allen Grossman  
**Subject:** RE: April 15, 2020 Deficiency Notice for Application of Steven T. Puccio, D.O. (File No. 16930)

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Thank you for your response.

Please note staff are in receipt of multiple emails regarding Dr. Puccio.

The emails have been placed in a folder specific to Dr. Puccio, to ensure that all processors are aware of the various submissions

Allow me to address your concerns:

1. Upon being asked to have a letter submitted from St. Luke's University Hospital addressing the action against his staff privileges disclosed by Dr. Puccio in his application, Dr. Puccio contacted St. Luke's and requested that a letter be provided to the Florida Board of Osteopathic Medicine. The response he received from the hospital is provided below. We promptly notified you of the hospital's requirement and asked that you contact the hospital with such a request. We have repeated the request multiple times. The deficiency notice indicates that you will not do so. Dr. Puccio is making another request of the hospital, but if you will not make the request, there may simply be nothing Dr. Puccio can do about fulfilling your request for a letter from the hospital. In addition, you have indicated that Dr. Puccio needs to provide an explanation of the incident. Dr. Puccio has already submitted his written statement regarding the termination of his privileges by St. Luke's. It was resubmitted to you in an e-mail dated April 2, 2020 that was sent to you at 12:39 pm on that date. The reason for the action was that his employer, St. Luke's Physician Practice Group, was advised of the criminal investigation against him and terminated his employment. His privileges at St. Luke's University Hospital were coterminous with his employment by the group and were terminated when his employment was terminated. **The deficiency letter does not indicate that the board would not request a letter from St. Luke's Hospital. As long as the letter of explanation from the school remains deficient it will appear in status letters. I have personally emailed the hospital and requested a letter of explanation. I have received a response that the request was forwarded to their Central Verifications Office.**

**Dr. Puccio included a self-explanation on his application. This part of the deficiency language will be removed.**

2. As indicated on the AOA Profile already received by your office, Dr. Puccio's Internship program closed on July 1, 1996. AOA has provided verification of Dr. Puccio's successful completion of the AOA Internship year. AOA has advised Dr. Puccio that there is no entity or person able to provide additional verification of Dr. Puccio's completion of the Internship year and that AOA verification is usually accepted by state boards in such situations.

**If a program has closed, we ask for a statement to that effect from the applicant, noting he/she is unable to obtain a post-graduate training evaluation.**

**Dr. Puccio indicated he was using FCVS. We will check the FCVS for additional information.**

3. Dr. Puccio answered "yes" to the application question asking if he had ever surrendered a DEA registration. He did so, as he explained in his written statement, because he wanted to be completely truthful in answering the application questions. Dr. Puccio was never asked or forced to surrender his DEA registration as a part of any DEA investigation. However, Dr. Puccio, as he explained in his written statement regarding this answer in the application, that he had previously voluntarily surrendered a DEA registration. He did not state or intend to

indicate that action was taken against his registration by the DEA. The question does not ask that. The question on the application simply asks if a DEA registration has ever been denied or surrendered. Dr. Puccio's written explanation of this is included in the previously provided written statement referenced above and provided to you once again with the e-mail dated April 2, 2020.

**We are in receipt of Dr. Puccio's self-explanation regarding the DEA registration.**

4. Dr. Puccio submitted licensure requests to Kansas, Massachusetts, Pennsylvania and New York on April 2, 2020. These verifications should have been received already or received soon.

**We will check to see if any have been received.**

5. Dr. Puccio's fingerprints were also submitted on April 2, 2020 and if not yet completed, should be received shortly.

**Background screenings are processed in the Background Screening Unit, once cleared it is forwarded to the board office. At this time, we have not received clearance. We will monitor.**

As I explained, we have implemented a new mail process for use during this pandemic. If we ask for something you believe has been provided and has had at least seven days to be processed, please let me know. Mail is processed by more than one processor so it would be best if you send emails to [MQA.Osteopath@flhealth.gov](mailto:MQA.Osteopath@flhealth.gov) for updates. This will ensure the correct person receives the emails. Copy me and I can monitor.

I am looking at the application and there are several affirmative responses. Most yes responses require additional supporting documentation as indicated on the application. While it is our desire to expedite processing of applications, we must ensure the applicant meets the requirements for licensure. A file is not considered complete until all required supporting documentation is received. I am including the supporting documentation requirements for questions for which Dr. Puccio provided a yes response on his application. Please ensure all required supporting documentation is received. If you have already provided please let me know so that I can attempt to locate. If you have requested, we will keep watch for their receipt.

#### **Required to support yes response to health history**

Explain in full on a separate sheet of paper. Your statement must include, but is not limited to: The Date(s), Location(s), Specific circumstances, Practitioners Treatment Involved. If you have been under treatment for emotional/mental illness, chemical dependency, etc., you must request that each practitioner, hospital, and program involved in your treatment submit a full, detailed report of such to the Board office, to include: Treatment Received Medications Dates of Treatment If applicable, all DSM III R/DSM IV/DSM IV-TR Axis I and II diagnosis(es) code(s), Admission Discharge

#### **Required to support yes response to criminal history**

Submit the arrest and court records along with a disposition of the case to the Board.

Dr. Puccio provided the offense, date of offense and state of jurisdiction on application, but where he was to include a statement there are a bunch of letters.

We have received a copy of the court docket from the LeHigh County regarding this action; however, there are no arrest records, court records or disposition documents included.

#### **Required to support yes response to board action**

Final Orders, Settlement Agreements, Satisfaction of Requirements, etc.

I hope this has been helpful. I am here to serve, please let me know if there is something more I can do. Thank you for your patience and understanding.

Sincerely,

*Carol Taylor*

How am I communicating? Please contact my supervisor at [Kama Monroe](#) with any questions or concerns to comment on my customer service.

---

**From:** Allen Grossman <a.grossman@gfblawfirm.com>

**Sent:** Thursday, April 16, 2020 11:11 AM

**To:** zzzz Feedback, MQA\_Osteopath <MQA.Osteopath@flhealth.gov>

**Cc:** Taylor, Carol <Carol.Taylor@flhealth.gov>; stevenpuccio <stevenpuccio@gmail.com>

**Subject:** April 15, 2020 Deficiency Notice for Application of Steven T. Puccio, D.O. (File No. 16930)

We have received the e-mail providing an updated deficiency list for the subject application. These responses are provided to each of the listed deficiencies:

1. Upon being asked to have a letter submitted from St. Luke's University Hospital addressing the action against his staff privileges disclosed by Dr. Puccio in his application, Dr. Puccio contacted St. Luke's and requested that a letter be provided to the Florida Board of Osteopathic Medicine. The response he received from the hospital is provided below. We promptly notified you of the hospital's requirement and asked that you contact the hospital with such a request. We have repeated the request multiple times. The deficiency notice indicates that you will not do so. Dr. Puccio is making another request of the hospital, but if you will not make the request, there may simply be nothing Dr. Puccio can do about fulfilling your request for a letter from the hospital. In addition, you have indicated that Dr. Puccio needs to provide an explanation of the incident. Dr. Puccio has already submitted his written statement regarding the termination of his privileges by St. Luke's. It was resubmitted to you in an e-mail dated April 2, 2020 that was sent to you at 12:39 pm on that date. The reason for the action was that his employer, St. Luke's Physician Practice Group, was advised of the criminal investigation against him and terminated his employment. His privileges at St. Luke's University Hospital were coterminous with his employment by the group and were terminated when his employment was terminated.
2. As indicated on the AOA Profile already received by your office, Dr. Puccio's Internship program closed on July 1, 1996. AOA has provided verification of Dr. Puccio's successful completion of the AOA Internship year. AOA has advised Dr. Puccio that there is no entity or person able to provide additional verification of Dr. Puccio's completion of the Internship year and that AOA verification is usually accepted by state boards in such situations.
3. Dr. Puccio answered "yes" to the application question asking if he had ever surrendered a DEA registration. He did so, as he explained in his written statement, because he wanted to be completely truthful in answering the application questions. Dr. Puccio was never asked or forced to surrender his DEA registration as a part of any DEA investigation. However, Dr. Puccio, as he explained in his written statement regarding this answer in the application, that he had previously voluntarily surrendered a DEA registration. He did not state or intend to indicate that action was taken against his registration by the DEA. The question does not ask that. The question on the application simply asks if a DEA registration has ever been denied or surrendered. Dr. Puccio's written explanation of this is included in the previously provided written statement referenced above and provided to you once again with the e-mail dated April 2, 2020.

4. Dr. Puccio submitted licensure requests to Kansas, Massachusetts, Pennsylvania and New York on April 2, 2020. These verifications should have been received already or received soon.
5. Dr. Puccio's fingerprints were also submitted on April 2, 2020 and if not yet completed, should be received shortly.

Allen R. Grossman  
Grossman Furlow and Bayó, L.L.C.  
2022-2 Raymond Diehl Road  
Tallahassee, Florida 32308  
(850) 385-1314  
(850) 385-4240 (fax)  
[www.gfblawfirm.com](http://www.gfblawfirm.com)

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**From:** [Heckman, Scott](#)  
**Sent:** Friday, April 3, 2020 11:13 AM  
**To:** [stevenpuccio@gmail.com](mailto:stevenpuccio@gmail.com)  
**Cc:** [Spaar, Sue](#); [Bassert, Maria C.](#)  
**Subject:** FW: Letter

Following our phone conversation, Sue Spaar forwarded your below request to me. By policy, we will first need the written request from the third party, in this case, the Florida Board.

Sue will also send you consent and release to sign and return.

Once we have everything on file for this request, we will respond accordingly.

Thanks,  
Scott

Scott C. Heckman, Esq.  
Vice President & Associate General Counsel  
Legal Services

St. Luke's University Health Network  
801 Ostrum Street  
Bethlehem, Pennsylvania 18015  
Phone: 484.526.1473; Fax: 484.526.2408  
E-mail: [Scott.Heckman@sluhn.org](mailto:Scott.Heckman@sluhn.org)  
[www.sluhn.org](http://www.sluhn.org)

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142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: credentials@AOAprofiles.org

**Physician Name:** Steven T. Puccio, DO

**Address:** 50 Moisey Dr  
Hazleton, PA 18202-9297

**Work Phone:** (570) 501-6741

**Birth Date:** [REDACTED]

**Self-Designated Major Practice Focus:** Orthopedic Surgery

**Self-Designated Minor Practice Focus:** Other Specialty

**AOA Membership Status:** Member

*The following information was obtained from the original issuing source of the credential, also known as the primary source*

**Predoctoral Education:** Philadelphia College of Osteopathic Medicine  
Philadelphia PA

**Year of Graduation:** 1991

**Postdoctoral Education:** (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)

**Internship:** Allegheny Univ Hosp City Ave - Internship Training  
Philadelphia PA  
(Formerly: Hosp of Philadelphia COM/Medical Ctr of Philadelphia - Internship Training )  
Program Closed: Jul 01, 1996

**Dates Attended:** 07/01/1991 - 06/30/1992 Verified

**Residency:** NYCOM/Peninsula Hospital Center - Surgery-General Residency  
Far Rockaway NY  
Program Closed: Mar 23, 2012

**Dates Attended:** 07/01/1992 - 06/30/1993 Verified

**Residency:** NYCOM/Peninsula Hospital Center - Orthopedic Surgery Residency  
Far Rockaway NY  
Program Closed: Mar 23, 2012

**Dates Attended:** 07/01/1993 - 06/30/1997 Verified

**Please note:** Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.

**Residency:** New England Baptist Hospital Allopathic - Orthopedic Surgery Residency  
Boston, MA

**Dates Attended:** 07/15/1997 - 07/31/1998 Verified

| Licenses: | State | Date Granted | Expiration Date | Status | Date Last Reported to the AOA | ** Contact Board for More Information |
|-----------|-------|--------------|-----------------|--------|-------------------------------|---------------------------------------|
|-----------|-------|--------------|-----------------|--------|-------------------------------|---------------------------------------|

142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org)

|    |            |            |          |            |     |
|----|------------|------------|----------|------------|-----|
| MA | 06/18/1997 | 09/24/2006 | Inactive | 02/14/2019 |     |
| NY | 09/09/2003 | 08/31/2006 | Inactive | 07/29/2019 |     |
| PA | 07/20/1992 | 10/31/2018 | Active   | 10/11/2017 | Yes |

\*\* A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

**Osteopathic Specialty Board Certification(s):**

(Certification by one or more of the 18 AOA certifying boards as reported by the Bureau of Osteopathic Specialists.)  
Physicians holding time-limited board certification (those certifications with expiration dates) are required to participate in Osteopathic Continuous Certification (OCC) in order to maintain their AOA board certification. Physicians holding non-time-limited board certification (no expiration date) may voluntarily participate in OCC, but participation in OCC does not change their non-time-limited certification status. Please note that diplomate files will be closely monitored for compliance with OCC, and your organization will be automatically notified of any change of status. For more information on OCC, visit [www.osteopathic.org](http://www.osteopathic.org)

**American Osteopathic Board of:**

|                                   |                    |                         |            |                         |            |
|-----------------------------------|--------------------|-------------------------|------------|-------------------------|------------|
| <b>General Certification(s) :</b> | Orthopedic Surgery | <b>Issue Date:</b>      | 10/16/2003 | <b>Expiration Date:</b> | 12/31/2013 |
| <b>OCC Participating:</b>         | Yes                |                         |            |                         |            |
| <b>Recertification Date:</b>      | 01/01/2014         | <b>Expiration Date:</b> | 12/31/2023 |                         |            |

**Federal Drug Enforcement Administration:**

None Reported  
**Please note:** Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.

**Former Name(s):**

**Please Note:**

The content of this Official Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on physicians. Appropriate use of this instrument in combination with your organizations documented credentialing policies and procedures meets the primary source requirements of the Healthcare Facilities Accreditation Program (HFAP/AAHHS); the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); The Joint Commission; URAC; DNV GL; and the National Association of Insurance Commissioners (NAIC). The National Committee for Quality Assurance (NCQA) recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.

If you find any discrepancies, please mark them on a copy of this report and email to the AOIA [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org). Thank you.





801 Ostrum Street  
Bethlehem, PA 18015  
484-526-4000

April 20, 2020

Carol Taylor  
Program Operations Administrator  
Florida Department of Health  
Board of Osteopathic Medicine  
P.O. Box 6330  
Tallahassee, FL 32314-6330

**RE: Steven T. Puccio, D.O.**

Dear Ms. Taylor:

Dr. Steven T. Puccio served as an active staff member of the Medical Staff of St. Luke's University Health Network ("Network") between the dates set forth below:

|               |                       |
|---------------|-----------------------|
| Campus        | Allentown – Bethlehem |
| Staff Status: | Resigned              |
| Appointed:    | 07/13/2001            |
| To:           | 04/21/2016            |

On April 21, 2016, Dr. Puccio's employment was terminated by St. Luke's Physician Group, Inc. (SLPG). His medical staff privileges at St. Luke's University Hospital (SLUH) were coterminous with his employment with SLPG and thus terminated the same day.

We trust the above information is fully responsive to your limited request for information. To be clear, we inquired of the Florida Board of Osteopathic Medicine ("Florida Board") whether it also wanted Dr. Puccio's employment history to explain why his employment ended, culminating in the automatic termination of privileges. You indicated on behalf of the Florida Board that it was only necessary for SLUH to confirm why his staff privileges ended. Should the Florida Board elect to broaden its request and request additional information, including why Dr. Puccio's employment ended, we will supply same upon receipt of any such written request.

Sincerely,

Maria Bassert, RHIT  
Network Director  
Central Verification Office  
St. Luke's University Health Network

My Health. My Hospital. <sup>SM</sup>

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456.057 - Ownership and control of patient records; report or copies of records to be  
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maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

**PRACTITIONER PROFILE**

Prepared for: Florida Board of Osteopathic Medicine As of Date:4/2/2020

**PRACTITIONER INFORMATION**

Name: Puccio, Steven Thomas  
 DOB: [REDACTED]  
 Medical School: Philadelphia College of Osteopathic Medicine  
 Philadelphia, Pennsylvania, UNITED STATES  
 Year of Grad: 1991  
 Degree Type: DO  
 NPI: 1902809288

**BOARD ACTIONS**

Reporting Entity: Pennsylvania State Board of Osteopathic Medicine  
 Date of Order: 8/9/2017  
 Form of Order: Consent Order/Agreement  
 Action(s): MEDICAL LICENSE PLACED ON PROBATION  
 Effective: 2/8/2017  
 MEDICAL PRACTICE TO BE MONITORED/SUPERVISED  
 Basis: Convicted of a Crime

Reporting Entity: New York State Board for Medicine  
 Date of Order: 3/26/2018  
 Effective Date: 4/2/2018  
 Action(s): SURRENDER OF MEDICAL LICENSE  
 Basis: Due to Action Taken by Another Board/Agency

Reporting Entity: Pennsylvania State Board of Osteopathic Medicine  
 Date of Order: 2/21/2020  
 Action(s): PROBATION TERMINATED  
 Basis: Not Applicable

**NATIONAL PROVIDER IDENTIFIER (NPI)**

| NPI        | NPI Type   | Deactivation Date | Reactivation Date | Last Reported |
|------------|------------|-------------------|-------------------|---------------|
| 1902809288 | Individual |                   |                   | 06/04/2018    |

---

**PRACTITIONER PROFILE**

---

Prepared for: Florida Board of Osteopathic Medicine As of Date:4/2/2020  
Practitioner Name: Puccio, Steven Thomas

---

**LICENSE HISTORY**

| <b>Jurisdiction</b> | <b>License Number</b> | <b>Issue Date</b> | <b>Expiration Date</b> | <b>Last Updated</b> |
|---------------------|-----------------------|-------------------|------------------------|---------------------|
| KANSAS              | 05-25656              | 04/29/1995        | 06/30/1996             | 04/01/2020          |
| MASSACHUSETTS       | 150888                | 06/18/1997        | 09/24/2006             | 08/09/2013          |
| NEW YORK            | 229825                | 09/09/2003        | 08/31/2006             | 04/01/2020          |
| PENNSYLVANIA OSTEO  | OS007746L             | 07/20/1992        | 10/31/2020             | 03/20/2020          |

---

**US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

| <b>DEA Number</b> | <b>Schedule</b> | <b>Address</b>                | <b>Expiration Date</b> | <b>Last Reported</b> |
|-------------------|-----------------|-------------------------------|------------------------|----------------------|
| FP7275010         | 22N 33N 4 5     | HAZLE<br>TOWNSHIP,PA<br>18202 | 03/31/2021             | 03/13/2020           |

**PRACTITIONER PROFILE**

Prepared for: Florida Board of Osteopathic Medicine As of Date:4/2/2020  
 Practitioner Name: Puccio, Steven Thomas

**ABMS® CERTIFICATION HISTORY**

No ABMS Certifications found.

**AOA® CERTIFICATION HISTORY**

Member Board: Orthopedic Surgery  
 Specialty Description: Orthopedic Surgery  
 Certification Type: Primary  
 OCC Participating: Yes  
 OCC Required: Yes

| Status | Certification Issue Date | Certification End Date | Recertification Issue Date | Recertification End Date | Last Reported |
|--------|--------------------------|------------------------|----------------------------|--------------------------|---------------|
| Active | 10/16/2003               | 12/31/2013             | 01/01/2014                 | 12/31/2023               | 04/11/2018    |

*This AOA Specialty Board Certification information may not be used for primary credentials verification to commercial organizations, such as hospitals, hospital medical staffs, managed care plans, or other entities without the express prior written consent of the AOA.*

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EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

## DISCLOSURE HISTORY

Report Number: 550000055764037

**F. DISCLOSURE HISTORY**

### Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

| <u>Date Released</u> | <u>Entity Name</u>                                                                          |
|----------------------|---------------------------------------------------------------------------------------------|
| 04/17/2009           | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396 |

| <u>Date Released</u> | <u>Entity Name</u>                                                               |
|----------------------|----------------------------------------------------------------------------------|
| 04/30/2009           | CAPITAL BLUECROSS<br>2500 ELMERTON AVE<br>HARRISBURG, PA 17177<br>(717) 703-8392 |

| <u>Date Released</u> | <u>Entity Name</u>                                                                        |
|----------------------|-------------------------------------------------------------------------------------------|
| 05/04/2009           | HEALTHAMERICA OF PA, INC.<br>3721 TECPORT DRIVE<br>HARRISBURG, PA 17111<br>(717) 526-2749 |

| <u>Date Released</u> | <u>Entity Name</u>                                                                           |
|----------------------|----------------------------------------------------------------------------------------------|
| 05/19/2009           | ST. LUKE'S ENROLLMENT CENTER/SLPHO<br>801 OSTRUM ST<br>BETHLEHEM, PA 18015<br>(484) 526-4132 |

| <u>Date Released</u> | <u>Entity Name</u>                                                                                               |
|----------------------|------------------------------------------------------------------------------------------------------------------|
| 05/29/2009           | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES<br>151 FARMINGTON AVENUE<br>HARTFORD, CT 06156<br>(860) 273-5403 |

| <u>Date Released</u> | <u>Entity Name</u>                                                                                                                 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 12/10/2009           | CIGNA HEALTHCARE OF NEW HAMPSHIRE<br>2 COLLEGE PARK DR<br>HOOKSETT, NH 03106<br>(603) 268-7440                                     |
| 02/22/2010           | GATEWAY HEALTH PLAN<br>444 LIBERTY AVE STE 2100<br>PITTSBURGH, PA 15222<br>(412) 255-4162                                          |
| 07/27/2010           | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 12/06/2010           | GATEWAY HEALTH PLAN<br>444 LIBERTY AVE STE 2100<br>PITTSBURGH, PA 15222<br>(412) 255-4162                                          |
| 03/17/2011           | TOWER HEALTH PPO<br>PO BOX 13579<br>READING, PA 19612<br>(267) 981-6519                                                            |
| 05/18/2011           | UNITEDHEALTHCARE<br>9200 WORTHINGTON RD<br>WESTERVILLE, OH 43082<br>(614) 410-7008                                                 |
| 06/08/2011           | PRIVATE HEALTH CARE SYSTEMS<br>1100 WINTER ST<br>WALTHAM, MA 02451<br>(781) 895-5847                                               |

| <u>Date Released</u> | <u>Entity Name</u>                                                                                                                 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 08/09/2011           | HIGHMARK BLUE CROSS BLUE SHIELD<br>19 NORTH MAIN ST OP-8<br>WILKES-BARRE, PA 18711<br>(717) 888-2049                               |
| 10/01/2011           | ST. LUKE'S RIVERSIDE HOSPITAL<br>1872 ST LUKES BLVD<br>EASTON, PA 18045<br>(484) 526-4721                                          |
| 11/01/2011           | CAPITAL BLUECROSS<br>2500 ELMERTON AVE<br>HARRISBURG, PA 17177<br>(717) 703-8392                                                   |
| 11/02/2011           | HIGHMARK INC.<br>1800 CENTER ST<br>CAMP HILL, PA 17011<br>(717) 888-2049                                                           |
| 11/09/2011           | HIGHMARK INC.<br>1800 CENTER ST<br>CAMP HILL, PA 17011<br>(717) 888-2049                                                           |
| 12/30/2011           | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 01/18/2012           | HEALTHAMERICA OF PA, INC.<br>3721 TECPORT DRIVE<br>HARRISBURG, PA 17111<br>(717) 526-2749                                          |

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 PUCCIO, STEVEN

| Date Released | Entity Name                                                                                                      |
|---------------|------------------------------------------------------------------------------------------------------------------|
| 01/30/2012    | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396                      |
| 03/09/2012    | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES<br>151 FARMINGTON AVENUE<br>HARTFORD, CT 06156<br>(860) 273-5403 |
| 07/24/2012    | ST. LUKE'S ENROLLMENT CENTER/SLPHO<br>801 OSTRUM ST<br>BETHLEHEM, PA 18015<br>(484) 526-4132                     |
| 08/03/2012    | ST. LUKE'S RIVERSIDE HOSPITAL<br>1872 ST LUKES BLVD<br>EASTON, PA 18045<br>(484) 526-4721                        |
| 12/10/2012    | UNIVERSAL HEALTH CARE, INC.<br>100 CENTRAL AVENUE<br>SUITE 200<br>ST PETERSBURG, FL 33701<br>(727) 456-6519      |
| 01/10/2013    | GATEWAY HEALTH PLAN<br>444 LIBERTY AVE STE 2100<br>PITTSBURGH, PA 15222<br>(412) 255-4162                        |
| 11/07/2013    | DEVON HEALTH SERVICES<br>1100 1ST AVE STE 100<br>KING OF PRUSSIA, PA 19406<br>(610) 755-4955                     |

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**PUCCIO, STEVEN**

| <u>Date Released</u> | <u>Entity Name</u>                                                                                                                 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 02/12/2014           | UNITEDHEALTHCARE<br>9200 WORTHINGTON RD<br>WESTERVILLE, OH 43082<br>(614) 410-7008                                                 |
| 03/28/2014           | PRIVATE HEALTH CARE SYSTEMS<br>1100 WINTER ST<br>WALTHAM, MA 02451<br>(781) 895-5847                                               |
| 04/03/2014           | TOWER HEALTH PPO<br>PO BOX 13579<br>READING, PA 19612<br>(267) 981-6519                                                            |
| 07/01/2014           | HIGHMARK INC.<br>1800 CENTER ST<br>CAMP HILL, PA 17011<br>(717) 888-2049                                                           |
| 07/16/2014           | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 07/28/2014           | HIGHMARK BLUE CROSS BLUE SHIELD<br>19 NORTH MAIN ST OP-8<br>WILKES-BARRE, PA 18711<br>(717) 888-2049                               |
| 08/01/2014           | ST. LUKE'S RIVERSIDE HOSPITAL<br>1872 ST LUKES BLVD<br>EASTON, PA 18045<br>(484) 526-4721                                          |

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**PUCCIO, STEVEN**

Date Released                      Entity Name  
 09/23/2014                      AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES  
                                          151 FARMINGTON AVENUE  
                                          HARTFORD, CT 06156  
                                          (860) 273-5403

Date Released                      Entity Name  
 09/24/2014                      HEALTH PARTNERS PLANS  
                                          901 MARKET ST STE 500  
                                          PHILADELPHIA, PA 19107  
                                          (267) 385-3829

Date Released                      Entity Name  
 10/02/2014                      CAPITAL BLUECROSS  
                                          2500 ELMERTON AVE  
                                          HARRISBURG, PA 17177  
                                          (717) 703-8392

Date Released                      Entity Name  
 11/12/2014                      INDEPENDENCE BLUE CROSS  
                                          1901 MARKET ST STE 3  
                                          PHILADELPHIA, PA 19103  
                                          (215) 587-1396

Date Released                      Entity Name  
 08/18/2015                      ST. LUKE'S ENROLLMENT CENTER/SLPHO  
                                          801 OSTRUM ST  
                                          BETHLEHEM, PA 18015  
                                          (484) 526-4132

Date Released                      Entity Name  
 12/17/2015                      ST. LUKE'S HOSPITAL  
                                          77 S COMMERCE WAY  
                                          C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE  
                                          BETHLEHEM, PA 18017  
                                          (610) 954-4669

Date Released                      Entity Name  
 12/17/2015                      ST. LUKE'S QUAKERTOWN HOSPITAL  
                                          1021 PARK AVE  
                                          C/O MARIA BASSERT  
                                          QUAKERTOWN, PA 18951  
                                          (484) 526-4669

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 PUCCIO, STEVEN

| Date Released | Entity Name                                                                                                   |
|---------------|---------------------------------------------------------------------------------------------------------------|
| 12/17/2015    | ST. LUKE'S RIVERSIDE HOSPITAL<br>1872 ST LUKES BLVD<br>EASTON, PA 18045<br>(484) 526-4721                     |
| 06/03/2016    | MEDICAL REVIEW INSTITUTE, INC<br>2875 DECKER LAKE DR STE 300<br>SALT LAKE CITY, UT 84119<br>1800 654-2422     |
| 06/09/2016    | SALUS TELEHEALTH, INC.<br>211 PENDLETON ST<br>WAYCROSS, GA 31501<br>(912) 490-1040                            |
| 08/09/2016    | CENTENE CORPORATION<br>7700 FORSYTH BLVD # 4<br>FLOOR / BUILDING A<br>SAINT LOUIS, MO 63105<br>(314) 445-0371 |
| 03/31/2017    | PA STATE BOARD OF MEDICINE<br>2601 N 3RD ST<br>HARRISBURG, PA 17110<br>(717) 787-7768                         |
| 05/24/2017    | SELF-QUERIER                                                                                                  |
| 07/16/2017    | SELF-QUERIER                                                                                                  |
| 07/25/2017    | PREMIER ORTHOPEDIC SURGICENTER LLC<br>2405 OSLER CT STE 100<br>ALBANY, GA 31707<br>(229) 317-2346             |

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**Puccio, Steven**

| <u>Date Released</u> | <u>Entity Name</u>                                                                                  |
|----------------------|-----------------------------------------------------------------------------------------------------|
| 09/07/2017           | STEWART EASTON HOSPITAL, INC.<br>250 S 21ST ST<br>EASTON, PA 18042<br>(610) 250-4676                |
| 01/11/2018           | SELF-QUERIER                                                                                        |
| 02/02/2018           | BEECH STREET CORPORATION<br>6116 SHALLOWFORD RD STE 109B<br>CHATTANOOGA, TN 37421<br>(423) 553-6512 |
| 02/06/2018           | UNITEDHEALTHCARE NATIONAL CREDENTIALING<br>5900 PARKWOOD PL<br>DUBLIN, OH 43016<br>(614) 698-5927   |
| 02/15/2018           | GATEWAY HEALTH PLAN<br>444 LIBERTY AVE STE 2100<br>PITTSBURGH, PA 15222<br>(412) 255-4162           |
| 02/16/2018           | HIGHMARK INC.<br>1800 CENTER ST<br>CAMP HILL, PA 17011<br>(717) 888-2049                            |
| 02/16/2018           | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396         |

| <u>Date Released</u> | <u>Entity Name</u>                                                                                               |
|----------------------|------------------------------------------------------------------------------------------------------------------|
| 02/18/2018           | HEALTH PARTNERS PLANS<br>901 MARKET ST STE 500<br>PHILADELPHIA, PA 19107<br>(267) 385-3829                       |
| 02/19/2018           | GEISINGER HEALTH PLAN<br>100 N ACADEMY AVE<br>DANVILLE, PA 17822<br>(570) 271-7401                               |
| 03/09/2018           | CIGNA HEALTHCARE OF NEW HAMPSHIRE<br>2 COLLEGE PARK DR<br>HOOKSETT, NH 03106<br>(603) 268-7440                   |
| 03/16/2018           | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES<br>151 FARMINGTON AVENUE<br>HARTFORD, CT 06156<br>(860) 273-5403 |
| 03/16/2018           | CAPITAL BLUECROSS<br>2500 ELMERTON AVE<br>HARRISBURG, PA 17177<br>(717) 703-8392                                 |
| 03/19/2018           | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES<br>151 FARMINGTON AVENUE<br>HARTFORD, CT 06156<br>(860) 273-5403 |
| 03/19/2018           | HEALTH PARTNERS PLANS<br>901 MARKET ST STE 500<br>PHILADELPHIA, PA 19107<br>(267) 385-3829                       |

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| <u>Date Released</u> | <u>Entity Name</u>                                                                                                |
|----------------------|-------------------------------------------------------------------------------------------------------------------|
| 03/20/2018           | AMERIHEALTH CARITAS<br>200 STEVENS DR STOP 3<br>PHILADELPHIA, PA 19113<br>(267) 298-5723                          |
| 04/09/2018           | HUMANA HEALTH PLANS INC<br>101 E MAIN ST<br>LOUISVILLE, KY 40202<br>(513) 826-7169                                |
| 04/17/2018           | UPMC HEALTH PLAN<br>600 GRANT ST<br>US STEEL TOWER 41ST FL<br>PITTSBURGH, PA 15219<br>(412) 454-8535              |
| 04/26/2018           | SELF-QUERIER                                                                                                      |
| 06/09/2018           | HUMANA GOVERNMENT BUSINESS<br>PO BOX 740062<br>500 W MAIN STREET #515-4<br>LOUISVILLE, KY 40201<br>(502) 318-0803 |
| 07/03/2018           | HUMANA GOVERNMENT BUSINESS<br>PO BOX 740062<br>500 W MAIN STREET #515-4<br>LOUISVILLE, KY 40201<br>(502) 318-0803 |
| 01/17/2019           | SIGNIFY HEALTH<br>4055 VALLEY VIEW LN STE 400<br>DALLAS, TX 75244<br>(469) 466-7421                               |

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PUCCIO, STEVEN

| Date Released | Entity Name                                                                                                       |
|---------------|-------------------------------------------------------------------------------------------------------------------|
| 03/04/2019    | LEHIGH VALLEY HOSPITAL<br>707 HAMILTON ST # 9<br>ONE CITY CENTER -<br>ALLENTOWN, PA 18101<br>(484) 862-3223       |
| 03/21/2019    | LEHIGH VALLEY HOSPITAL<br>707 HAMILTON ST # 9<br>ONE CITY CENTER -<br>ALLENTOWN, PA 18101<br>(484) 862-3223       |
| 04/08/2019    | HUMANA HEALTH PLANS INC<br>101 E MAIN ST<br>LOUISVILLE, KY 40202<br>(513) 826-7169                                |
| 05/31/2019    | HAZLETON SURGERY CENTER<br>50 MOISEY DR STE 100<br>HAZLE TOWNSHIP, PA 18202<br>(570) 501-6500                     |
| 06/17/2019    | BEECH STREET CORPORATION<br>6116 SHALLOWFORD RD STE 109B<br>CHATTANOOGA, TN 37421<br>(423) 553-6512               |
| 07/24/2019    | UNITEDHEALTHCARE NATIONAL CREDENTIALING<br>5900 PARKWOOD PL<br>DUBLIN, OH 43016<br>(614) 698-5927                 |
| 08/21/2019    | HUMANA GOVERNMENT BUSINESS<br>PO BOX 740062<br>500 W MAIN STREET #515-4<br>LOUISVILLE, KY 40201<br>(502) 318-0803 |

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PUCCIO, STEVEN

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| <u>Date Released</u> | <u>Entity Name</u>                                                                       |
|----------------------|------------------------------------------------------------------------------------------|
| 10/04/2019           | AMERIHEALTH CARITAS<br>200 STEVENS DR STOP 3<br>PHILADELPHIA, PA 19113<br>(267) 298-5723 |
| 12/17/2019           | EMBLEMHEALTH<br>55 WATER ST<br>NEW YORK, NY 10041<br>(646) 447-6572                      |
| 03/26/2020           | SELF-QUERIER                                                                             |

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PUCCIO, STEVEN

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**This report is maintained under the provisions of: Title IV**

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**END OF REPORT**

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## DISCLOSURE HISTORY

Report Number: 5500000000393858

**F. DISCLOSURE HISTORY**

### Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

| Date Released | Entity Name                                                                                                                       |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 04/08/1997    | PRACTITIONER SELF-QUERY                                                                                                           |
| Date Released | Entity Name                                                                                                                       |
| 04/29/1997    | NEW ENGLAND BAPTIST HOSPITAL<br>125 PARKER HILL AVE<br>BOSTON, MA 02120<br>(617) 754-5754                                         |
| Date Released | Entity Name                                                                                                                       |
| 05/05/1997    | STEWARD ST ELIZABETH'S MEDICAL CENTER<br>736 CAMBRIDGE ST<br>BOSTON, MA 02135<br>(617) 789-2526                                   |
| Date Released | Entity Name                                                                                                                       |
| 07/18/1997    | BRIGHAM AND WOMEN'S FAULKNER HOSPITAL<br>375 BOYLSTON ST<br>PROVIDER SERVICES DEPARTMENT<br>BROOKLINE, MA 02445<br>(617) 983-7970 |
| Date Released | Entity Name                                                                                                                       |
| 07/29/1997    | NEW ENGLAND BAPTIST HOSPITAL<br>125 PARKER HILL AVE<br>BOSTON, MA 02120<br>(617) 754-5754                                         |

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| <b>DCN:</b> 5500000000393858<br><b>Process Date:</b> 08/29/1995<br><b>Page:</b> 2 of 28<br><b>PUCCIO, STEVEN</b> |
|------------------------------------------------------------------------------------------------------------------|

| <u>Date Released</u> | <u>Entity Name</u>                                                                                                                 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 09/16/1998           | LEHIGH VALLEY HOSPITAL - MUHLENBERG<br>2545 SCHOENERSVILLE ROAD<br>BETHLEHEM, PA 18017<br>(610) 402-8980                           |
| 09/21/1998           | ST. LUKE'S SACRED HEART CAMPUS<br>421 CHEW ST<br>ALLENTOWN, PA 18102<br>(484) 526-4721                                             |
| 09/24/1998           | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 10/01/1998           | LEHIGH VALLEY HOSPITAL<br>707 HAMILTON ST # 9<br>ONE CITY CENTER -<br>ALLENTOWN, PA 18101<br>(484) 862-3223                        |
| 10/08/1998           | STEWARD EASTON HOSPITAL, INC.<br>250 S 21ST ST<br>EASTON, PA 18042<br>(610) 250-4676                                               |
| 10/15/1998           | CIGNA HEALTHCARE OF DE,PA,NJ<br>7125 COLUMBIA GATEWAY DRIVE<br>SUITE 250<br>COLUMBIA, MD 21046<br>44325 960-80                     |

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|------------------------------------------------------------------------------------------------------------------|

| <u>Date Released</u> | <u>Entity Name</u>                                                                            |
|----------------------|-----------------------------------------------------------------------------------------------|
| 12/10/1998           | MANAGED COMP<br>NETWORK MANAGEMENT<br>10 PRESIDENTIAL WAY<br>WOBURN, MA 01801<br>78193 820-00 |
| 12/28/1998           | AETNA MID-ATLANTIC REGION<br>1000 MIDDLE STREET, MC38<br>MIDDLETOWN, CT 06457<br>86063 642-17 |
| 01/05/1999           | NEW ENGLAND BAPTIST HOSPITAL<br>125 PARKER HILL AVE<br>BOSTON, MA 02120<br>(617) 754-5754     |
| 01/15/1999           | STEWARD EASTON HOSPITAL, INC.<br>250 S 21ST ST<br>EASTON, PA 18042<br>(610) 250-4676          |
| 03/15/1999           | PENNSYLVANIA PHYSICIANS CARE<br>651 E. PARK DR<br>HARRISBURG, PA 17111<br>(717) 561-7890      |
| 03/25/1999           | CAPITAL BLUECROSS<br>2500 ELMERTON AVE<br>HARRISBURG, PA 17177<br>(717) 703-8392              |
| 05/12/1999           | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396   |

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| Date Released | Entity Name                                                                                                                        |
|---------------|------------------------------------------------------------------------------------------------------------------------------------|
| 05/14/1999    | FOCUS HEALTH CARE<br>720 COOL SPRINGS BLVD<br>SUITE 300<br>FRANKLIN, TN 37067<br>(615) 778-4293                                    |
| 08/02/1999    | LEHIGH VALLEY HOSPITAL<br>707 HAMILTON ST # 9<br>ONE CITY CENTER -<br>ALLENTOWN, PA 18101<br>(484) 862-3223                        |
| 08/24/1999    | LEHIGH VALLEY HOSPITAL - MUHLENBERG<br>2545 SCHOENERSVILLE ROAD<br>BETHLEHEM, PA 18017<br>(610) 402-8980                           |
| 08/31/1999    | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 09/24/1999    | MOSSREHAB<br>1200 TABOR ROAD<br>PHILADELPHIA, PA 19141<br>21545 691-23                                                             |
| 04/03/2000    | LEHIGH VALLEY HOSPITAL - MUHLENBERG<br>2545 SCHOENERSVILLE ROAD<br>BETHLEHEM, PA 18017<br>(610) 402-8980                           |

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| <u>Date Released</u> | <u>Entity Name</u>                                                                                                                        |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 07/13/2000           | LEHIGH VALLEY HOSPITAL<br>707 HAMILTON ST # 9<br>ONE CITY CENTER -<br>ALLENTOWN, PA 18101<br>(484) 862-3223                               |
| 07/26/2000           | NORTH SHORE MEDICAL CENTER<br>81 HIGHLAND AVE<br>SALEM, MA 01970<br>(978) 354-2237                                                        |
| 07/28/2000           | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669        |
| 08/03/2000           | ST. LUKE'S QUAKERTOWN HOSPITAL<br>1021 PARK AVE<br>C/O MARIA BASSERT<br>QUAKERTOWN, PA 18951<br>(484) 526-4669                            |
| 08/17/2000           | SHAUGHNESSY-KAPLAN / SPAULDING NORTH SHORE REHAB HOSPITAL<br>81 HIGHLAND AVE<br>MEDICAL STAFF OFFICE<br>SALEM, MA 01970<br>(978) 354-2020 |
| 08/24/2000           | SALEM HOSPITAL<br>81 HIGHLAND AVENUE<br>SALEM, MA 01970<br>(978) 741-1215                                                                 |

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|---------------|-----------------------------------------------------------------------------------------|
| Date Released | Entity Name                                                                             |
| 08/31/2000    | LAHEY HOSPITAL & MEDICAL CENTER<br>41 MALL RD<br>BURLINGTON, MA 01805<br>(781) 744-3643 |

|               |                                                                               |
|---------------|-------------------------------------------------------------------------------|
| Date Released | Entity Name                                                                   |
| 09/13/2000    | CGLIC<br>1000 CORPORATE CENTRE DR. #500<br>FRANKLIN, TN 37067<br>61559 533-24 |

|               |                                                                                                                                |
|---------------|--------------------------------------------------------------------------------------------------------------------------------|
| Date Released | Entity Name                                                                                                                    |
| 09/25/2000    | NORTH SHORE HEALTH SYSTEM<br>NSMC, MEDICAL STAFF OFFICE<br>81 HIGHLAND AVENUE, WHEELOCK 6<br>SALEM, MA 01970<br>(978) 354-2237 |

|               |                                                                                       |
|---------------|---------------------------------------------------------------------------------------|
| Date Released | Entity Name                                                                           |
| 10/24/2000    | BCBSMA AND BCBSMA HMO BLUE<br>25 TECHNOLOGY PL<br>HINGHAM, MA 02043<br>(617) 246-7675 |

|               |                                                                                      |
|---------------|--------------------------------------------------------------------------------------|
| Date Released | Entity Name                                                                          |
| 11/07/2000    | PRIVATE HEALTH CARE SYSTEMS<br>1100 WINTER ST<br>WALTHAM, MA 02451<br>(781) 895-5847 |

|               |                                                                                                                    |
|---------------|--------------------------------------------------------------------------------------------------------------------|
| Date Released | Entity Name                                                                                                        |
| 11/09/2000    | TUFTS HEALTH PLAN<br>705 MOUNT AUBURN ST<br>CLINICAL SERVICES THIRD FLOOR<br>WATERTOWN, MA 02472<br>(617) 972-9400 |

|               |                                                                         |
|---------------|-------------------------------------------------------------------------|
| Date Released | Entity Name                                                             |
| 11/10/2000    | ANTHEM, INC<br>200 BRICKSTONE SQ<br>ANDOVER, MA 01810<br>(804) 784-5555 |

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| <u>Date Released</u> | <u>Entity Name</u>                                                                                                                        |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 11/13/2000           | HARVARD PILGRIM HEALTH CARE<br>1600 CROWN COLONY DR<br>CREDENTIALING DEPARTMENT<br>QUINCY, MA 02169<br>(617) 509-1296                     |
| 11/21/2000           | UNITED HEALTHCARE NEW ENGLAND<br>475 KILVERT STREET<br>WARWICK, RI 02886<br>40173 272-36                                                  |
| 11/22/2000           | BCBSMA AND BCBSMA HMO BLUE<br>25 TECHNOLOGY PL<br>HINGHAM, MA 02043<br>(617) 246-7675                                                     |
| 12/05/2000           | FALLON COMMUNITY HEALTH PLAN<br>CHESTNUT PLACE, 10 CHESTNUT STREET<br>WORCESTER, MA 01608<br>(508) 368-9819                               |
| 06/11/2001           | LEHIGH VALLEY HOSPITAL<br>707 HAMILTON ST # 9<br>ONE CITY CENTER -<br>ALLENTOWN, PA 18101<br>(484) 862-3223                               |
| 06/11/2001           | LEHIGH VALLEY HOSPITAL - MUHLENBERG<br>2545 SCHOENERSVILLE ROAD<br>BETHLEHEM, PA 18017<br>(610) 402-8980                                  |
| 06/19/2001           | SHAUGHNESSY-KAPLAN / SPAULDING NORTH SHORE REHAB HOSPITAL<br>81 HIGHLAND AVE<br>MEDICAL STAFF OFFICE<br>SALEM, MA 01970<br>(978) 354-2020 |

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| Date Released | Entity Name                                                                                                               |
|---------------|---------------------------------------------------------------------------------------------------------------------------|
| 07/06/2001    | BEVERLY HOSPITAL<br>85 HERRICK ST<br>MEDICAL STAFF OFFICE<br>BEVERLY, MA 01915<br>(978) 816-2841                          |
| 07/31/2001    | AETNA MID-ATLANTIC REGION<br>1000 MIDDLE STREET, MC38<br>MIDDLETOWN, CT 06457<br>86063 642-17                             |
| 08/20/2001    | CAPITAL BLUECROSS<br>2500 ELMERTON AVE<br>HARRISBURG, PA 17177<br>(717) 703-8392                                          |
| 09/04/2001    | THE GOOD SHEPHERD HOME - BETHLEHEM<br>2855 SCHOENERSVILLE RD<br>ATTN CARRIE KANE<br>BETHLEHEM, PA 18017<br>(610) 776-3302 |
| 10/12/2001    | ST. LUKE'S ENROLLMENT CENTER/SLPHO<br>801 OSTRUM ST<br>BETHLEHEM, PA 18015<br>(484) 526-4132                              |
| 10/18/2001    | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396                               |
| 12/05/2001    | UNITED HEALTHCARE OF CALIFORNIA<br>180 E. OCEAN BOULEVARD<br>SUITE 500<br>LONG BEACH, CA 90802<br>56295 167-16            |

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| <u>Date Released</u> | <u>Entity Name</u>                                                                                          |
|----------------------|-------------------------------------------------------------------------------------------------------------|
| 01/29/2002           | OXFORD HEALTH PLANS, INC.<br>48 MONROE TPKE<br>TRUMBULL, CT 06611<br>(203) 459-7110                         |
| 02/05/2002           | HEALTHNET OF THE NORTHEAST, INC.<br>ONE FAR MILL CROSSING<br>SHELTON, CT 06484<br>20322 588-08              |
| 02/07/2002           | HEALTHNET OF THE NORTHEAST, INC.<br>ONE FAR MILL CROSSING<br>SHELTON, CT 06484<br>20322 588-08              |
| 03/01/2002           | AMERIHEALTH CARITAS<br>200 STEVENS DR STOP 3<br>PHILADELPHIA, PA 19113<br>(267) 298-5723                    |
| 04/24/2002           | ST. LUKE'S ENROLLMENT CENTER/SLPHO<br>801 OSTRUM ST<br>BETHLEHEM, PA 18015<br>(484) 526-4132                |
| 05/07/2002           | LEHIGH VALLEY HOSPITAL<br>707 HAMILTON ST # 9<br>ONE CITY CENTER -<br>ALLENTOWN, PA 18101<br>(484) 862-3223 |
| 05/07/2002           | LEHIGH VALLEY HOSPITAL - MUHLENBERG<br>2545 SCHOENERSVILLE ROAD<br>BETHLEHEM, PA 18017<br>(610) 402-8980    |

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| Date Released | Entity Name                                                                                                                        |
|---------------|------------------------------------------------------------------------------------------------------------------------------------|
| 05/22/2002    | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 07/15/2002    | GOOD SHEPHERD REHABILITATION HOSPITAL-BE<br>2855 SCHOENERSVILLE ROAD<br>BETHLEHEM, PA 18017<br>61077 633-40                        |
| 07/31/2002    | HIGHMARK INC.<br>1800 CENTER ST<br>CAMP HILL, PA 17011<br>(717) 888-2049                                                           |
| 08/13/2002    | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 04/17/2003    | GOOD SHEPHERD REHABILITATION HOSPITAL-BE<br>2855 SCHOENERSVILLE ROAD<br>BETHLEHEM, PA 18017<br>61077 633-40                        |
| 04/17/2003    | THE GOOD SHEPHERD HOME - BETHLEHEM<br>2855 SCHOENERSVILLE RD<br>ATTN CARRIE KANE<br>BETHLEHEM, PA 18017<br>(610) 776-3302          |

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| Date Released | Entity Name                                                                                                 |
|---------------|-------------------------------------------------------------------------------------------------------------|
| 06/16/2003    | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396                 |
| 10/30/2003    | CAPITAL BLUECROSS<br>2500 ELMERTON AVE<br>HARRISBURG, PA 17177<br>(717) 703-8392                            |
| 02/02/2004    | ST. LUKE'S CORNWALL HOSPITAL<br>70 DUBOIS ST<br>NEWBURGH, NY 12550<br>(845) 568-2345                        |
| 02/10/2004    | LEHIGH VALLEY HOSPITAL<br>707 HAMILTON ST # 9<br>ONE CITY CENTER -<br>ALLENTOWN, PA 18101<br>(484) 862-3223 |
| 02/12/2004    | LEHIGH VALLEY HOSPITAL - MUHLENBERG<br>2545 SCHOENERSVILLE ROAD<br>BETHLEHEM, PA 18017<br>(610) 402-8980    |
| 03/11/2004    | PENINSULA HOSPITAL CENTER<br>51-15 BEACH CHANNEL DRIVE<br>FAR ROCKAWAY, NY 11691<br>(718) 734-2511          |
| 03/25/2004    | MVP HEALTH PLAN<br>625 STATE ST<br>SCHENECTADY, NY 12305<br>(518) 386-7207                                  |

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| Date Released | Entity Name                                                                                                                                           |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 04/01/2004    | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396                                                           |
| 04/21/2004    | GHI HMO SELECT<br>PO BOX 4332<br>KINGSTON, NY 12402<br>(845) 340-2250                                                                                 |
| 04/21/2004    | CIGNA HEALTHCARE OF NEW JERSEY AND NY<br>499 WASHINGTON BLVD<br>5TH FLOOR<br>JERSEY CITY, NJ 07310<br>(201) 533-4913                                  |
| 04/21/2004    | GHI HMO SELECT<br>PO BOX 4332<br>KINGSTON, NY 12402<br>(845) 340-2250                                                                                 |
| 04/28/2004    | HUDSON MANAGEMENT SERVICES ORGANIZATION<br>NETWORK MANAGEMENT DEPARTMENT<br>580 WHITE PLAINS ROAD, 4TH FLOOR<br>TARRYTOWN, NY 10591<br>(914) 366-4472 |
| 05/19/2004    | BEECH STREET CORPORATION<br>6116 SHALLOWFORD RD STE 109B<br>CHATTANOOGA, TN 37421<br>(423) 553-6512                                                   |
| 08/16/2004    | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES<br>151 FARMINGTON AVENUE<br>HARTFORD, CT 06156<br>(860) 273-5403                                      |

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|               |                                                                                                                                    |
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| Date Released | Entity Name                                                                                                                        |
| 09/08/2004    | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |

|               |                                                                                     |
|---------------|-------------------------------------------------------------------------------------|
| Date Released | Entity Name                                                                         |
| 11/10/2004    | OXFORD HEALTH PLANS, INC.<br>48 MONROE TPKE<br>TRUMBULL, CT 06611<br>(203) 459-7110 |

|               |                                                                                        |
|---------------|----------------------------------------------------------------------------------------|
| Date Released | Entity Name                                                                            |
| 12/16/2004    | UNITED THERAPIES<br>10600 W HIGGINS RD STE 301<br>ROSEMONT, IL 60018<br>(847) 544-5938 |

|               |                                                                                        |
|---------------|----------------------------------------------------------------------------------------|
| Date Released | Entity Name                                                                            |
| 12/16/2004    | UNITED THERAPIES<br>10600 W HIGGINS RD STE 301<br>ROSEMONT, IL 60018<br>(847) 544-5938 |

|               |                                                                                        |
|---------------|----------------------------------------------------------------------------------------|
| Date Released | Entity Name                                                                            |
| 01/10/2005    | UNITED HEALTHCARE<br>2 PENN PLAZA<br>7TH FLOOR<br>NEW YORK, NY 10121<br>(212) 216-6400 |

|               |                                                                                     |
|---------------|-------------------------------------------------------------------------------------|
| Date Released | Entity Name                                                                         |
| 03/07/2005    | OXFORD HEALTH PLANS, INC.<br>48 MONROE TPKE<br>TRUMBULL, CT 06611<br>(203) 459-7110 |

|               |                                                                                           |
|---------------|-------------------------------------------------------------------------------------------|
| Date Released | Entity Name                                                                               |
| 03/24/2005    | ORANGE REGIONAL MEDICAL CENTER<br>707 E MAIN ST<br>MIDDLETOWN, NY 10940<br>(845) 333-1107 |

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| <u>Date Released</u> | <u>Entity Name</u>                                                                                                                 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 04/14/2005           | ST. LUKE'S QUAKERTOWN HOSPITAL<br>1021 PARK AVE<br>C/O MARIA BASSERT<br>QUAKERTOWN, PA 18951<br>(484) 526-4669                     |
| 04/14/2005           | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 04/28/2005           | HEALTH NET FEDERAL SERVICES<br>2107 WILSON BLVD STE 900<br>ARLINGTON, VA 22201<br>(415) 460-8195                                   |
| 03/03/2006           | ST. LUKE'S CORNWALL HOSPITAL<br>70 DUBOIS ST<br>NEWBURGH, NY 12550<br>(845) 568-2345                                               |
| 05/31/2006           | EMPIRE BLUECROSS BLUESHIELD<br>15 METROTECH CENTER<br>BROOKLYN, NY 11201<br>(718) 312-5059                                         |
| 06/07/2006           | ST. LUKE'S CORNWALL HOSPITAL<br>70 DUBOIS ST<br>NEWBURGH, NY 12550<br>(845) 568-2345                                               |
| 07/10/2006           | UNITEDHEALTHCARE<br>9200 WORTHINGTON RD<br>WESTERVILLE, OH 43082<br>(614) 410-7008                                                 |

| <u>Date Released</u> | <u>Entity Name</u>                                                                                                                 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 07/18/2006           | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 07/31/2006           | ST. LUKE'S ENROLLMENT CENTER/SLPHO<br>801 OSTRUM ST<br>BETHLEHEM, PA 18015<br>(484) 526-4132                                       |
| 08/11/2006           | HIGHMARK INC.<br>1800 CENTER ST<br>CAMP HILL, PA 17011<br>(717) 888-2049                                                           |
| 08/24/2006           | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396                                        |
| 09/13/2006           | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396                                        |
| 12/01/2006           | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES<br>151 FARMINGTON AVENUE<br>HARTFORD, CT 06156<br>(860) 273-5403                   |
| 02/01/2007           | CAPITAL BLUECROSS<br>2500 ELMERTON AVE<br>HARRISBURG, PA 17177<br>(717) 703-8392                                                   |

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| Date Released | Entity Name                                                                                                   |
|---------------|---------------------------------------------------------------------------------------------------------------|
| 03/12/2007    | GATEWAY HEALTH PLAN<br>US STEEL TOWER, FLOOR 41<br>600 GRANT STREET<br>PITTSBURGH, PA 15219<br>(412) 918-7825 |
| 04/18/2007    | GROUP HEALTH INC<br>55 WATER STREET<br>CREDENTIALING, 6TH FLOOR<br>NEW YORK, NY 10001<br>(646) 447-6572       |
| 04/23/2007    | CIGNA HEALTHCARE OF NEW HAMPSHIRE<br>2 COLLEGE PARK DR<br>HOOKSETT, NH 03106<br>(603) 268-7440                |
| 05/07/2007    | UNITEDHEALTHCARE<br>9200 WORTHINGTON RD<br>WESTERVILLE, OH 43082<br>(614) 410-7008                            |
| 12/27/2007    | PRIVATE HEALTH CARE SYSTEMS<br>1100 WINTER ST<br>WALTHAM, MA 02451<br>(781) 895-5847                          |
| 04/18/2008    | TOWER HEALTH PPO<br>PO BOX 13579<br>READING, PA 19612<br>(267) 981-6519                                       |
| 04/22/2008    | TOWER HEALTH PPO<br>PO BOX 13579<br>READING, PA 19612<br>(267) 981-6519                                       |

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| Date Released | Entity Name                                                                                                                        |
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| 07/26/2008    | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 03/04/2009    | HIGHMARK INC.<br>1800 CENTER ST<br>CAMP HILL, PA 17011<br>(717) 888-2049                                                           |
| 04/17/2009    | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396                                        |
| 04/30/2009    | CAPITAL BLUECROSS<br>2500 ELMERTON AVE<br>HARRISBURG, PA 17177<br>(717) 703-8392                                                   |
| 05/04/2009    | HEALTHAMERICA OF PA, INC.<br>3721 TECPORT DRIVE<br>HARRISBURG, PA 17111<br>(717) 526-2749                                          |
| 05/19/2009    | ST. LUKE'S ENROLLMENT CENTER/SLPHO<br>801 OSTRUM ST<br>BETHLEHEM, PA 18015<br>(484) 526-4132                                       |
| 05/29/2009    | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES<br>151 FARMINGTON AVENUE<br>HARTFORD, CT 06156<br>(860) 273-5403                   |

| <u>Date Released</u> | <u>Entity Name</u>                                                                                                                 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 12/10/2009           | CIGNA HEALTHCARE OF NEW HAMPSHIRE<br>2 COLLEGE PARK DR<br>HOOKSETT, NH 03106<br>(603) 268-7440                                     |
| 02/22/2010           | GATEWAY HEALTH PLAN<br>444 LIBERTY AVE STE 2100<br>PITTSBURGH, PA 15222<br>(412) 255-4162                                          |
| 07/27/2010           | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 12/06/2010           | GATEWAY HEALTH PLAN<br>444 LIBERTY AVE STE 2100<br>PITTSBURGH, PA 15222<br>(412) 255-4162                                          |
| 03/17/2011           | TOWER HEALTH PPO<br>PO BOX 13579<br>READING, PA 19612<br>(267) 981-6519                                                            |
| 05/18/2011           | UNITEDHEALTHCARE<br>9200 WORTHINGTON RD<br>WESTERVILLE, OH 43082<br>(614) 410-7008                                                 |
| 06/08/2011           | PRIVATE HEALTH CARE SYSTEMS<br>1100 WINTER ST<br>WALTHAM, MA 02451<br>(781) 895-5847                                               |

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|---------------|------------------------------------------------------------------------------------------------------------------------------------|
| 08/09/2011    | HIGHMARK BLUE CROSS BLUE SHIELD<br>19 NORTH MAIN ST OP-8<br>WILKES-BARRE, PA 18711<br>(717) 888-2049                               |
| 10/01/2011    | ST. LUKE'S RIVERSIDE HOSPITAL<br>1872 ST LUKES BLVD<br>EASTON, PA 18045<br>(484) 526-4721                                          |
| 11/01/2011    | CAPITAL BLUECROSS<br>2500 ELMERTON AVE<br>HARRISBURG, PA 17177<br>(717) 703-8392                                                   |
| 11/02/2011    | HIGHMARK INC.<br>1800 CENTER ST<br>CAMP HILL, PA 17011<br>(717) 888-2049                                                           |
| 11/09/2011    | HIGHMARK INC.<br>1800 CENTER ST<br>CAMP HILL, PA 17011<br>(717) 888-2049                                                           |
| 12/30/2011    | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 01/18/2012    | HEALTHAMERICA OF PA, INC.<br>3721 TECPORT DRIVE<br>HARRISBURG, PA 17111<br>(717) 526-2749                                          |

| <u>Date Released</u> | <u>Entity Name</u>                                                                                               |
|----------------------|------------------------------------------------------------------------------------------------------------------|
| 01/30/2012           | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396                      |
| 03/09/2012           | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES<br>151 FARMINGTON AVENUE<br>HARTFORD, CT 06156<br>(860) 273-5403 |
| 07/24/2012           | ST. LUKE'S ENROLLMENT CENTER/SLPHO<br>801 OSTRUM ST<br>BETHLEHEM, PA 18015<br>(484) 526-4132                     |
| 08/03/2012           | ST. LUKE'S RIVERSIDE HOSPITAL<br>1872 ST LUKES BLVD<br>EASTON, PA 18045<br>(484) 526-4721                        |
| 12/10/2012           | UNIVERSAL HEALTH CARE, INC.<br>100 CENTRAL AVENUE<br>SUITE 200<br>ST PETERSBURG, FL 33701<br>(727) 456-6519      |
| 01/10/2013           | GATEWAY HEALTH PLAN<br>444 LIBERTY AVE STE 2100<br>PITTSBURGH, PA 15222<br>(412) 255-4162                        |
| 11/07/2013           | DEVON HEALTH SERVICES<br>1100 1ST AVE STE 100<br>KING OF PRUSSIA, PA 19406<br>(610) 755-4955                     |

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 PUCCIO, STEVEN

| <u>Date Released</u> | <u>Entity Name</u>                                                                                                                 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 02/12/2014           | UNITEDHEALTHCARE<br>9200 WORTHINGTON RD<br>WESTERVILLE, OH 43082<br>(614) 410-7008                                                 |
| 03/28/2014           | PRIVATE HEALTH CARE SYSTEMS<br>1100 WINTER ST<br>WALTHAM, MA 02451<br>(781) 895-5847                                               |
| 04/03/2014           | TOWER HEALTH PPO<br>PO BOX 13579<br>READING, PA 19612<br>(267) 981-6519                                                            |
| 07/01/2014           | HIGHMARK INC.<br>1800 CENTER ST<br>CAMP HILL, PA 17011<br>(717) 888-2049                                                           |
| 07/16/2014           | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 07/28/2014           | HIGHMARK BLUE CROSS BLUE SHIELD<br>19 NORTH MAIN ST OP-8<br>WILKES-BARRE, PA 18711<br>(717) 888-2049                               |
| 08/01/2014           | ST. LUKE'S RIVERSIDE HOSPITAL<br>1872 ST LUKES BLVD<br>EASTON, PA 18045<br>(484) 526-4721                                          |

| <u>Date Released</u> | <u>Entity Name</u>                                                                                                                 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 09/23/2014           | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES<br>151 FARMINGTON AVENUE<br>HARTFORD, CT 06156<br>(860) 273-5403                   |
| 09/24/2014           | HEALTH PARTNERS PLANS<br>901 MARKET ST STE 500<br>PHILADELPHIA, PA 19107<br>(267) 385-3829                                         |
| 10/02/2014           | CAPITAL BLUECROSS<br>2500 ELMERTON AVE<br>HARRISBURG, PA 17177<br>(717) 703-8392                                                   |
| 11/12/2014           | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396                                        |
| 08/18/2015           | ST. LUKE'S ENROLLMENT CENTER/SLPHO<br>801 OSTRUM ST<br>BETHLEHEM, PA 18015<br>(484) 526-4132                                       |
| 12/17/2015           | ST. LUKE'S HOSPITAL<br>77 S COMMERCE WAY<br>C/O MARIA BASSERT/CENTRAL VERIFICATION OFFICE<br>BETHLEHEM, PA 18017<br>(610) 954-4669 |
| 12/17/2015           | ST. LUKE'S QUAKERTOWN HOSPITAL<br>1021 PARK AVE<br>C/O MARIA BASSERT<br>QUAKERTOWN, PA 18951<br>(484) 526-4669                     |

| <u>Date Released</u> | <u>Entity Name</u>                                                                                            |
|----------------------|---------------------------------------------------------------------------------------------------------------|
| 12/17/2015           | ST. LUKE'S RIVERSIDE HOSPITAL<br>1872 ST LUKES BLVD<br>EASTON, PA 18045<br>(484) 526-4721                     |
| 06/03/2016           | MEDICAL REVIEW INSTITUTE, INC<br>2875 DECKER LAKE DR STE 300<br>SALT LAKE CITY, UT 84119<br>1800 654-2422     |
| 06/09/2016           | SALUS TELEHEALTH, INC.<br>211 PENDLETON ST<br>WAYCROSS, GA 31501<br>(912) 490-1040                            |
| 08/09/2016           | CENTENE CORPORATION<br>7700 FORSYTH BLVD # 4<br>FLOOR / BUILDING A<br>SAINT LOUIS, MO 63105<br>(314) 445-0371 |
| 03/31/2017           | PA STATE BOARD OF MEDICINE<br>2601 N 3RD ST<br>HARRISBURG, PA 17110<br>(717) 787-7768                         |
| 05/24/2017           | SELF-QUERIER                                                                                                  |
| 07/16/2017           | SELF-QUERIER                                                                                                  |
| 07/25/2017           | PREMIER ORTHOPEDIC SURGICENTER LLC<br>2405 OSLER CT STE 100<br>ALBANY, GA 31707<br>(229) 317-2346             |

| Date Released | Entity Name                                                                                         |
|---------------|-----------------------------------------------------------------------------------------------------|
| 09/07/2017    | STEWART EASTON HOSPITAL, INC.<br>250 S 21ST ST<br>EASTON, PA 18042<br>(610) 250-4676                |
| 01/11/2018    | SELF-QUERIER                                                                                        |
| 02/02/2018    | BEECH STREET CORPORATION<br>6116 SHALLOWFORD RD STE 109B<br>CHATTANOOGA, TN 37421<br>(423) 553-6512 |
| 02/06/2018    | UNITEDHEALTHCARE NATIONAL CREDENTIALING<br>5900 PARKWOOD PL<br>DUBLIN, OH 43016<br>(614) 698-5927   |
| 02/15/2018    | GATEWAY HEALTH PLAN<br>444 LIBERTY AVE STE 2100<br>PITTSBURGH, PA 15222<br>(412) 255-4162           |
| 02/16/2018    | HIGHMARK INC.<br>1800 CENTER ST<br>CAMP HILL, PA 17011<br>(717) 888-2049                            |
| 02/16/2018    | INDEPENDENCE BLUE CROSS<br>1901 MARKET ST STE 3<br>PHILADELPHIA, PA 19103<br>(215) 587-1396         |

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 PUCCIO, STEVEN

| Date Released | Entity Name                                                                                                      |
|---------------|------------------------------------------------------------------------------------------------------------------|
| 02/18/2018    | HEALTH PARTNERS PLANS<br>901 MARKET ST STE 500<br>PHILADELPHIA, PA 19107<br>(267) 385-3829                       |
| 02/19/2018    | GEISINGER HEALTH PLAN<br>100 N ACADEMY AVE<br>DANVILLE, PA 17822<br>(570) 271-7401                               |
| 03/09/2018    | CIGNA HEALTHCARE OF NEW HAMPSHIRE<br>2 COLLEGE PARK DR<br>HOOKSETT, NH 03106<br>(603) 268-7440                   |
| 03/16/2018    | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES<br>151 FARMINGTON AVENUE<br>HARTFORD, CT 06156<br>(860) 273-5403 |
| 03/16/2018    | CAPITAL BLUECROSS<br>2500 ELMERTON AVE<br>HARRISBURG, PA 17177<br>(717) 703-8392                                 |
| 03/19/2018    | AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES<br>151 FARMINGTON AVENUE<br>HARTFORD, CT 06156<br>(860) 273-5403 |
| 03/19/2018    | HEALTH PARTNERS PLANS<br>901 MARKET ST STE 500<br>PHILADELPHIA, PA 19107<br>(267) 385-3829                       |

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 PUCCIO, STEVEN

| <u>Date Released</u> | <u>Entity Name</u>                                                                                                |
|----------------------|-------------------------------------------------------------------------------------------------------------------|
| 03/20/2018           | AMERIHEALTH CARITAS<br>200 STEVENS DR STOP 3<br>PHILADELPHIA, PA 19113<br>(267) 298-5723                          |
| 04/09/2018           | HUMANA HEALTH PLANS INC<br>101 E MAIN ST<br>LOUISVILLE, KY 40202<br>(513) 826-7169                                |
| 04/17/2018           | UPMC HEALTH PLAN<br>600 GRANT ST<br>US STEEL TOWER 41ST FL<br>PITTSBURGH, PA 15219<br>(412) 454-8535              |
| 04/26/2018           | SELF-QUERIER                                                                                                      |
| 06/09/2018           | HUMANA GOVERNMENT BUSINESS<br>PO BOX 740062<br>500 W MAIN STREET #515-4<br>LOUISVILLE, KY 40201<br>(502) 318-0803 |
| 07/03/2018           | HUMANA GOVERNMENT BUSINESS<br>PO BOX 740062<br>500 W MAIN STREET #515-4<br>LOUISVILLE, KY 40201<br>(502) 318-0803 |
| 01/17/2019           | SIGNIFY HEALTH<br>4055 VALLEY VIEW LN STE 400<br>DALLAS, TX 75244<br>(469) 466-7421                               |

| <u>Date Released</u> | <u>Entity Name</u>                                                                                                |
|----------------------|-------------------------------------------------------------------------------------------------------------------|
| 03/04/2019           | LEHIGH VALLEY HOSPITAL<br>707 HAMILTON ST # 9<br>ONE CITY CENTER -<br>ALLENTOWN, PA 18101<br>(484) 862-3223       |
| 03/21/2019           | LEHIGH VALLEY HOSPITAL<br>707 HAMILTON ST # 9<br>ONE CITY CENTER -<br>ALLENTOWN, PA 18101<br>(484) 862-3223       |
| 04/08/2019           | HUMANA HEALTH PLANS INC<br>101 E MAIN ST<br>LOUISVILLE, KY 40202<br>(513) 826-7169                                |
| 05/31/2019           | HAZLETON SURGERY CENTER<br>50 MOISEY DR STE 100<br>HAZLE TOWNSHIP, PA 18202<br>(570) 501-6500                     |
| 06/17/2019           | BEECH STREET CORPORATION<br>6116 SHALLOWFORD RD STE 109B<br>CHATTANOOGA, TN 37421<br>(423) 553-6512               |
| 07/24/2019           | UNITEDHEALTHCARE NATIONAL CREDENTIALING<br>5900 PARKWOOD PL<br>DUBLIN, OH 43016<br>(614) 698-5927                 |
| 08/21/2019           | HUMANA GOVERNMENT BUSINESS<br>PO BOX 740062<br>500 W MAIN STREET #515-4<br>LOUISVILLE, KY 40201<br>(502) 318-0803 |

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PUCCIO, STEVEN

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| <u>Date Released</u> | <u>Entity Name</u>                                                                       |
|----------------------|------------------------------------------------------------------------------------------|
| 10/04/2019           | AMERIHEALTH CARITAS<br>200 STEVENS DR STOP 3<br>PHILADELPHIA, PA 19113<br>(267) 298-5723 |
| 12/17/2019           | EMBLEMHEALTH<br>55 WATER ST<br>NEW YORK, NY 10041<br>(646) 447-6572                      |
| 03/26/2020           | SELF-QUERIER                                                                             |

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CONFIDENTIAL AND EXEMPT MATERIALS

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456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
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regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.



388/639  
 1: 1 PUCCIO, STEVEN  
 2: 3981 HUNSICKER DR  
 WALNUTPORT, PA 18088-9124



10032046, 2/000397-1/1-0

| DEA REGISTRATION NUMBER                                         | THIS REGISTRATION EXPIRES | FEE PAID   |
|-----------------------------------------------------------------|---------------------------|------------|
| FP7275010                                                       | 03-31-2021                | \$731      |
| SCHEDULES                                                       | BUSINESS ACTIVITY         | ISSUE DATE |
| 2,2N,<br>3,3N,4,5                                               | PRACTITIONER              | 12-29-2017 |
| PUCCIO, STEVEN<br>50 MOISEY DR<br>HAZLE TOWNSHIP, PA 18202-9297 |                           |            |

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID   |
|-------------------------|---------------------------|------------|
| FP7275010               | 03-31-2021                | \$731      |
| SCHEDULES               | BUSINESS ACTIVITY         | ISSUE DATE |
| 2,2N,<br>3,3N,4,5       | PRACTITIONER              | 12-29-2017 |

PUCCIO, STEVEN  
 50 MOISEY DR  
 HAZLE TOWNSHIP, PA 18202-9297

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223 (9/2016)

**CURRICULUM VITAE**  
**Steven T. Puccio, D.O.**

Home:  
3981 Hunsicker Dr.  
Walnutport, PA 18088  
(610) 297-0657

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**Biographical Data:**

Date of Birth: 9/24/1964  
Child: Aydan  
Wife: Caitlin

**Education:**

|                                                                                                    |                 |
|----------------------------------------------------------------------------------------------------|-----------------|
| Philadelphia College of Pharmacy & Science<br>Philadelphia, PA<br>B.S. Pharmacy Degree             | 6/1982 – 7/1987 |
| Philadelphia College of Osteopathic Medicine<br>Philadelphia, PA<br>Doctor of Osteopathic Medicine | 6/1987 – 7/1991 |

**Internship, Residency, & Fellowship:**

|                                                                                                              |                 |
|--------------------------------------------------------------------------------------------------------------|-----------------|
| Hospital of Philadelphia College of Osteopathic Medicine<br>Philadelphia, PA<br>Rotating Internship          | 6/1991 – 7/1992 |
| Peninsula Hospital Center<br>Far Rockaway, NY<br>Orthopedic Surgery Residency                                | 6/1992 – 7/1997 |
| New England Baptist Hospital / Bone and Joint Institute<br>Boston, MA<br>Orthopedic Spine Surgery Fellowship | 6/1997 – 7/1998 |

**Professional Experience:**

|                                                                                      |                  |
|--------------------------------------------------------------------------------------|------------------|
| Lehigh Valley Health Network – Hazleton<br>50 Moisey Drive<br>Hazleton, PA 18202     | 6/2019 – Present |
| Easton Orthopaedic Specialists<br>1800 Sullivan Trail, Suite 350<br>Easton, PA 18040 | 1/2018 – 5/2019  |
| STAR Buick GMC.<br>260 Country Club Road<br>Easton, PA 18045                         | 5/2016 – 11/2017 |

|                                                        |                 |
|--------------------------------------------------------|-----------------|
| St. Luke's Orthopaedic Specialists<br>Bethlehem, PA    | 4/2006 – 4/2016 |
| Orthopedics & Sports Medicine, P.C.<br>New Windsor, NY | 4/2004 – 4/2006 |
| St. Luke's / Cornwall Hospital<br>Newburgh, NY         | 4/2004 – 4/2006 |

**Professional Experience (Hospital Affiliations):**

|                                                           |                  |
|-----------------------------------------------------------|------------------|
| Lehigh Valley Hospital and Health Network<br>Hazleton, PA | 7/2019 - present |
| Easton Hospital<br>Easton, PA                             | 1/2018-4/2019    |
| Lehigh Valley Hospital – Muhlenberg<br>Bethlehem, PA      | 9/1998 – 2/2004  |
| St. Luke's Hospital<br>Bethlehem, PA                      | 9/1998 – 4/2016  |
| Sports Medicine North<br>Lynnfield, MA                    | 7/2000 – 7/2001  |
| St. Luke's Regional Trauma Center<br>Bethlehem, PA        | 1/2000 – 7/2000  |
| Coordinated Health Systems<br>Bethlehem, PA               | 9/1998 – 12/1999 |

**Certification & Licensure:**

|                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Pennsylvania License                                                                                                                                                                                                                                                                                                                                                                                                                          | OS-007746L (1991) |
| DEA                                                                                                                                                                                                                                                                                                                                                                                                                                           | FP 525XXXX        |
| Osteopathic Boards<br>NBOME Part 1-3                                                                                                                                                                                                                                                                                                                                                                                                          | 1989 – 1992       |
| Osteopathic Orthopaedic Board Certification<br>AOBOS – Certificate# 1456<br>Completed Written & Oral Boards 1997<br>Completed Practical Boards 2003<br>Recertification Oral Boards, October 2008, 2009<br>Recertification Practical Boards, February 2007<br>Advanced Cardiac Life Support (ACLS) 2008<br>Basic Life Support 2019<br>American Osteopathic Board of Orthopaedic Surgery Board Certification<br>July 2003/ Recertification 2013 |                   |

**Professional Memberships:**

North American Spine Society  
American Osteopathic Association  
American Academy of Orthopedic Surgeons  
American Osteopathic Academy of Orthopedics

**Professional Appointments:**

|                                                                                                                       |                |
|-----------------------------------------------------------------------------------------------------------------------|----------------|
| NASS Member Feedback Committee                                                                                        | 2019-present   |
| Nominating Committee NASS                                                                                             | 2018-2021      |
| Orthopaedic Surgeon, Department of Orthopaedic Surgery, Lehigh Valley Hospital, Hazleton, PA 18201                    |                |
| Orthopaedic Surgeon, Department of Orthopaedic Surgery, Easton Hospital Easton, PA 18040                              | 1/2018-4/2019  |
| Section Chief, Spinal Surgery, Department of Orthopaedic Surgery, St. Luke's University Hospital, Bethlehem, PA 18015 | 5/2012-4/2016  |
| Team Physician Northampton Area School District Northampton, PA 18067                                                 | 5/2012-4/2016  |
| Assistant Team Physician, Lehigh Valley Steelhawks Arena Football Team, Bethlehem, PA                                 | 2011-2015      |
| Clinical Assistant Professor (Adjunct), Department of Orthopaedic Surgery, Temple University School of Medicine       | 10/2010-4/2016 |
| Part II Oral Board Examiner, American Osteopathic Board of Orthopaedic Surgery                                        | 2005 – present |
| Part III Clinical Board Examiner, American Osteopathic Board of Orthopaedic Surgery                                   | 2005 – present |
| Advisory Board, Baxter Pharmaceuticals                                                                                | 10/2010-3/2015 |

### **Hospital Committees:**

|                                                                                       |                |
|---------------------------------------------------------------------------------------|----------------|
| Perioperative Committee -LVHN                                                         | 7/2019-present |
| St. Luke's Hospital Operating Room Materials Management Committee for Resterilization | 7/2009 - 2016  |
| St. Luke's Hospital Patient Satisfaction Committee                                    | 8/2008 - 2016  |
| St. Luke's Hospital Committee for Blood Management                                    | 5/2008 - 2016  |

### **Recognitions:**

|                                                                                                              |                 |
|--------------------------------------------------------------------------------------------------------------|-----------------|
| Chief Resident<br>Orthopedic Surgery Resident<br>Peninsula Hospital Center, NY                               | 7/1996 – 8/1997 |
| Clinical Instructor<br>Department of Orthopaedic Traumatology<br>St. Luke's Hospital, Bethlehem, PA          | 9/1998 – 4/2016 |
| Clinical Instructor<br>Department of Orthopedic Surgery<br>Tufts University School of Medicine<br>Boston, MA | 8/1997 – 9/1998 |

### **Clinical Board Examiner:**

|                                                         |               |
|---------------------------------------------------------|---------------|
| Administration of Oral Board Exam (Part II)             | 10/19/2011    |
| Administration of Part III Clinical Boards (Maine)      | 7/8-7/10/2011 |
| Administration of Part III Clinical Boards (Maryland)   | 1/22-23/2012  |
| Administration of Part III Clinical Boards (Pittsburgh) | 8/6-8/7/2014  |
| Administration of Part III Clinical Boards (Texas)      | 8/6-8/9/2015  |
| Administration of Part III Clinical Boards (Ohio)       | 8/16-17/2018  |
| Administration of Part III Clinical Boards (Florida)    | 9/27-28/2018  |
| Administration of Part III Clinical Boards (Georgia)    | 3/12-13/2020  |

### **Radio:**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Sports Medicine Roundup Discussions (Radio – 1320 ESPN)<br>(Discussion focuses on current sports news with an emphasis on current sports injuries, particularly among professional athletes. Some discussion on physician's various areas of expertise, as well.)<br>ESPN Radio Broadcasts<br>The format of the show is that sports topics in the news that week are discussed including sports injury news relating to athletes and teams: the show covers multiple topics and is not focused on just one topic (examples: running injuries, anterior hip approach, Tommy John Surgery, back surgery, concussions) | 5/31/2014<br>2/22/2014<br>7/27/2013<br>8/30/2014, 11/1/2014, 12/13/2014, 3/28/2015, 5/30/2015, 6/27/2015 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**TV: (Televised on 69 News WFMZ):**

Community Talk: "Back Pain"  
St. Luke's Allentown Campus 5/27/2015  
St. Luke's Bethlehem Campus 9/25/2014

Community Talk: "Suffering from Unresolved Lower Back  
Pain" – St. Luke's University Hospital Miners Campus  
Tamaqua, PA 6/11/2014

Community Talk: "Suffering from Unresolved Lower Back  
Pain" – St. Luke's University Hospital Allentown Campus  
Allentown, PA 4/23/2014

Talk with Your Doctor: "Back Pain"  
WFMZ Channel 69, Allentown, PA 3/04/2013

Talk with Your Doctor: "Back Health"  
WFMZ Channel 69, Allentown, PA 3/17/2014

Talk with Your Doctor: "Second Opinions"  
WFMZ Channel 69, Allentown, PA 2/16/2015

Talk with Your Doctor: "Neck & Back Pain"  
WFMZ Channel 69, Allentown, PA 10/05/2015

**Community/Hospital Talks:**

Knee Screening Event – Lehigh Valley Health Network  
Health & Wellness Center, Hazleton, PA 7/2019

Community Talk SI Joint – St. Luke's University Hospital  
Allentown Campus, Allentown, PA Numerous

Community Talk SI Joint – St. Luke's University Hospital  
Allentown Campus, Allentown, PA 5/21/2013

Annual Contemporary Issues in Trauma Conference (one day)  
"Back Pain"  
Arts Quest/Steel Stacks, Bethlehem, PA 10/2012

Annual Didactic Lecture to the St. Luke's Orthopaedic  
Residents and Students on "Surgical Anatomy of the Spine"  
St. Luke's Hospital, Bethlehem, PA 2/28/2012

Dorsal Column Stimulators  
Orthopaedic Grand Rounds  
St. Luke's Hospital, Bethlehem, PA 4/6/2011

|                                                                                                                                             |           |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Regional Meeting – AO North America Nursing Continuing Education Orthopaedic Bio skills Workshop held at St. Luke’s Hospital, Bethlehem, PA | 5/22/2010 |
| Distal Tibial and Pilon Fractures<br>Orthopaedic Grand Rounds<br>St. Luke’s Hospital<br>Bethlehem, PA                                       | 5/2010    |
| Kyphoplasty in Compression Fractures<br>Orthopaedic Grand Rounds<br>St. Luke’s Hospital<br>Bethlehem, PA                                    | 4/2007    |
| Low Back Pain<br>St. Luke’s/Cornwall Hospital<br>Newburgh, NY                                                                               | 4/2004    |
| North American Spine Society<br>“Treatment of Lumbar Spinal Stenosis with Interspinous Spacer”<br>Montreal, Quebec, Canada                  | 10/2002   |
| Multiple Orthopedic Trauma<br>St. Luke’s Hospital<br>Bethlehem, PA                                                                          | 2/2000    |
| Spinal Stenosis in the Elderly Population<br>Sacred Heart Hospital<br>Allentown, PA                                                         | 4/1999    |
| Pediatric Spine Review<br>Peninsula Hospital Center<br>Rockaway, NY                                                                         | 7/1997    |

**Publications:**

|                                                                                                                                                                                   |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| A Prospective Randomized Multi-Center Study for the Treatment of Lumbar Spinal Stenosis with the X STOP Interspinous Implant: 1-Year Results                                      | 7/2004  |
| The Quality of Life of Lumbar Stenosis Patients Treated with the X STOP Interspinous Implant.<br>Journal of Neurosurgery                                                          | 7/2004  |
| A Multicenter, Prospective, Randomized Trial Evaluating the X STOP Interspinous Process Decompression System for the Treatment of Neurogenic Intermittent Claudication            | 7/2005  |
| Complete Avulsion Injury of the Adductor Longus in a Professional Athlete: Case Report of Successful Non-Operative Management<br>Outcomes of Percutaneous Sacroiliac Joint Fusion | 10/2018 |

**Attendance at Continue Medical Education Conferences (listing started April 2016):**

American Osteopathic Academy of Orthopaedics  
56<sup>th</sup> Annual Postgraduate Seminar  
April 6-8, 2016  
Phoenix, AZ

American Osteopathic Academy of Orthopaedics  
57<sup>th</sup> Annual Postgraduate Seminar  
October 12-14, 2017  
Chicago, IL

American Osteopathic Academy of Orthopaedics  
59<sup>th</sup> Annual Postgraduate Seminar  
October 18-20, 2018  
Atlanta, GA

American Osteopathic Academy of Orthopaedics  
59<sup>th</sup> Annual Spring Meeting  
Disney's Yacht and Beach Club Resorts  
Lake Buena Vista, FL

**Consultant:**

|                                           |           |
|-------------------------------------------|-----------|
| Baxter Pharmaceuticals – Floseal          | 2013-2015 |
| Camber Spine – Spinal Implant Evaluations | 2015-2018 |



# PHILADELPHIA · COLLEGE OF OSTEOPATHIC · MEDICINE

BE · IT · KNOWN · THAT

STEVEN · THOMAS · PUCCIO

HAVING · SATISFIED · THE · REQUIREMENTS · FOR · THE · DEGREE · OF  
DOCTOR · OF · OSTEOPATHY

HAS · ACCORDINGLY · BEEN · ADMITTED · TO · THAT · DEGREE · WITH · ALL · THE  
RIGHTS · PRIVILEGES · AND · RESPONSIBILITIES · THEREUNTO · APPERTAINING

IN · TESTIMONY · WHEREOF · THE · SEAL · OF · THE · COLLEGE · AND · THE · SIGNATURES  
AUTHORIZED · BY · THE · BOARD · OF · TRUSTEES · ARE · HEREUNTO · AFFIXED

SIGNED · THIS        · SECOND ·        DAY OF        · JUNE ·        ANNO · DOMINI  
ONE · THOUSAND · NINE · HUNDRED · AND · NINETY · ONE

*Richard H. Schubert, D.O.*  
CHAIRMAN OF THE BOARD AND PRESIDENT

*Daniel S. Wines, D.O.*  
DEAN

Philadelphia College of Osteopathic Medicine



*This is to certify that*

**Steven Thomas Murcia, D. O.**

*has faithfully and satisfactorily performed the duties of  
Intern*

*in the Hospital of Philadelphia College of Osteopathic Medicine  
from July 1, 1991 to June 30, 1992 the end of his term.*

*James H. Steigman, D.O.*  
President

*David T. Lewis, D.*  
Dean  
*Henry H. Vester*  
Assistant Dean of  
Graduate Medical Education

Philadelphia Pa. June 30, 1992.

# Peninsula Hospital Center

*this is to certify that*

Steven Thomas Puccio, D.O.

*has served in the capacity of*

Chief Orthopedic Resident

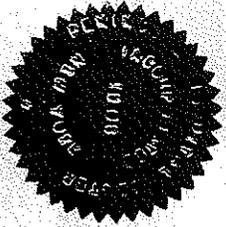
*for the period of*

July 1, 1996 - June 30, 1997

*and has performed his duties with distinction and credit.*

*In witness whereof, we have unto set our hands and  
affixed the seal of the Peninsula Hospital Center on the*

*thirtieth day of June 1997*



*Paul T. [Signature]*  
Director of Medical Education

*[Signature]*  
Chairman, Board of Directors

NEW ENGLAND BAPTIST  
Bone & Joint Institute

*The Faculty and Staff  
of the*

# New England Baptist Hospital

*and*

*Tyts University School of Medicine*

*hereby certify*

## Steven D. Puricchio, M.D.

*has successfully completed advanced studies in*

*Spine Surgery as an*

### New England Baptist Hospital Spine Fellow

*From August 1, 1997 to July 31, 1998*

*By agreement of the Department of Orthopedic Surgery, New England Baptist Hospital*

  
*Robert P. Breen*  
Chief of Orthopedic Surgery, New England Baptist Hospital



  
*Samuel M. Chaffin*  
Chairman, Department of Orthopedic Surgery, Tyts University School of Medicine



THE AMERICAN OSTEOPATHIC ASSOCIATION

upon recommendation  
of the

American Osteopathic Board of Orthopedic Surgery

certifies that

Steven T. Puccio, DO

demonstrates excellence through compliance with all requirements for  
Osteopathic Continuous Certification for certification in

Orthopedic Surgery

January 1, 2014 – December 31, 2023

American Osteopathic Association

*Adrienne W. Doherty*  
Chief Executive Officer

Certificate Number: 1456



American Osteopathic Board of Orthopedic Surgery

*Michael J. Puccio*  
Chair

*Elizabeth A. Puccio*  
Secretary



- [Kansas.gov \(http://www.kansas.gov\)](http://www.kansas.gov)
- [State Phone Directory \(http://www.da.ks.gov/phonebook/\)](http://www.da.ks.gov/phonebook/)
- [Online Services \(http://www.kansas.gov/services/\)](http://www.kansas.gov/services/)

## KSBHA Licensee & Registrant Profile Search

- [Home \(/ssrv-ksbhada/search.html\)](/ssrv-ksbhada/search.html)
- [KSBHA Web site \(http://www.ksbha.org\)](http://www.ksbha.org)
- [Contact Information \(/ssrv-ksbhada/contact.html\)](/ssrv-ksbhada/contact.html)
- [Help \(/ssrv-ksbhada/help.html\)](/ssrv-ksbhada/help.html)

### Detailed Search Results

#### Profile for Steven T. Puccio

##### Personal Information

**Profession:** Doctor of Osteopathy (DO)

##### Address:

Jeanine Shirley  
2203 Andrew St  
Dodge City, KS, 67801

##### Phone:

##### Fax:

##### Year of Birth:



- **School Name:** Philadelphia Coll Osteo Med
- **Degree Date:** 06/02/1991

##### License Information

- **License Number:** 05-25656
- **License Type:** Cancelled - Failure to Renew
- **License Status:** Previous
- **License Cancellation Date:** 06/30/1996
- **Original License Date:** 04/29/1995
- **Last Renewal Date:**
- **Date This Status:** 08/01/1996
- **Continuing Education Year:**
- **Temporary License Permit Number:**
- **Temporary License Permit Issue Date:**
- **Temporary License Permit Expiration Date:**

### Practice Specialty

Specialties and board certifications are for MDs and DOs only and are self-reported. Therefore, they are not independently verified by the Board of Healing Arts.

### Other KSBHA Licenses

None Reported

### KSBHA Actions

None Reported

### Health Care Facility Privilege Actions

None Reported

### Other Public License Actions, DEA Actions, Criminal Actions, or Miscellaneous Information

None Reported

### Statement from Licensee or Registrant

None Reported



Perform Another Search



Return to Search Results

License Profile last updated: April 18, 2020

- [Contact Information \(/ssrv-ksbhada/contact.html\)](/ssrv-ksbhada/contact.html)
- [Disclaimer \(/ssrv-ksbhada/disclaimer.html\)](/ssrv-ksbhada/disclaimer.html)
- [Feedback \(http://ksgovernment.feedbacksurvey.sgizmo.com/?website=KSBHA Licensee Search\)](http://ksgovernment.feedbacksurvey.sgizmo.com/?website=KSBHA Licensee Search)
- © 2012 [Kansas.gov \(http://www.kansas.gov\)](http://www.kansas.gov)
- [Portal Policies \(http://www.kansas.gov/portal-policies/\)](http://www.kansas.gov/portal-policies/)
- [Help Center \(http://www.kansas.gov/help-center/\)](http://www.kansas.gov/help-center/)
- [Contact Us \(http://www.kansas.gov/help-center/contact-us\)](http://www.kansas.gov/help-center/contact-us)
- [About Us \(http://www.kansas.gov/about/\)](http://www.kansas.gov/about/)
- [Site Map \(http://www.kansas.gov/sitemap/\)](http://www.kansas.gov/sitemap/)



# Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330  
Wakefield, Massachusetts 01880  
(781) 876-8200

[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)

Enforcement Division Fax: (781) 876-8381  
Legal Division Fax: (781) 876-8380  
Licensing Division Fax: (781) 876-8383

MEDICINE BOARD

CAROL APPROPUS SLOANE, MD  
2020 APR 14 AM 9:06  
Chair, Physician Member

GEORGE ABRAHAM, MD  
Vice Chair, Physician Member

JULIAN N. ROBINSON, MD  
Secretary, Physician Member

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Public Member

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Executive Director

4/7/2020

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary  
Health and Human Services

MONICA BHAREL, MD, MPH  
Commissioner  
Department of Public Health

To Whom It May Concern:

This certifies that Steven T Puccio, D.O., a 1991 graduate of Philadelphia College of Osteopathic Medicine, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 150888 was issued to Dr. Puccio on 06/18/1997. The license status is: Lapsed. The lapsed date is 9/24/2006.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

### Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

### Final Board Disciplinary Action

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

OSTEOPATHIC UNIT

APR 16 2020

RECEIVED

SEAL

Staff Member, Board of Registration in Medicine

Tammi McManus

# Commonwealth of Massachusetts Board of Registration in Medicine

**Steven T. Puccio, D.O.**

## Physician Information

---

|                                |                                      |
|--------------------------------|--------------------------------------|
| <b>License Number</b>          | 150888                               |
| <b>License Status</b>          | <b>Lapsed (What does this mean?)</b> |
| <b>License Issue Date</b>      | 6/18/1997                            |
| <b>License Expiration Date</b> | 9/24/2006                            |

Both The Joint Commission and the National Committee on Quality Assurance consider the Massachusetts Board of Registration in Medicine to be a primary source provider for license status information.

---

Instructions for obtaining public information about a physician are available at our [public information page](#). Questions about a physician's Profile may be submitted to [ma.profiles@state.ma.us](mailto:ma.profiles@state.ma.us). You may also contact the Massachusetts Board of Registration in Medicine, 200 Harvard Mill Square, Suite 330, Wakefield, MA 01880. Phone (781) 876-8200 for public information about a physician or questions about a physician's Profile. Detailed information about Massachusetts Board disciplinary actions on physicians may be found at [our Disciplinary and Other Board Action page](#).

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Medicine. All rights reserved. Build 1.0.7178.21995

## Verification Searches

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The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

---

### License Information \*

---

04/19/2020

**Name :** PUCCIO STEVEN T

**Address :** WALNUT PORT PA

**Profession :** MEDICINE

**License No:** 229825

**Date of Licensure :** 09/09/2003

**Additional Qualification :**

**Status :** LICENSE SURRENDERED

**Registered through last day of :**

**Medical School:** PHILADELPHIA COL OF OSTEO    **Degree Date :** 06/02/1991



Welcome to the Pennsylvania Licensing System Verification service. By using this service you are able to search for license information on individuals and businesses regulated by the Bureau of Professional and Occupational Affairs. This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

#### License Information

STEVEN THOMAS PUCCIO Walnutport, Pennsylvania 18088



Board/Commission:

**Osteopathic Medicine** ⓘ()

LicenseType:

**Osteopathic Physician and Surgeon**

Specialty Type:

License Number:

**OS007746L**

Status:

**Active**

Status Effective Date:

**2/21/2020**

Issue Date:

**7/20/1992**

Expiration Date:

**10/31/2020**

Last Renewal:

**9/20/2018**

## Disciplinary Action Details

Disciplinary action or Corrective action history exists. If the discipline document is not available to download, select the checkbox and provide the requested information.

Show  entries

Search:

| Select                                                                              | License No | First Name | Last Name | License Type                      | File Number  | Disciplinary Action   |
|-------------------------------------------------------------------------------------|------------|------------|-----------|-----------------------------------|--------------|-----------------------|
|    | OS007746L  | STEVEN     | PUCCIO    | Osteopathic Physician and Surgeon | 16-53-11649  | Probation             |
|    | OS007746L  | STEVEN     | PUCCIO    | Osteopathic Physician and Surgeon | 16-53-11649  | Suspension (Stayed)   |
|  | OS007746L  | STEVEN     | PUCCIO    | Osteopathic Physician and Surgeon | 20-53-002369 | Reinstatement Granted |
|  | OS007746L  | STEVEN     | PUCCIO    | Osteopathic Physician and Surgeon | 20-53-002369 | Reinstatement Granted |

Showing 1 to 4 of 4 entries

Previous

1

Next

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#### License Information

STEVEN THOMAS PUCCIO NO CITY 00000



Board/Commission:

**Osteopathic Medicine** ⓘ()

LicenseType:

**Graduate Osteopathic Trainee**

Specialty Type:

License Number:

**OT003474T**

Status:

**Inactive**

Status Effective Date:

**8/18/1992**

Issue Date:

**6/25/1991**

Expiration Date:

**6/24/1992**

Last Renewal:

**6/14/1991**

## Prerequisite Information

| Licensee                            | Relationship          | License Type         | License Number | Status | Date of Association | Date of Expiration |
|-------------------------------------|-----------------------|----------------------|----------------|--------|---------------------|--------------------|
| PHILADELPHIA COLLEGE OF OSTEOPATHIC | Business Relationship | Training Institution |                | Active |                     |                    |

## Disciplinary Action Details

**No disciplinary actions were found for this license.**

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# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case

Commonwealth of Pennsylvania

Page 1 of 10

v.

Steven T. Puccio

### CASE INFORMATION

Cross Court Docket Nos: CP-48-MD-0001213-2017

Judge Assigned: Anthony, James T.

Date Filed: 10/25/2016

Initiation Date: 09/30/2016

OTN: T 845769-1

LOTN:

Originating Docket No: MJ-31301-CR-0000258-2016

Initial Issuing Authority: Rod Beck

Final Issuing Authority: Rod Beck

Arresting Agency: Pennsylvania Office of Attorney General

Arresting Officer: Rimple, Brian H.

Complaint/Incident #: BN10057 15C

Case Local Number Type(s)

Case Local Number(s)

LCID#

0188466

### STATUS INFORMATION

| <u>Case Status:</u> | <u>Status Date</u> | <u>Processing Status</u>       | <u>Complaint Date:</u> |
|---------------------|--------------------|--------------------------------|------------------------|
| Closed              | 05/22/2017         | Completed                      | 09/30/2016             |
|                     | 05/16/2017         | Sentenced/Penalty Imposed      |                        |
|                     | 05/16/2017         | Awaiting Sentencing            |                        |
|                     | 12/06/2016         | Awaiting Pre-Trial Conference  |                        |
|                     | 10/26/2016         | Awaiting Formal Arraignment    |                        |
|                     | 10/25/2016         | Awaiting Filing of Information |                        |

### CALENDAR EVENTS

| <u>Case Calendar</u> | <u>Schedule</u>   | <u>Start</u> | <u>Room</u>  | <u>Judge Name</u>      | <u>Schedule</u> |
|----------------------|-------------------|--------------|--------------|------------------------|-----------------|
| <u>Event Type</u>    | <u>Start Date</u> | <u>Time</u>  |              |                        | <u>Status</u>   |
| Formal Arraignment   | 12/06/2016        | 8:30 am      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Status Conference    | 01/09/2017        | 9:30 am      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Status Conference    | 02/21/2017        | 1:30 pm      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Status Conference    | 03/27/2017        | 1:30 pm      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Guilty Plea          | 05/16/2017        | 1:30 pm      | Courtroom 2C | Judge James T. Anthony | Scheduled       |
| Hearing              | 12/20/2017        | 9:00 am      | Courtroom 2C | Judge James T. Anthony | Scheduled       |

### DEFENDANT INFORMATION

Date Of Birth: 09/24/1964 City/State/Zip: Walnutport, PA 18088

Alias Name

Puccio, Steven

### CASE PARTICIPANTS

| <u>Participant Type</u> | <u>Name</u>       |
|-------------------------|-------------------|
| Defendant               | Puccio, Steven T. |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case

Commonwealth of Pennsylvania

Page 2 of 10

v.

Steven T. Puccio

### BAIL INFORMATION

**Puccio, Steven T.**

**Nebbia Status: None**

| <u>Bail Action</u> | <u>Date</u> | <u>Bail Type</u> | <u>Percentage</u> | <u>Amount</u> | <u>Bail Posting Status</u> | <u>Posting Date</u> |
|--------------------|-------------|------------------|-------------------|---------------|----------------------------|---------------------|
| Set                | 09/30/2016  | Unsecured        |                   | \$50,000.00   | Posted                     | 09/30/2016          |

### CHARGES

| <u>Seq.</u> | <u>Orig Seq.</u> | <u>Grade</u> | <u>Statute</u>      | <u>Statute Description</u>         | <u>Offense Dt.</u> | <u>OTN</u> |
|-------------|------------------|--------------|---------------------|------------------------------------|--------------------|------------|
| 101         | 5                | M            | 35 § 780-113 §§ A13 | Sale Give Contr Subs To Dep Person | 03/13/2012         | T 845769-1 |

### DISPOSITION SENTENCING/PENALTIES

Disposition

| <u>Case Event</u>                                     | <u>Disposition Date</u>                  | <u>Final Disposition</u>      |                     |
|-------------------------------------------------------|------------------------------------------|-------------------------------|---------------------|
| <u>Sequence/Description</u>                           | <u>Offense Disposition</u>               | <u>Grade</u>                  | <u>Section</u>      |
| <u>Sentencing Judge</u>                               | <u>Sentence Date</u>                     | <u>Credit For Time Served</u> |                     |
| <u>Sentence/Diversion Program Type</u>                | <u>Incarceration/Diversionary Period</u> | <u>Start Date</u>             |                     |
| <u>Sentence Conditions</u>                            |                                          |                               |                     |
| <b>Waived for Court (Lower Court)</b>                 | Defendant Was Present                    |                               |                     |
| Lower Court Disposition                               | 09/30/2016                               | Not Final                     |                     |
| <b>Proceed to Court</b>                               |                                          |                               |                     |
| Information Filed                                     | 11/23/2016                               | Not Final                     |                     |
| <b>Guilty Plea - Negotiated</b>                       |                                          |                               |                     |
| <b>Guilty Plea</b>                                    | 05/16/2017                               | Final Disposition             |                     |
| 101 / Sale Give Contr Subs To Dep Person              | Guilty Plea - Negotiated                 | M                             | 35 § 780-113 §§ A13 |
| Anthony, James T.                                     | 05/16/2017                               |                               |                     |
| Probation                                             | 1 year                                   | 05/16/2017                    |                     |
| Supervision may be transferred to Northampton County. |                                          |                               |                     |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case

Commonwealth of Pennsylvania

Page 3 of 10

v.

Steven T. Puccio

### COMMONWEALTH INFORMATION

**Name:** Craig William Scheetz  
Assistant District Attorney

**Supreme Court No:** 092619

**Phone Number(s):**  
610-782-3773 (Phone)

**Address:**  
Lehigh Co Da's Office  
455 Hamilton St Ste 307  
Allentown, PA 18101-1602

### ATTORNEY INFORMATION

**Name:** Eric Keith Dowdle  
Private

**Supreme Court No:** 068335

**Rep. Status:** Active

**Phone Number(s):**  
610-882-3000 (Phone)  
610-882-3000 (Phone)  
610-351-9139 (Fax)

**Address:**  
333 W Union St  
Allentown, PA 18102

Representing: Puccio, Steven T.

### ENTRIES

| Sequence Number                                   | CP Filed Date | Document Date | Filed By                              |
|---------------------------------------------------|---------------|---------------|---------------------------------------|
| 1                                                 | 09/30/2016    |               | Engler, Patricia M.                   |
| Bail Set - Puccio, Steven T.                      |               |               |                                       |
| 2                                                 | 09/30/2016    |               | Puccio, Steven T.                     |
| Bail Posted - Puccio, Steven T.                   |               |               |                                       |
| 1                                                 | 10/25/2016    |               | Court of Common Pleas - Lehigh County |
| Original Papers Received from Lower Court         |               |               |                                       |
| 3                                                 | 10/26/2016    |               | Lehigh County Court Administration    |
| Notice of Formal Arraignment - 12/6/16            |               |               |                                       |
| Jackson, Janet                                    |               |               |                                       |
|                                                   | 10/26/2016    | Regular       |                                       |
| Scheetz, Craig William                            |               |               |                                       |
|                                                   | 10/26/2016    | Interoffice   |                                       |
| 1                                                 | 11/23/2016    |               | Commonwealth of Pennsylvania          |
| Information Filed                                 |               |               |                                       |
| 1                                                 | 12/06/2016    |               | Anthony, James T.                     |
| Arraigned                                         |               |               |                                       |
| 4                                                 | 12/06/2016    |               | Anthony, James T.                     |
| Scheduling Order - Status Conference - 01/09/2017 |               |               |                                       |
| Anthony, James T.                                 |               |               |                                       |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016  
**CRIMINAL DOCKET**

Court Case

Commonwealth of Pennsylvania  
v.  
Steven T. Puccio

Page 4 of 10

### ENTRIES

| <u>Sequence Number</u>                            | <u>CP Filed Date</u> | <u>Document Date</u> | <u>Filed By</u>       |
|---------------------------------------------------|----------------------|----------------------|-----------------------|
| <u>Service To</u>                                 | <u>Service By</u>    |                      |                       |
| <u>Issue Date</u>                                 | <u>Service Type</u>  | <u>Status Date</u>   | <u>Service Status</u> |
| 12/06/2016                                        | E-Mail               |                      |                       |
| Jackson, Janet                                    |                      |                      |                       |
| 12/06/2016                                        | In Court             |                      |                       |
| Lehigh County Adult Probation                     |                      |                      |                       |
| 12/06/2016                                        | E-Mail               |                      |                       |
| Lehigh County Court Administration                |                      |                      |                       |
| 12/06/2016                                        | E-Mail               |                      |                       |
| Puccio, Steven T.                                 |                      |                      |                       |
| 12/06/2016                                        | In Court             |                      |                       |
| Scheetz, Craig William                            |                      |                      |                       |
| 12/06/2016                                        | In Court             |                      |                       |
| -----                                             |                      |                      |                       |
| 1                                                 | 12/20/2016           |                      | Jackson, Janet        |
| Entry of Appearance                               |                      |                      |                       |
| -----                                             |                      |                      |                       |
| 2                                                 | 01/09/2017           |                      | Anthony, James T.     |
| Scheduling Order - Status Conference - 02/21/2017 |                      |                      |                       |
| Anthony, James T.                                 |                      |                      |                       |
| 01/09/2017                                        | E-Mail               |                      |                       |
| Jackson, Janet                                    |                      |                      |                       |
| 01/09/2017                                        | In Court             |                      |                       |
| Lehigh County Adult Probation                     |                      |                      |                       |
| 01/09/2017                                        | E-Mail               |                      |                       |
| Lehigh County Court Administration                |                      |                      |                       |
| 01/09/2017                                        | E-Mail               |                      |                       |
| Puccio, Steven T.                                 |                      |                      |                       |
| 01/09/2017                                        | In Court             |                      |                       |
| Scheetz, Craig William                            |                      |                      |                       |
| 01/09/2017                                        | In Court             |                      |                       |
| -----                                             |                      |                      |                       |
| 1                                                 | 02/21/2017           |                      | Anthony, James T.     |
| Scheduling Order - Status Conference 3/27/17      |                      |                      |                       |
| Anthony, James T.                                 |                      |                      |                       |
| 02/21/2017                                        | E-Mail               |                      |                       |
| Jackson, Janet                                    |                      |                      |                       |
| 02/21/2017                                        | In Court             |                      |                       |
| Lehigh County Adult Probation                     |                      |                      |                       |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case

Commonwealth of Pennsylvania

Page 5 of 10

v.

Steven T. Puccio

## ENTRIES

| <u>Sequence Number</u>                                                       | <u>CP Filed Date</u> | <u>Document Date</u> | <u>Filed By</u>        |
|------------------------------------------------------------------------------|----------------------|----------------------|------------------------|
| <u>Service To</u>                                                            | <u>Service By</u>    |                      |                        |
| <u>Issue Date</u>                                                            | <u>Service Type</u>  | <u>Status Date</u>   | <u>Service Status</u>  |
| 02/21/2017                                                                   | E-Mail               |                      |                        |
| Lehigh County Court Administration                                           |                      |                      |                        |
| 02/21/2017                                                                   | E-Mail               |                      |                        |
| Puccio, Steven T.                                                            |                      |                      |                        |
| 02/21/2017                                                                   | In Court             |                      |                        |
| Scheetz, Craig William                                                       |                      |                      |                        |
| 02/21/2017                                                                   | In Court             |                      |                        |
| -----                                                                        |                      |                      |                        |
| 1                                                                            | 03/27/2017           |                      | Dowdle, Eric Keith     |
| Entry of Appearance                                                          |                      |                      |                        |
| -----                                                                        |                      |                      |                        |
| 2                                                                            | 03/27/2017           |                      | Scheetz, Craig William |
| Motion to Amend Information - Amend subsection on Ct 2 to 780-113 (a)(13), M |                      |                      |                        |
| -----                                                                        |                      |                      |                        |
| 3                                                                            | 03/27/2017           |                      | Anthony, James T.      |
| Scheduling Order - Guilty Plea 5/16/17                                       |                      |                      |                        |
| Anthony, James T.                                                            |                      |                      |                        |
| 03/27/2017                                                                   | E-Mail               |                      |                        |
| Dowdle, Eric Keith                                                           |                      |                      |                        |
| 03/27/2017                                                                   | In Court             |                      |                        |
| Lehigh County Adult Probation                                                |                      |                      |                        |
| 03/27/2017                                                                   | E-Mail               |                      |                        |
| Lehigh County Court Administration                                           |                      |                      |                        |
| 03/27/2017                                                                   | E-Mail               |                      |                        |
| Puccio, Steven T.                                                            |                      |                      |                        |
| 03/27/2017                                                                   | In Court             |                      |                        |
| Scheetz, Craig William                                                       |                      |                      |                        |
| 03/27/2017                                                                   | In Court             |                      |                        |
| -----                                                                        |                      |                      |                        |
| 1                                                                            | 05/16/2017           |                      | Dowdle, Eric Keith     |
| Written Guilty Plea Colloquy                                                 |                      |                      |                        |
| -----                                                                        |                      |                      |                        |
| 2                                                                            | 05/16/2017           |                      | Anthony, James T.      |
| Guilty Plea - Negotiated                                                     |                      |                      |                        |
| -----                                                                        |                      |                      |                        |
| 3                                                                            | 05/16/2017           |                      | Anthony, James T.      |
| Order - Sentence/Penalty Imposed - Probation 1 year                          |                      |                      |                        |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case

Commonwealth of Pennsylvania

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v.

Steven T. Puccio

### ENTRIES

| <u>Sequence Number</u>                                 | <u>CP Filed Date</u> | <u>Document Date</u> | <u>Filed By</u>                       |
|--------------------------------------------------------|----------------------|----------------------|---------------------------------------|
| <u>Service To</u>                                      | <u>Service By</u>    |                      |                                       |
| <u>Issue Date</u>                                      | <u>Service Type</u>  | <u>Status Date</u>   | <u>Service Status</u>                 |
| Anthony, James T.<br>05/16/2017                        | E-Mail               |                      |                                       |
| Dowdle, Eric Keith<br>05/16/2017                       | Regular              |                      |                                       |
| LEHIGH COUNTY JAIL<br>05/16/2017                       | E-Mail               |                      |                                       |
| Lehigh County Adult Probation<br>05/16/2017            | E-Mail               |                      |                                       |
| Lehigh County Collections<br>05/16/2017                | E-Mail               |                      |                                       |
| Lehigh County District Attorney's Office<br>05/16/2017 | Interoffice          |                      |                                       |
| Lehigh Valley Pre-Trial Services<br>05/16/2017         | Interoffice          |                      |                                       |
| Puccio, Steven T.<br>05/16/2017                        | E-Mail               |                      |                                       |
| <hr style="border-top: 1px dashed black;"/>            |                      |                      |                                       |
| 4                                                      | 05/16/2017           |                      | Court of Common Pleas - Lehigh County |
| Penalty Assessed                                       |                      |                      |                                       |
| <hr style="border-top: 1px dashed black;"/>            |                      |                      |                                       |
| 5                                                      | 05/16/2017           |                      | Dowdle, Eric Keith                    |
| Written Post-Sentence Colloquy                         |                      |                      |                                       |
| <hr style="border-top: 1px dashed black;"/>            |                      |                      |                                       |
| 6                                                      | 05/16/2017           |                      | Court of Common Pleas - Lehigh County |
| Itemized Account of Fines, Costs, Fees and Restitution |                      |                      |                                       |
| <hr style="border-top: 1px dashed black;"/>            |                      |                      |                                       |
| 7                                                      | 05/16/2017           |                      | Court of Common Pleas - Lehigh County |
| Penalty Satisfied                                      |                      |                      |                                       |
| <hr style="border-top: 1px dashed black;"/>            |                      |                      |                                       |
| 1                                                      | 06/07/2017           |                      | Dowdle, Eric Keith                    |
| Request for Transcript                                 |                      |                      |                                       |
| Anthony, James T.<br>06/07/2017                        | Personal             | Dowdle, Eric Keith   |                                       |
| Lehigh County Court Administration<br>06/07/2017       | Personal             | Dowdle, Eric Keith   |                                       |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case

Commonwealth of Pennsylvania

Page 7 of 10

v.

Steven T. Puccio

## ENTRIES

| <u>Sequence Number</u>                                                                        | <u>CP Filed Date</u> | <u>Document Date</u> | <u>Filed By</u>                    |
|-----------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------|
| <u>Service To</u>                                                                             | <u>Service By</u>    |                      |                                    |
| <u>Issue Date</u>                                                                             | <u>Service Type</u>  | <u>Status Date</u>   | <u>Service Status</u>              |
| 1                                                                                             | 06/15/2017           |                      | Anthony, James T.                  |
| Order for Transcript and Deposit (gp and sentencing hrg held 5/16/17, deft shall pay \$56.25) |                      |                      |                                    |
| Dowdle, Eric Keith                                                                            |                      |                      |                                    |
| 06/15/2017                                                                                    | Regular              |                      |                                    |
| Lehigh County Court Monitor                                                                   |                      |                      |                                    |
| 06/15/2017                                                                                    | E-Mail               |                      |                                    |
| Lehigh County District Attorney's Office                                                      |                      |                      |                                    |
| 06/15/2017                                                                                    | Personal             |                      |                                    |
| Pennsylvania Office of Attorney General                                                       |                      |                      |                                    |
| 06/21/2017                                                                                    | Regular              |                      |                                    |
| 1                                                                                             | 07/06/2017           |                      | Dowdle, Eric Keith                 |
| Transcripts Paid in Full - \$62.50                                                            |                      |                      |                                    |
| 1                                                                                             | 07/31/2017           |                      | Anthony, James T.                  |
| Transcript of Proceedings Filed - Guilty Plea & Sentencing 05/16/17                           |                      |                      |                                    |
| 1                                                                                             | 11/20/2017           |                      | Dowdle, Eric Keith                 |
| Motion for Early Termination of Supervision                                                   |                      |                      |                                    |
| Anthony, James T.                                                                             |                      | Dowdle, Eric Keith   |                                    |
| 11/20/2017                                                                                    | Personal             |                      |                                    |
| Lehigh County Court Administration                                                            |                      | Dowdle, Eric Keith   |                                    |
| 11/20/2017                                                                                    | Personal             |                      |                                    |
| Lehigh County District Attorney's Office                                                      |                      | Dowdle, Eric Keith   |                                    |
| 11/20/2017                                                                                    | Personal             |                      |                                    |
| 3                                                                                             | 11/28/2017           |                      | Lehigh County Court Administration |
| Notice of Hearing - 12/20/17                                                                  |                      |                      |                                    |
| Dowdle, Eric Keith                                                                            |                      |                      |                                    |
| 11/28/2017                                                                                    | Regular              |                      |                                    |
| Scheetz, Craig William                                                                        |                      |                      |                                    |
| 11/28/2017                                                                                    | Interoffice          |                      |                                    |
| 1                                                                                             | 12/20/2017           |                      | Anthony, James T.                  |
| Order Granting Motion for Early Termination of Probation                                      |                      |                      |                                    |
| Anthony, James T.                                                                             |                      |                      |                                    |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016

## CRIMINAL DOCKET

Court Case

Commonwealth of Pennsylvania

Page 8 of 10

v.

Steven T. Puccio

## ENTRIES

| <u>Sequence Number</u>                   | <u>CP Filed Date</u> | <u>Document Date</u> | <u>Filed By</u>       |
|------------------------------------------|----------------------|----------------------|-----------------------|
| <u>Service To</u>                        |                      | <u>Service By</u>    |                       |
| <u>Issue Date</u>                        | <u>Service Type</u>  | <u>Status Date</u>   | <u>Service Status</u> |
| 12/20/2017                               | E-Mail               |                      |                       |
| Dowdle, Eric Keith                       |                      |                      |                       |
| 12/20/2017                               | Regular              |                      |                       |
| Lehigh County Adult Probation            |                      |                      |                       |
| 12/20/2017                               | E-Mail               |                      |                       |
| Lehigh County District Attorney's Office |                      |                      |                       |
| 12/20/2017                               | Interoffice          |                      |                       |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET



Docket Number: CP-39-CR-0004691-2016  
**CRIMINAL DOCKET**

Court Case

Commonwealth of Pennsylvania  
v.  
Steven T. Puccio

Page 9 of 10

### CASE FINANCIAL INFORMATION

Last Payment Date: 07/06/2017

Total of Last Payment: -\$62.50

| Puccio, Steven T.<br>Defendant                     | <u>Assessment</u> | <u>Payments</u>   | <u>Adjustments</u> | <u>Non Monetary<br/>Payments</u> | <u>Total</u>  |
|----------------------------------------------------|-------------------|-------------------|--------------------|----------------------------------|---------------|
| <b>Costs/Fees</b>                                  |                   |                   |                    |                                  |               |
| ATJ                                                | \$4.00            | (\$4.00)          | \$0.00             | \$0.00                           | \$0.00        |
| CJES                                               | \$2.25            | (\$2.25)          | \$0.00             | \$0.00                           | \$0.00        |
| Commonwealth Cost - HB627 (Act 167 of 1992)        | \$10.25           | (\$10.25)         | \$0.00             | \$0.00                           | \$0.00        |
| County Court Cost (Act 204 of 1976)                | \$33.30           | (\$33.30)         | \$0.00             | \$0.00                           | \$0.00        |
| Crime Victims Compensation (Act 96 of 1984)        | \$35.00           | (\$35.00)         | \$0.00             | \$0.00                           | \$0.00        |
| Domestic Violence Compensation (Act 44 of 1988)    | \$10.00           | (\$10.00)         | \$0.00             | \$0.00                           | \$0.00        |
| Firearm Education and Training Fund                | \$5.00            | (\$5.00)          | \$0.00             | \$0.00                           | \$0.00        |
| JCPS                                               | \$21.25           | (\$21.25)         | \$0.00             | \$0.00                           | \$0.00        |
| Judicial Computer Project                          | \$8.00            | (\$8.00)          | \$0.00             | \$0.00                           | \$0.00        |
| State Court Costs (Act 204 of 1976)                | \$11.95           | (\$11.95)         | \$0.00             | \$0.00                           | \$0.00        |
| Substance Abuse Education (Act 198 of 2002)        | \$50.00           | (\$50.00)         | \$0.00             | \$0.00                           | \$0.00        |
| Substance Abuse Education (Act 198 of 2002)        | \$50.00           | (\$50.00)         | \$0.00             | \$0.00                           | \$0.00        |
| Variable Amount to be Distributed CVC/VWS (Act 96) | \$28.00           | (\$28.00)         | \$0.00             | \$0.00                           | \$0.00        |
| Variable Amount to be Distributed CVC/VWS (Act 96) | \$12.00           | (\$12.00)         | \$0.00             | \$0.00                           | \$0.00        |
| Victim Witness Service (Act 111 of 1998)           | \$25.00           | (\$25.00)         | \$0.00             | \$0.00                           | \$0.00        |
| Automation Fee (Lehigh)                            | \$5.00            | (\$5.00)          | \$0.00             | \$0.00                           | \$0.00        |
| Central Booking (Lehigh)                           | \$300.00          | (\$300.00)        | \$0.00             | \$0.00                           | \$0.00        |
| Clerks Fee - Charge Before Trial (Lehigh)          | \$159.80          | (\$159.80)        | \$0.00             | \$0.00                           | \$0.00        |
| Collections Judgment (Lehigh)                      | \$75.75           | \$0.00            | (\$75.75)          | \$0.00                           | \$0.00        |
| DA - Misdemeanor Information (Lehigh)              | \$15.00           | (\$15.00)         | \$0.00             | \$0.00                           | \$0.00        |
| Sheriff's Attendance in Court (Lehigh)             | \$12.00           | (\$12.00)         | \$0.00             | \$0.00                           | \$0.00        |
| Postage (Lehigh)                                   | \$6.00            | (\$6.00)          | \$0.00             | \$0.00                           | \$0.00        |
| OSP (Lehigh/State) (Act 35 of 1991 )               | \$300.00          | \$0.00            | (\$300.00)         | \$0.00                           | \$0.00        |
| OSP (Lehigh/State) (Act 35 of 1991 )               | \$300.00          | \$0.00            | (\$300.00)         | \$0.00                           | \$0.00        |
| Transcript Fee (Lehigh)                            | \$62.50           | (\$62.50)         | \$0.00             | \$0.00                           | \$0.00        |
| <b>Costs/Fees Totals:</b>                          | <b>\$1,542.05</b> | <b>(\$866.30)</b> | <b>(\$675.75)</b>  | <b>\$0.00</b>                    | <b>\$0.00</b> |

# COURT OF COMMON PLEAS OF LEHIGH COUNTY

## DOCKET

Docket Number: CP-39-CR-0004691-2016

### CRIMINAL DOCKET

Court Case

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Commonwealth of Pennsylvania

v.

Steven T. Puccio

Grand Totals:

\$1,542.05

(\$866.30)

(\$675.75)

\$0.00

\$0.00

\*\* - Indicates assessment is subrogated

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

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April 2, 2020

Steven T Puccio , DO  
3981 Hunsicker Drive  
Walnutport, PA 18088

**File Number: 16930**

Dear Dr. Puccio:

Your application for Osteopathic Physician license has been processed. Your application is incomplete for the following reason(s):

Your National Practitioner Data Bank (NPDB) report has not been received. You will need to request a self-query from the NPDB by visiting <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> or contact the NPDB at (800) 767-6732. You will need to submit your self-query to the Board office. The NPDB will not submit this document on your behalf.

You indicated on your application that you have had action taken against you by a hospital or other health care facility regarding staff privileges. Request that the facility submit a letter of explanation regarding each incident and any action taken. You will also need to submit a letter of explanation regarding each incident and any actions taken against you.

Your Postgraduate Training Evaluation Form has not been received. Your program director will need to submit a complete Postgraduate Training Evaluation Form. A copy of the Postgraduate Training Evaluation Form can be found on our website at: <http://floridasosteopathicmedicine.gov/resources>.

You indicated that action has been taken against you by the Drug Enforcement Administration (DEA). Submit all documentation pertaining to the action, as well as your personal statement regarding the incident(s) and action taken.

NBOME exam results for the required COMLEX/COMVEX exam sections have not been received. COMLEX Level 1 and 2 are required, as well as one of the following: COMLEX Level 3 or the COMVEX. Other examinations (USMLE, FLEX) are not accepted.

Your scores must be requested directly from the National Board of Osteopathic Medical Examiners. Information about score requests can be found at [www.nbome.org](http://www.nbome.org). The NBOME can be reached by phone at 866.479.6828 or by email at [ClientServices@nbome.org](mailto:ClientServices@nbome.org) if you require assistance with requesting your scores.

Your American Osteopathic Association (AOA) profile has not been received. Your profile may be sent by visiting <http://www.aoprofiles.org>, or by contacting the AOA directly at (800) 621-1773.

We have not received an official transcript from your School of Osteopathic Medicine. You will need to request that your transcript be sent from your school directly to the Board office; we cannot accept

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161 • FAX : (850)



transcripts submitted by applicants. An official transcript must include your dates of enrollment and graduation and list the degree conferred.

Your Federation of State Medical Boards (FSMB) Physician Profile has not been received. Your Profile may be sent by visiting: <http://www.fsmb.org/PDC>.

We have not received official license verification for all licenses listed on your application. License verification must include the date of issuance, date of expiration, method by which you applied for licensure, and any documentation for all disciplinary action taken against the license. Request license verification from the following states: New York, Massachusetts, Kansas and Pennsylvania

We have not received your Livescan results. If you have already had your electronic fingerprinting completed, please allow 24-72 hours for receipt of your results. You can find more information on this process, including how to find a provider in your area and your ORI number, by visiting the Background Screening Website at <http://www.flhealthsource.gov/background-screening/>. Should your Criminal Background Check disclose an arrest record(s), you will need to provide documentation related to each criminal event revealed in your background, if you have not already done so. You can find a detailed description of documents that will be required by visiting the FAQs on the Background Screening Website (Click on 'General FAQs'). Note: Criminal History will be reviewed by the Background Screening Unit, not the Board Office. Please email all criminal history documents to [mqa.backgroundscreen@flhealth.gov](mailto:mqa.backgroundscreen@flhealth.gov). Any original certified documents must be mailed to the following address: Attn: Background Screening Unit Florida Department of Health 4052 Bald Cypress Way, Bin BSU-01 Tallahassee, FL, 32399

You will need to complete your application by submitting what is requested above. Please include your **file number** when submitting additional documentation or correspondence to us.

We may request information, explanation, or documentation based on a review of the documentation you submit. You will receive additional correspondence if anything further is required.

You may follow the progress of your application online at <http://flhealthsource.gov/mqa-services>. Your application will expire one year after submission if all required documentation for licensure has not been received, per 456.013(1)(a), Florida Statutes.

Contact the Board office by email at [mqa.osteopath@flhealth.gov](mailto:mqa.osteopath@flhealth.gov) with additional questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline Clahar-Anderson". The signature is written in a cursive, flowing style.

Jacqueline Clahar-anderson  
Regulatory Specialist II  
Florida Board of Osteopathic Medicine

**From:** [Peace, Christa](#)  
**To:** ["Joel Rose"](#)  
**Subject:** Please review application file STP16930  
**Date:** Tuesday, May 5, 2020 4:36:59 PM  
**Attachments:** [Application Review Form STP16930.docx](#)

---

A link to review the password protected application file for Steven T. Puccio has been sent to you.

The file was sent to you because the applicant also answered yes to the license discipline history, health history, yes to ever been denied, or surrender a DEA registration and liability and criminal history questions. Applicant provided documentation related to answering yes to the questions.

Please complete and return the attached review form.

Thank you in advance

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



**Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the **Healthiest State** in the Nation

**Values:** Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

---

***PLEASE NOTE:*** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

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Governor

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State Surgeon General

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July 28, 2020

Allen R. Grossman, Esq.  
Grossman Furlow and Bayo, L.L.C.  
2022-2 Raymond Diehl Road  
Tallahassee, Florida 32305

File #16930

Dear Mr. Grossman:

This letter concerns Dr. Steven Puccio's application/evaluation of credentials received by the Florida Board of Osteopathic Medicine. Upon completion of the initial review of your application/credentials it has been determined your documents must be presented to the Board of Osteopathic Medicine for review and consideration at the next board meeting. You are required to attend the meeting.

Your client's file is being reviewed because he/she answered yes to the license discipline history, health history, yes to ever been denied, or surrender a DEA registration and liability and criminal history questions.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**

**Please join from your computer,  
tablet or smartphone.**

<https://global.gotomeeting.com/join/793180125>

**You can also dial in using your phone.**

**United States (Toll Free): 1-866-899-4679**

**Access Code: 793-180-125**

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board.** We appreciate your continued cooperation and assistance.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**Accredited Health Department**  
Public Health Accreditation Board

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

**Mission:**

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Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

July 28, 2020

Steven T. Puccio, D.O.  
3981 Hunsicker Drive  
Walnutport, PA 18088

File #16930

Dear Dr. Puccio:

This letter concerns your application/evaluation of credentials received by the Florida Board of Osteopathic Medicine. Upon completion of the initial review of your application/credentials it has been determined your documents must be presented to the Board of Osteopathic Medicine for review and consideration at the next board meeting. You are required to attend the meeting.

Your file is being reviewed because you answered yes to the license discipline history, health history, yes to ever been denied, or surrender a DEA registration and liability and criminal history questions.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**

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tablet or smartphone.**

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If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**Accredited Health Department**  
Public Health Accreditation Board

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

**From:** [Peace, Christa](#)  
**To:** ["Allen Grossman"](#)  
**Subject:** Board Notification  
**Date:** Tuesday, July 28, 2020 2:37:12 PM  
**Attachments:** [Steve Puccio atty.pdf](#)  
[Steve Puccio aor.pdf](#)

---

Greetings,

Your client's application will be reviewed at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. Your client is required to attend the meeting. Please see the attached correspondence.

Sincerely,

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

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Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

---

**PLEASE NOTE:** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

DATE: July 8, 2020  
TO: Joel Rose, D.O.,  
Chair of Board of Osteopathic Medicine  
FROM: Christa Peace, Regulatory Specialist III  
RE: Daniel Dale Tippitt, DO  
Osteopathic Physician  
File No: 16781

Completion Date: 5/25/2020

Next Board Meeting Date: 8/21/2020

ISSUE: Applicant answered “yes” to professional discipline in another state. Applicant included the orders from Kentucky with the application file.

---

Please review the following documents: **Application File**

- Approved with No Further Review by the Full Board
- Not Approved, Review by the Full Board
- Not Approved Board Appearance Required (Remote action in another jurisdiction)

*Joel B. Rose, DO*

Signature

*July 8, 2020*

Date

# FLORIDA | Board of *Osteopathic* Medicine

## APPLICATION SUMMARY

### **TIPPITT, DANIEL DALE**

**Profession Code – 1901 File Number 16781**

**Application Completion Date: 05/25/2020**

Dr. Tippitt answered “yes” to professional discipline in another state

#### **Supplemental Documents**

Application

Kentucky Orders

Transcript

National Board of Osteopathic Medical Exams

Post Graduate Training Evaluation

Federation of State Medical Board

AOA Profile

National Practitioner Data Bank Report (NPDB)

License Verifications

Alabama

Georgia

Illinois

Kentucky

Michigan

West Virginia

Correspondence

2-27-2020  
10<sup>45</sup> AM

3673578

To whom it may concern,

The following statement is to the best of my recollection from approximately 25 yrs. ago.

I was a locum tenens anesthesiologist with several state licenses - including KY. (I believe I worked at Trover Med Ctr. south of Evansville IN). KY State legislature passed a bill requiring AIDS education requirement. I took an open book test on AIDS and sent in result. I was told I did not pass. My license was suspended. I paid \$500. fine, waited 6 mos., retook the test and passed.

Note My memory and KY statement may or may not correlate - but this is to the best of my recollection.

Massage Unit

MAR 03 2020

Sincerely,  
Daniel Tippitt D.O.  
Daniel Tippitt, D.O.

JAN 10 1994

COMMONWEALTH OF KENTUCKY  
STATE BOARD OF MEDICAL LICENSURE  
CASE NO. TS- 008

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY DANIEL D. TIPPITT, D.O. (LICENSE NO. 02367); ADDRESS OF RECORD: 329 GLENDALE AVE., ATLANTA, GA 30307

ORDER; FINE

The above-styled action comes before the Kentucky Board of Medical Licensure (hereinafter referred to as "the Board"), for final action.

Prior to rendering a final action in this matter, the Board has notified Respondent via certified mail per KRS 311.586 of the mandatory statutory requirement that Respondent obtain the HIV/AIDS education per 902 KAR 2:150(8)(2). It should be noted that Respondent failed to obtain this education despite having been properly notified.

The Board having considered all of the above-referenced information, and otherwise being sufficiently advised, hereby FINDS that sufficient grounds exist for the Board to discipline Dr. Tippitt's license to practice medicine in the Commonwealth of Kentucky.

WHEREFORE, it is ORDERED that DANIEL D. TIPPITT, D.O., be fined Five Hundred Dollars (\$500.00), due and payable to the Kentucky Board of Medical Licensure on or before July 15, 1994. Respondent's Kentucky medical license is hereby immediately suspended for a period of six (6) months.

It is further ORDERED that should Dr. Tippitt pay the

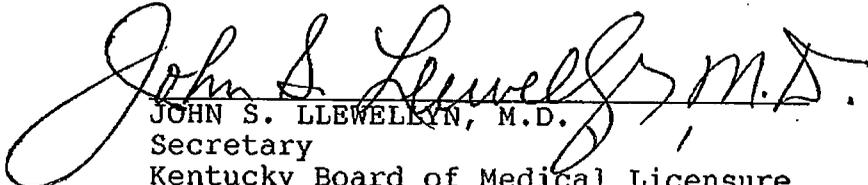
Massage Unit

MAR 03 2020

\$500.00 fine and obtain the HIV/AIDS education required by KRS 214.610 and 902 KAR 2:150(8)(2), within six (6) months, his medical license shall be immediately re-instituted. Should Dr. Tippitt not obtain the required HIV/AIDS education and pay the \$500.00 fine within six (6) months, his license to practice medicine shall be suspended for an additional one (1) year period.

This Order is final and appealable pursuant to KRS 311.593.

So ORDERED this 10<sup>th</sup> day of January, 1994.

  
JOHN S. LLEWELLYN, M.D.  
Secretary  
Kentucky Board of Medical Licensure

CERTIFICATE

This is to certify that the original of the foregoing Order; Fine was hand-delivered to C. William Schmidt, Executive Director for the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and a copy was mailed, postage prepaid, (via certified mail) to DANIEL D. TIPPITT, D.O., 329 Glendale Ave., Atlanta, GA 30307, on this 11<sup>th</sup> day of January, 1994.

  
WES FAULKNER  
General Counsel  
Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222  
Telephone: (502) 429-8046

Massage Unit

MAR 03 2020

COMMONWEALTH OF KENTUCKY  
STATE BOARD OF MEDICAL LICENSURE  
CASE NO. TS-008

FILED OF RECORD

FEB 16 1995

K.B.M.L.  
PLAINTIFF

KENTUCKY BOARD OF MEDICAL LICENSURE

vs.

DANIEL D. TIPPITT, D.O.  
329 Glendale Avenue  
Atlanta, GA 30307

DEFENDANT

ORDER OF DISMISSAL

The Kentucky Board of Medical Licensure, having been advised that since the date of the issuance of the Order Setting Aside Suspension and Causing "Inactive" Status to Kentucky Medical License, filed on September 26, 1994, Daniel D. Tippitt, D.O., has provided the Kentucky Board of Medical Licensure with documentation of compliance with KRS 214.060 and 902 KAR 2:150, Section 8(2), said statute and regulation mandating specified HIV/AIDS education for licensure in Kentucky. A copy of a certificate dated February 2, 1995, evidencing completion of a course approved by the Cabinet for Human Resources, is attached as Exhibit #1. It is also established that Dr. Tippitt has paid the fine of Five Hundred Dollars (\$500) assessed against his Kentucky medical licensure.

The Board, having reviewed the aforementioned evidence, and otherwise being sufficiently advised, hereby DISMISSES the Order Setting Aside Suspension and Causing "Inactive" Status to Kentucky Medical License issued in this case, and hereby allows for re-registration of Dr. Tippitt's Kentucky medical license.

Massage Unit

MAR 03 2020

SO ORDERED this 16th day of February, 1995.

*Royce E. Dawson*

ROYCE E. DAWSON, M.D., President  
Kentucky Board of Medical Licensure

CERTIFICATE

This is to certify that the original of the foregoing Order of Dismissal was hand-delivered to C. William Schmidt, Executive Director for the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and a copy was mailed, postage prepaid, via certified mail, to Daniel D. Tippitt, D.O., 329 Glendale Avenue, Atlanta, GA 30307, on this 16th day of February, 1995.

*Wes Faulkner*

WES FAULKNER, General Counsel  
Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222  
Telephone: (502) 429-8046

Massage Unit  
MAR 03 2020

FILED OF RECORD

JAN 10 1994

COMMONWEALTH OF KENTUCKY  
STATE BOARD OF MEDICAL LICENSURE  
CASE NO. TS- 008

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY DANIEL D. TIPPITT, D.O. (LICENSE NO. 02367); ADDRESS OF RECORD: 329 GLENDALE AVE., ATLANTA, GA 30307

ORDER; FINE

The above-styled action comes before the Kentucky Board of Medical Licensure (hereinafter referred to as "the Board"), for final action.

Prior to rendering a final action in this matter, the Board has notified Respondent via certified mail per KRS 311.586 of the mandatory statutory requirement that Respondent obtain the HIV/AIDS education per 902 KAR 2:150(8)(2). It should be noted that Respondent failed to obtain this education despite having been properly notified.

The Board having considered all of the above-referenced information, and otherwise being sufficiently advised, hereby FINDS that sufficient grounds exist for the Board to discipline Dr. Tippitt's license to practice medicine in the Commonwealth of Kentucky.

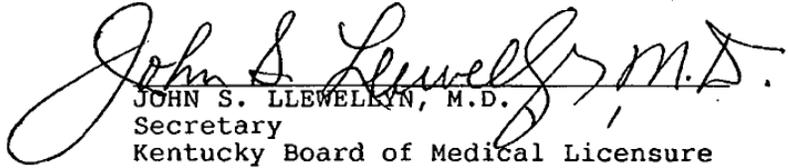
WHEREFORE, it is ORDERED that DANIEL D. TIPPITT, D.O., be fined Five Hundred Dollars (\$500.00), due and payable to the Kentucky Board of Medical Licensure on or before July 15, 1994. Respondent's Kentucky medical license is hereby immediately suspended for a period of six (6) months.

It is further ORDERED that should Dr. Tippitt pay the

\$500.00 fine and obtain the HIV/AIDS education required by KRS 214.610 and 902 KAR 2:150(8)(2), within six (6) months, his medical license shall be immediately re-instituted. Should Dr. Tippitt not obtain the required HIV/AIDS education and pay the \$500.00 fine within six (6) months, his license to practice medicine shall be suspended for an additional one (1) year period.

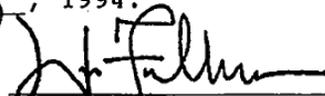
This Order is final and appealable pursuant to KRS 311.593.

So ORDERED this 10<sup>th</sup> day of January, 1994.

  
 JOHN S. LEWELLEN, M.D.  
 Secretary  
 Kentucky Board of Medical Licensure

CERTIFICATE

This is to certify that the original of the foregoing Order; Fine was hand-delivered to C. William Schmidt, Executive Director for the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and a copy was mailed, postage prepaid, (via certified mail) to DANIEL D. TIPPITT, D.O., 329 Glendale Ave., Atlanta, GA 30307, on this 11<sup>th</sup> day of January, 1994.

  
 WES FAULKNER  
 General Counsel  
 Kentucky Board of Medical Licensure  
 310 Whittington Parkway, Suite 1B  
 Louisville, Kentucky 40222  
 Telephone: (502) 429-8046

**REGIONAL MEDICAL CENTER**  
MADISONVILLE

Regional Medical Center  
900 Hospital Drive  
Madisonville, Kentucky 42431-1694  
(502) 825-5100

# HIV/AIDS EDUCATION COURSE ATTENDANCE

Exact Title of Course HIV/AIDS Home Study for Health Care Professionals  
 Speaker Home Study (Independent Study)  
 Sponsor Regional Medical Center  
 Registrant (please print clearly) DANIEL TIRPITT DO  
 Kentucky License Number (if applicable) 02367  
 Registrant Social Security Number 339587765  
 Date/Length of Courses (specify time) February 2, 1995 / 2 Contact Hours  
 CHR Series # 0796-813-M Course Expiration Date July 1996  
 Nursing Offering # 4-00033-96-014-2-2-2  
 Authorized Signature of Eva J. Roeger, M.S.N., R.N.  
 Course Presenter/Provider Eva J. Roeger, M.S.N., R.N.



This completed certificate should be retained by you for audit purposes or filed with your appropriate licensure board, if required, in order for you to receive credit for the above CHR-approved course. All CHR-approved courses must have a CHR series number to verify meeting the requirements of KRS 214.610/615.

COMMONWEALTH OF KENTUCKY  
STATE BOARD OF MEDICAL LICENSURE  
CASE NO. TS-008

FILED OF RECORD

FEB 16 1995

K.B.M.L.  
PLAINTIFF

KENTUCKY BOARD OF MEDICAL LICENSURE

vs.

DANIEL D. TIPPITT, D.O.  
329 Glendale Avenue  
Atlanta, GA 30307

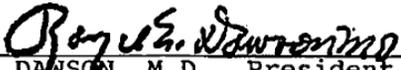
DEFENDANT

ORDER OF DISMISSAL

The Kentucky Board of Medical Licensure, having been advised that since the date of the issuance of the Order Setting Aside Suspension and Causing "Inactive" Status to Kentucky Medical License, filed on September 26, 1994, Daniel D. Tippitt, D.O., has provided the Kentucky Board of Medical Licensure with documentation of compliance with KRS 214.060 and 902 KAR 2:150, Section 8(2), said statute and regulation mandating specified HIV/AIDS education for licensure in Kentucky. A copy of a certificate dated February 2, 1995, evidencing completion of a course approved by the Cabinet for Human Resources, is attached as Exhibit #1. It is also established that Dr. Tippitt has paid the fine of Five Hundred Dollars (\$500) assessed against his Kentucky medical licensure.

The Board, having reviewed the aforementioned evidence, and otherwise being sufficiently advised, hereby **DISMISSES** the Order Setting Aside Suspension and Causing "Inactive" Status to Kentucky Medical License issued in this case, and hereby allows for re-registration of Dr. Tippitt's Kentucky medical license.

SO ORDERED this 16th day of February, 1995.

  
ROYCE E. DAWSON, M.D., President  
Kentucky Board of Medical Licensure

CERTIFICATE

This is to certify that the original of the foregoing Order of Dismissal was hand-delivered to C. William Schmidt, Executive Director for the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and a copy was mailed, postage prepaid, via certified mail, to Daniel D. Tippitt, D.O., 329 Glendale Avenue, Atlanta, GA 30307, on this 16th day of February, 1995.

  
WES FAULKNER, General Counsel  
Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222  
Telephone: (502) 429-8046

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456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

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**PRACTITIONER PROFILE**

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Prepared for: Florida Board of Osteopathic Medicine As of Date:2/20/2020

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**PRACTITIONER INFORMATION**

Name: Tippitt, Daniel Dale  
 DOB: [REDACTED]  
 Medical School: Kirksville College of Osteopathic Medicine, A.T. Still University  
 Kirksville, Missouri, UNITED STATES  
 Year of Grad: 1984  
 Degree Type: DO  
 NPI: 1073565966

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**BOARD ACTIONS**

To date, there have been no actions reported to the FSMB

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**NATIONAL PROVIDER IDENTIFIER (NPI)**

| NPI        | NPI Type   | Deactivation Date | Reactivation Date | Last Reported |
|------------|------------|-------------------|-------------------|---------------|
| 1073565966 | Individual |                   |                   | 06/04/2018    |

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**LICENSE HISTORY**

| Jurisdiction        | License Number | Issue Date | Expiration Date | Last Updated |
|---------------------|----------------|------------|-----------------|--------------|
| ALABAMA             | DO-277         | 04/03/1992 | 12/31/1996      | 01/27/2020   |
| GEORGIA             | 034486         | 06/06/1991 | 12/31/1997      | 02/18/2020   |
| ILLINOIS            | 36085892       | 03/13/1993 | 07/31/1996      | 11/20/2019   |
| KENTUCKY            | 02367          |            |                 | 08/09/2013   |
| MICHIGAN OSTEO      | 5101009084     | 07/06/1987 | 12/31/1995      | 08/09/2013   |
| NEW JERSEY          | 25MB04797600   | 05/05/1986 |                 | 02/05/2020   |
| TENNESSEE OSTEO     | 935            | 05/05/1992 | 07/31/1996      | 02/20/2020   |
| WEST VIRGINIA OSTEO | 1162           | 08/04/1988 | 06/30/2020      | 02/12/2020   |

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**US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

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**PRACTITIONER PROFILE**

---

Prepared for: Florida Board of Osteopathic Medicine As of Date:2/20/2020  
Practitioner Name: Tippitt, Daniel Dale

---

| <b>DEA Number</b> | <b>Schedule</b> | <b>Address</b>          | <b>Expiration Date</b> | <b>Last Reported</b> |
|-------------------|-----------------|-------------------------|------------------------|----------------------|
| BT0538782         | 22N 33N 4 5     | CHARLESTON,W<br>V 25302 | 11/30/2021             | 02/12/2020           |

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**PRACTITIONER PROFILE**

---

Prepared for: Florida Board of Osteopathic Medicine As of Date:2/20/2020  
 Practitioner Name: Tippitt, Daniel Dale

---

**ABMS® CERTIFICATION HISTORY**

No ABMS Certifications found.

**AOA® CERTIFICATION HISTORY**

Member Board: Anesthesiology  
 Specialty Description: Anesthesiology  
 Certification Type: Primary  
 OCC Participating: No  
 OCC Required: No

| <b>Status</b> | <b>Certification Issue Date</b> | <b>Certification End Date</b> | <b>Recertification Issue Date</b> | <b>Recertification End Date</b> | <b>Last Reported</b> |
|---------------|---------------------------------|-------------------------------|-----------------------------------|---------------------------------|----------------------|
| Active        | 10/11/1991                      |                               |                                   |                                 | 04/11/2018           |

*This AOA Specialty Board Certification information may not be used for primary credentials verification to commercial organizations, such as hospitals, hospital medical staffs, managed care plans, or other entities without the express prior written consent of the AOA.*

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

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prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

5500000157123358

Process Date: 02/20/2020

Page: 1 of 1

**To:** TIPPITT, DANIEL DALE  
239 ARIEL HTS  
CHARLESTON, WV 25311-1143

**From:** National Practitioner Data Bank  
**Re:** Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: credentials@AOAprofiles.org

**Physician Name:** Daniel Tippitt, DO

**Address:** 110 Roane St  
Charleston, WV 25302-2334

**Work Phone:** (304) 344-0096

**Birth Date:** [REDACTED]

**Self-Designated Major Practice Focus:** Anesthesiology

**Self-Designated Minor Practice Focus:**

**AOA Membership Status:** Member

*The following information was obtained from the original issuing source of the credential, also known as the primary source*

**Predoctoral Education:** A.T. Still University of Health Sciences Kirksville College of Osteopathic Med.  
Kirksville MO

**Year of Graduation:** 1984

**Postdoctoral Education:** (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)

**Internship:** Detroit Osteopathic Hospital - Internship Training  
Highland Park MI  
Program Closed: Dec 01, 1994

**Dates Attended:** 07/01/1984 - 06/30/1985 Verified

**Residency:** Kennedy Mem Hosp/Univ Med Ctr - Anesthesiology Residency  
Stratford NJ  
Program Closed: May 01, 1989

**Dates Attended:** 07/01/1985 - 06/30/1987 Verified

**Please note:** Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.

**Residency:**

**Dates Attended:**

| Licenses: | State | Date Granted | Expiration Date | Status   | Date Last Reported to the AOA | ** Contact Board for More Information |
|-----------|-------|--------------|-----------------|----------|-------------------------------|---------------------------------------|
|           | AL    |              |                 | Inactive | 03/07/2018                    |                                       |
|           | GA    | 06/06/1991   | 12/31/1997      | Inactive | 04/11/2019                    |                                       |
|           | IL    | 03/13/1993   | 07/31/1996      | Inactive | 04/25/2018                    |                                       |

142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org)

|    |            |            |          |            |
|----|------------|------------|----------|------------|
| MI |            |            | Inactive | 01/24/2020 |
| TN | 05/05/1992 | 07/31/1996 | Inactive | 08/03/2018 |
| WV | 08/04/1988 | 06/30/2020 | Active   | 11/01/2018 |

**\*\* A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.**

**Osteopathic Specialty Board Certification(s):**

(Certification by one or more of the 18 AOA certifying boards as reported by the Bureau of Osteopathic Specialists.)  
Physicians holding time-limited board certification (those certifications with expiration dates) are required to participate in Osteopathic Continuous Certification (OCC) in order to maintain their AOA board certification. Physicians holding non-time-limited board certification (no expiration date) may voluntarily participate in OCC, but participation in OCC does not change their non-time-limited certification status. Please note that diplomate files will be closely monitored for compliance with OCC, and your organization will be automatically notified of any change of status. For more information on OCC, visit [www.osteopathic.org](http://www.osteopathic.org)

**American Osteopathic Board of:**

|                                   |                |                    |            |                         |                                    |
|-----------------------------------|----------------|--------------------|------------|-------------------------|------------------------------------|
| <b>General Certification(s) :</b> | Anesthesiology | <b>Issue Date:</b> | 10/11/1991 | <b>Expiration Date:</b> | Does Not Expire - OCC Not Required |
| <b>OCC Participating:</b>         | No             |                    |            |                         |                                    |

**Federal Drug Enforcement Administration:**

As of 02/24/2019 Federal DEA registration is valid.  
**Please note:** Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.

**Former Name(s):** Daniel Tippitt

**Please Note:**

The content of this Official Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on physicians. Appropriate use of this instrument in combination with your organizations documented credentialing policies and procedures meets the primary source requirements of the Healthcare Facilities Accreditation Program (HFAP/AAHHS); the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); The Joint Commission; URAC; DNV GL; and the National Association of Insurance Commissioners (NAIC). The National Committee for Quality Assurance (NCQA) recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.

If you find any discrepancies, please mark them on a copy of this report and email to the AOIA [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org). Thank you.



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pages have been removed.**

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AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE  
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

POSTGRADUATE TRAINING EVALUATION FORM

Institution Name: Michigan Osteopathic Med Center  
Department: Rotating Internship  
Address: 2900 Martin Luther King Jr Blvd  
City, State, Zip: Detroit MI  
Phone Number: \_\_\_\_\_

The doctor named below has applied for licensure in the State of Florida. Please complete the entire form and affix the hospital seal. If your hospital has no seal, please indicate such on this form.

NAME: Daniel Dale Tippitt

**PLEASE VERIFY:**

- Dates attended (start and end): 07-01-84 → 6/30/85
- The levels completed under your purview:  Internship/PGY I  
 PGY II  PGY III  PGY IV  PGY V
- Has the physician named above completed an AOA approved, 12 month, Rotating Internship? YES \_\_\_ NO \_\_\_

**OVERALL EVALUATION:** If 3 is checked, please explain on a separate sheet.

1. \_\_\_ Outstanding 2. \_\_\_ Qualified/Competent 3. \_\_\_ Less than Satisfactory

\_\_\_\_\_  
Name of Program Director/Chair

\_\_\_\_\_  
Signature

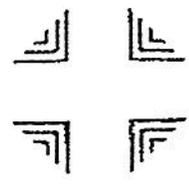
\_\_\_\_\_  
Date

**AFFIX  
HOSPITAL  
SEAL**

Osteopathic Unit  
APR 06 2020

File #  
16781

Osteopathic Unit  
APR 06 2020



# Michigan Osteopathic Medical Center

Detroit, Michigan  
Osteopathic Medicine Serving the Community

Be it Known that **Daniel Tippitt, D.O.**  
has satisfactorily and faithfully performed the professional  
duties and fulfilled all requirements of

## Completion of Internship

In testimony whereof we have hereunto subscribed  
our names and affixed the seal of the hospital

On this 30th day of June, 1985

*Margaret H. Montgomery*  
CHAIRMAN OF THE BOARD  
*W. Anderson, Jr.*  
EXECUTIVE VICE PRESIDENT AND CHIEF MEDICAL OFFICER

*Edward J. O'Leary*  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
*Randolph L. Paulsen, D.O.*  
DIRECTOR OF MEDICAL EDUCATION



04/24/96 10:14 JACKSON & COKER NO. 090 D04

FILE NUMBER 16781

DANIEL D. TIPPITT

March 31, 2020

Florida Board of Osteopathic Medicine

4052 Bald Cypress Way, Bin #C-06

Tallahassee FL, 32399

I'm enclosing postgraduate training certificates for Dr. Daniel D. Tippitt the Medical Center he attended has closed.

If there is any question please call Gail Midkiff at 304-344-0096.

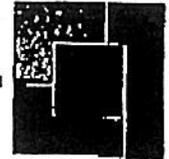
Thank you,

Daniel Tippitt DO

Osteopathic Unit  
APR 06 2020

# KENNEDY

Kennedy Memorial Hospitals  
University Medical Center



File #  
16781

Stratford Division  
18 E. Laurel Road  
Stratford, NJ 08084  
609-346-6000

April 19, 1991

Sarah Dalton  
Associate Recruiter  
CompHealth  
5901 Peachtree Dunwoody Road  
Atlanta, Georgia 30328

RE: Daniel Tippitt, D.O.

Dear Ms. Dalton;

I am writing this letter of verification for Dr. Daniel Tippitt.  
Tippitt was a resident in Anesthesiology at Kennedy Memorial Hospitals from July of 1985 to June of 1987.

Sincerely,

Karen Hickey  
Medical Staff Coordinator  
Kennedy Memorial Hospitals  
University Medical Center  
Cherry Hill Division

Osteopathic Unit

APR 06 2020

/kch

The Major Teaching Affiliate of the University of Medicine and Dentistry of New Jersey  
New Jersey School of Osteopathic Medicine

APR 19 '91 15:29

1 809 488 6526 PAGE.001

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regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.



State of Alabama

# Medical Licensure Commission

George C. Smith, Sr., M.D., Chairman/Executive Officer  
Karen Silas, Executive Assistant

03/20/2020

Florida Board of Osteopathic Medicine  
4052 Bald Cypress Way  
BIN #CO6  
Tallahassee, FL 32399-1753

## VERIFICATION OF ALABAMA MEDICAL LICENSURE

Name of Licensee (as it appears in our Records)

**Daniel Dale Tippitt**

Date of Birth: **07/16/1958**

License Number: **DO.277**

Current Status: **Inactive**

Date Issued: **04/03/1992**

Basis of License: **NBOP&S**

Expiration Date: **12/31/1996**

Medical School: **KIRKSVILLE COL OSTEO MED**

OSTEOPATHIC UNIT

Location:

MAR 26 2020

Date From/To: **8/80-6/84**

RECEIVED

Disciplinary Actions:



No

Yes, visit Public Actions at [www.albme.org](http://www.albme.org) for documents.

Signature: \_\_\_\_\_

*George C. Smith Sr MD*

George C. Smith, Sr., M.D. Chairman  
Medical Licensure Commission of Alabama

To expedite the verification process, the above is the standard format used by the Medical Licensure Commission of Alabama. Verification information can also be obtained by accessing our website at <http://www.albme.org>.

P.O. Box 887 • Montgomery, AL 36101-0887  
848 Washington Avenue • Montgomery, AL 36104-3839  
334-242-4153 • [www.albme.org](http://www.albme.org)

# Georgia Composite Medical Board



**Executive Director**  
LaSharn Hughes, MBA

**Deputy Director**  
Lisa R. Norris, MPH

**Chairperson**  
Gretchen Collins, MD

**Vice Chairperson**  
Barby Simmons, DO

2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913  
[www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

March 20, 2020

RE: **Daniel Tippitt**

TO WHOM IT MAY CONCERN:

This is to certify that the above has been issued a **Physician** license by the Georgia Medical Board.

It is further certified that:

The license number is **34486** and was issued on **June 06, 1991**

The current license status is **Lapsed**

The license expiration date is **December 31, 1997**.

**Board Actions** A review of public records indicates that no public board orders have been docketed.

Certified this day Friday, 20 March, 2020

Sincerely,

LaSharn Hughes  
Executive Director

LLH/



No File #

# KENTUCKY BOARD OF MEDICAL LICENSURE

Andy Beshear  
Governor

Hurstbourne Office Park  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222

www.kbml.ky.gov  
(502) 429-7150

OSTEOPATHIC UNIT  
OSTEOPATHIC UNIT

MAR 13 2020  
MAR 25 2020

From: Jessica Shelman, Verification Coordinator

RE: License Verification for Daniel Tippett

Date: 3/9/2020

RECEIVED  
RECEIVED

In response to your inquiry as to whether or not the above mentioned physician holds a medical license in Kentucky, please be advised of the following:

Kentucky License Number: 02367

Date Issued: 6/18/1993

Date Expired: 3/1/1994

### Derogatory Information:

- None
- Yes *Can Email Tyra.Johnson@KY.gov for more information on action.*

### Basis of Licensure:

- Examination
- Endorsement

### License is Currently:

- Active
- Inactive

OSTEOPATHIC UNIT

MAR 25 2020

RECEIVED





**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

**MEDICINE BOARD**

**2020 MAY -7 AM 8:44**

Deborah Hagar  
Secretary

Cecilia Abundis  
Acting Director  
Division of Professional Regulation

JB Pritzker  
Governor

**CERTIFICATION OF LICENSURE**

Florida Department of Health  
Board of Medicine  
4052 Bald Cypress Way, Bin #C03  
Tallahassee, FL 32399-3253

|                       |                                |                  |
|-----------------------|--------------------------------|------------------|
| Licensee:             | DANIEL D TIPPITT DO            |                  |
| License Number:       | 036.085892                     |                  |
| Profession:           | LICENSED PHYSICIAN AND SURGEON |                  |
| Date of Issuance:     | 03/13/1993                     | OSTEOPATHIC UNIT |
| Expiration Date:      | 07/31/1996                     | MAY 11 2020      |
| License Status:       | NOT RENEWED                    | RECEIVED         |
| License Method:       | ACCEPT EXAM – NBOME / COMLEX   |                  |
| Disciplinary History: | Has not been disciplined       |                  |

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Cecilia Abundis  
Acting Director  
Division of Professional Regulation

April 30, 2020  
Date

*Refer to the Department's Web Site at [www.idfpr.com](http://www.idfpr.com) to verify professional licenses via License Look-Up.*

State of Illinois  
Department of Financial and Professional Regulation  
Division of Professional Regulation  
320 W. Washington St., 3rd Floor, Springfield, IL 62786

# ATTENTION

The attached document is an official  
**State of Illinois**  
Licensure certification/verification, prepared by the  
Illinois Department of Financial and Professional Regulation.

This certifies that the named individual has met all of the  
education/examination requirements by law in order to  
receive the credential that is being verified.

The Department has eliminated specific  
examination status from certifications/verifications  
of licensure, as passage of an examination is a  
requirement for licensure.

This information is the **ONLY** certification  
information provided by this Department. If other information is  
needed, it **MUST** be obtained from the applicant.

THANK YOU



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

**VERIFICATION OF LICENSURE**  
**MICHIGAN BOARD OF OSTEOPATHIC MEDICINE & SURGERY**  
**VERIFICATION OF LICENSURE AS OF March 20, 2020**

**NAME:** Daniel Dale Tippitt **BIRTHDATE:** 1958  
**ADDRESS:** 329 Glendale Avenue  
Atlanta GA 30307  
**TYPE:** Osteopathic Physician **ORIGINAL DATE:** 07/06/1987  
**LICENSE NUMBER:** 5101009084 **STATUS:** Lapsed **EXPIRATION DATE:** 12/31/1995  
**OBTAINED BY:** Examination

**EXAM DATE** **EXAM TYPE** **EXAM SCORE OR RESULT**

**DISCIPLINARY ACTION** NONE

**OPEN FORMAL COMPLAINTS** N

This verification was produced by VeriDoc on behalf of the State of Michigan with  
license information last updated on: 3/19/2020.



STATE OF WEST VIRGINIA  
**BOARD OF OSTEOPATHY**  
405 Capitol Street, Suite 402  
Charleston, WV 25301

Phone: 304-558-6095  
Fax: 304-558-6096

March 20, 2020

To Whom It May Concern:

After a standard search of the records available to the West Virginia Board of Osteopathy, I am able to certify the following information about :

**Daniel D. Tippitt D.O.**

|                                 |                                   |
|---------------------------------|-----------------------------------|
| License Number:                 | 1162                              |
| License Original Issue Date:    | 8/4/1988                          |
| To practice as an:              | Osteopathic Physician and Surgeon |
| Licensure Status:               | Current                           |
| License Issued on the Basis of: | NBOME                             |
| License Expiration Date:        | 6/30/2020                         |
| Regulatory Information:         | None                              |

This license information was last updated on: 03/20/2020

If you have any questions or need additional information, our office can be reached at (304) 558-6095 during normal business hours

Sincerely,

A handwritten signature in cursive script that reads "Diana Shepard".

Diana Shepard  
Executive Director

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

February 20, 2020

Daniel Dale Tippitt, DO  
239 Ariel Hts  
Charleston, WV 25311

**File Number: 16781**

Dear Dr. Tippitt:

Your application for Osteopathic Physician license has been processed. Your application is incomplete for the following reason(s):

Your National Practitioner Data Bank (NPDB) report has not been received. You will need to request a self-query from the NPDB by visiting <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> or contact the NPDB at (800) 767-6732. You will need to submit your self-query to the Board office. The NPDB will not submit this document on your behalf.

Your Postgraduate Training Evaluation Form has not been received. Your program director will need to submit a complete Postgraduate Training Evaluation Form. A copy of the Postgraduate Training Evaluation Form can be found on our website at: <http://floridasosteopathicmedicine.gov/resources>.

Your American Osteopathic Association (AOA) profile has not been received. Your profile may be sent by visiting <http://www.aoprofiles.org>, or by contacting the AOA directly at (800) 621-1773.

Your Federation of State Medical Boards (FSMB) Physician Profile has not been received. Your Profile may be sent by visiting: <http://www.fsmb.org/PDC>.

We have not received official license verification for all licenses listed on your application. License verification must include the date of issuance, date of expiration, method by which you applied for licensure, and any documentation for all disciplinary action taken against the license. Request license verifications from the following states: Kentucky, Alabama, West Virginia, Georgia, Illinois, Michigan.

You answered "yes" to one or more disciplinary history questions on your application. Submit documentation from the licensing agency of all documentation related to disciplinary history, including final orders, complaints, and current dispositions. You will also need to submit a personal statement regarding the disciplinary history.

We have not received your Livescan results. If you have already had your electronic fingerprinting completed, please allow 24-72 hours for receipt of your results. You can find more information on this process, including how to find a provider in your area and your ORI number, by visiting the Background Screening Website at <http://www.flhealthsource.gov/background-screening/>. Should your Criminal Background Check disclose an arrest record(s), you will need to provide documentation related to each criminal event revealed in your background, if you have not already done so. You can find a detailed description of documents that will be required by visiting the FAQs on the Background Screening Website (Click on 'General FAQs'). Note: Criminal History will be reviewed by the Background

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161 • FAX: (850)



Screening Unit, not the Board Office. Please email all criminal history documents to [mqa.backgroundscreen@flhealth.gov](mailto:mqa.backgroundscreen@flhealth.gov). Any original certified documents must be mailed to the following address: Attn: Background Screening Unit Florida Department of Health 4052 Bald Cypress Way, Bin BSU-01 Tallahassee, FL, 32399

You will need to complete your application by submitting what is requested above. Please include your **file number** when submitting additional documentation or correspondence to us.

We may request information, explanation, or documentation based on a review of the documentation you submit. You will receive additional correspondence if anything further is required.

You may follow the progress of your application online at <http://flhealthsource.gov/mqa-services>. Your application will expire one year after submission if all required documentation for licensure has not been received, per 456.013(1)(a), Florida Statutes.

Contact the Board office by email at [mqa.osteopath@flhealth.gov](mailto:mqa.osteopath@flhealth.gov) with additional questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline Clahar-Anderson". The signature is written in a cursive, flowing style.

Jacqueline Clahar-anderson  
Regulatory Specialist II  
Florida Board of Osteopathic Medicine

**From:** [Peace, Christa](#)  
**To:** [Joel Rose](#)  
**Subject:** Peace, Christa shared "Daniel Tippitt" with you.  
**Date:** Wednesday, July 8, 2020 5:05:23 PM  
**Attachments:** [AttachedImage](#)  
[AttachedImage](#)  
[AttachedImage](#)

---

Please review application file-



This link only works for the direct recipients of this message.



Daniel Tippitt

Open



Microsoft OneDrive

Microsoft respects your privacy. To learn more, please read our [Privacy Statement](#).  
Microsoft Corporation, One Microsoft Way, Redmond, WA 98052

**From:** [Joel Rose](#)  
**To:** [Peace, Christa](#)  
**Subject:** Re: Please review application file#16781 D.Trippitt  
**Date:** Wednesday, July 8, 2020 9:55:35 PM  
**Attachments:** [Application Review Form -Osteo DDT16781.docx](#)

---

**From:** "Peace, Christa" <Christa.Peace@flhealth.gov>  
**Date:** Wednesday, July 8, 2020 at 5:23 PM  
**To:** "jrose@jrosemmed.com" <jrose@jrosemmed.com>  
**Subject:** Please review application file#16781 D.Trippitt  
**Resent-From:** Proofpoint Essentials <do-not-reply@proofpointessentials.com>  
**Resent-To:** "jrose@jrosemmed.com" <jrose@jrosemmed.com>  
**Resent-Date:** Wednesday, July 8, 2020 at 5:05 PM

A link to review the password protected application file for Daniel Dale Tippitt has been sent to you. The file was sent to be because the applicant answered "yes" to professional discipline in another state. Applicant included the orders from Kentucky with the application file. Please complete and return the attached review form. The 90-days expire 8/25/2020.

Thank you in advance.

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



**Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the **Healthiest State** in the Nation

**Values:** Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

---

***PLEASE NOTE:** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.*

**From:** [Peace, Christa](#)  
**To:** ["Joel Rose"](#)  
**Subject:** Please review application file#16781 D.Trippitt  
**Date:** Wednesday, July 8, 2020 5:05:35 PM  
**Attachments:** [Application Review Form -Osteo DDT16781.docx](#)

---

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Thank you in advance.

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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---

July 29, 2020

Daniel Dale Tippitt  
239 Ariel Hts  
Charleston, WV 25311

File #16781

Dear Dr. Tippitt:

This letter concerns your application/evaluation of credentials received by the Florida Board of Osteopathic Medicine. Upon completion of the initial review of your application/credentials it has been determined your documents must be presented to the Board of Osteopathic Medicine for review and consideration at the next board meeting. You are required to attend the meeting.

Your file is being reviewed because you answered yes to having professional discipline in another state.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**

**Please join from your computer,  
tablet or smartphone.**

<https://global.gotomeeting.com/join/793180125>

**You can also dial in using your phone.**

**United States (Toll Free): 1-866-899-4679**

**Access Code: 793-180-125**

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board.** We appreciate your continued cooperation and assistance.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**Accredited Health Department**  
Public Health Accreditation Board

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

**From:** [Peace, Christa](#)  
**To:** "[TIPPITT239@SUDDENLINK.NET](mailto:TIPPITT239@SUDDENLINK.NET)"  
**Subject:** Board Notification-Tippitt  
**Date:** Wednesday, July 29, 2020 1:20:41 PM  
**Attachments:** [Daniel Tippitt.pdf](#)

---

Greetings,

Your application will be presented at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. You are required to attend the meeting. Please see the attached correspondence.

Sincerely,

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCPH  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

DATE: June 25, 2020

TO: Joel Rose, D.O.,  
Chair of Board of Osteopathic Medicine

FROM: Carol Taylor, Program Operations Administrator

RE: Jocelyn Idema, DO  
Osteopathic Physician  
File No: 17083

Completion Date: 6/10/2020

Next Board Meeting Date: 8/21/2020 Regular Business Meeting

ISSUE: Applicant responded affirmatively to malpractice questions.

Please review the following documents:

Application File.

- Approved with No Further Review by the Full Board
- Not Approved, Review by the Full Board, No Appearance Required
- Not Approved Board Appearance Required.

4 MP Cases  
 JS Filed 11/14/18  
 BC Filed 10/19/18  
 TE Filed 4/18/19 Settled 9/25/19  
 KS Filed 3/17/20

*Joel B. Rose, DO*

*June 26, 2020*

Signature

Date

# FLORIDA | Board of *Osteopathic* Medicine

## APPLICATION SUMMARY

### **IDEMA, JOCELYN RAE**

**Profession Code – 1901 File Number 17083**

**Application Completion Date: 06/10/2020**

Dr. Idema answered “yes” to Malpractice/Liability question on the application.

#### **Supplemental Documents**

Application

Exhibit 1

Malpractice Documentation

Transcript

National Board of Osteopathic Medical Exams (NBOME)

Post Graduate Training Evaluation

Federation of State Medical Board

AOA Profile

National Practitioner Data Bank Report (NPDB)

License Verifications

    Pennsylvania

    Virginia

    West Virginia

Correspondence

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from this document for security reasons**

**Scroll down to see the available pages or  
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**EXHIBIT 1 – REPORT ON PROFESSIONAL LIABILITY CLAIMS AND ACTIONS**

Practitioner's Name Jocelyn Rae Idema

Include information relating to liability actions occurring within the previous 10 years. The actions are required to be reported under section 456.039(1)(b), F.S. You must submit a completed form for each occurrence. For Allopathic, Osteopathic, and Podiatric physicians, copies of reports previously submitted under the requirements of s. 456.049, F.S., may be submitted in lieu of this exhibit to satisfy this reporting requirement.

Date of occurrence:    /    /    Date reported to licensee: 02 / 20 / 2018 Date claim reported to insurer or self-insurer    /    /   

Injured person's name: (last, first, middle initial) Timothy Early

Street Address:   

City:    State: Maryland Zip Code:   

Age:    Sex:   

Date of suit, if filed: 04 / 18 / 2018

List all defendants with their healthcare provider license number involved in this claim:

- 1. Jocelyn Idema, DO
- 2. Mid-Maryland Musculoskeletal Institute - a Division of CAO
- 3.
- 4.

Date of final claim disposition: 09 / 25 / 2019

Date and amount of judgment or settlement, if any:   

Was there an itemized verdict?  Yes  No (If "YES", attach copy of settlement verdict)

Indemnity paid on behalf of this defendant: \$   

Loss adjustment expense paid to defense counsel: \$   

All other loss adjustment expense paid: \$   

Date and reason for final disposition, if no judgment or settlement: Dismissed

Name of institution at which the injury occurred: Frederick Memorial Hospital

Location of injury occurrence:

- Patient's Room
- Operating Suite
- Recovery Room
- Physical Therapy Dept.
- Nursery
- Critical Care Unit
- Radiology
- Emergency Room
- Other
- Labor & Delivery Room
- Special Procedure Room

Final diagnosis for which treatment was sought or rendered: Chronic pain syndrome

Describe misdiagnosis made, if any, of the patient's actual condition. None

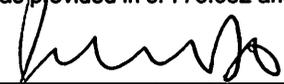
Describe the operation, diagnostic or treatment procedure causing the injury. Use nomenclature and/or descriptions of the procedures used. Include method of anesthesia, or name of drug used for treatment, with detail of administration.

Placement of SCS, uncomplicated. Patient came into ED 3 days later with epidural hematoma. It was emergently evacuated by myself.

Describe the principal injury giving rise to the claim. Use nomenclature and/or descriptions of the injury. Include type of adverse effect from drugs where applicable. Claim was for negligence.

Safety management steps taken by the licensee to make similar occurrences less likely. Standard of care was met through emergently evacuating the epidural hematoma within 3 hours of presentation.

I represent that these statements are true and correct pursuant to s. 837.06, Florida Statutes. I recognize that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty is a misdemeanor of the second degree, punishable as provided in s. 775.082 and 775.083, Florida Statutes.

Signature of Physician: 

Date: 5/17/2020

**EXHIBIT 1 – REPORT ON PROFESSIONAL LIABILITY CLAIMS AND ACTIONS**

Practitioner's Name Jocelyn Rae Idema

Include information relating to liability actions occurring within the previous 10 years. The actions are required to be reported under section 456.039(1)(b), F.S. You must submit a completed form for each occurrence. For Allopathic, Osteopathic, and Podiatric physicians, copies of reports previously submitted under the requirements of s. 456.049, F.S., may be submitted in lieu of this exhibit to satisfy this reporting requirement.

Date of occurrence: \_\_\_/\_\_\_/\_\_\_ Date reported to licensee: 09 / 24 / 2016 Date claim reported to insurer or self-insurer \_\_\_/\_\_\_/\_\_\_

Injured person's name: (last, first, middle initial) Swain, Kathleen  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: Maryland Zip Code: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of suit, if filed: 03 / 17 / 2020

List all defendants with their healthcare provider license number involved in this claim:  
1. Jocelyn Idema, DO 2. Mid-Maryland Musculoskeletal Institute - a Division of CAO  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Date of final claim disposition: \_\_\_/\_\_\_/\_\_\_

Date and amount of judgment or settlement, if any: Pending

Was there an itemized verdict?  Yes  No (If "YES", attach copy of settlement verdict)

Indemnity paid on behalf of this defendant: \$ \_\_\_\_\_  
Loss adjustment expense paid to defense counsel: \$ \_\_\_\_\_  
All other loss adjustment expense paid: \$ \_\_\_\_\_

Date and reason for final disposition, if no judgment or settlement: Pending

Name of institution at which the injury occurred: Frederick Memorial Hospital  
Location of injury occurrence:  
 Patient's Room  Physical Therapy Dept.  Radiology  Labor & Delivery Room  
 Operating Suite  Nursery  Emergency Room  Special Procedure Room  
 Recovery Room  Critical Care Unit  Other \_\_\_\_\_

Final diagnosis for which treatment was sought or rendered. Lumbar degenerative disc disease, foraminal stenosis, and radiculopathy

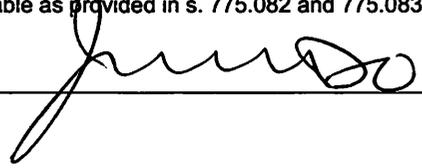
Describe misdiagnosis made, if any, of the patient's actual condition. none

Describe the operation, diagnostic or treatment procedure causing the injury. Use nomenclature and/or descriptions of the procedures used. Include method of anesthesia, or name of drug used for treatment, with detail of administration.  
Patient underwent a uncomplicated lumbar decompression and fusion using general anesthesia. Patient 3 weeks later presented with fever and back pain and was taken for incision, irrigation and debridement with retained hardware. Patient continued with back pain but reported no continued leg pain after primary surgery. Subsequent MRIs showed no continued infection. Patient sought second opinion and recommended revision decompression w/ fusion of adjacent level. Still having pain today despite ac

Describe the principal injury giving rise to the claim. Use nomenclature and/or descriptions of the injury. Include type of adverse effect from drugs where applicable. Claim is for malpositioned hardware but none is documented on MRI or CT scan.

Safety management steps taken by the licensee to make similar occurrences less likely. Standard of care was met with ordering follow up MRIs and CT scans.

I represent that these statements are true and correct pursuant to s. 837.06, Florida Statutes. I recognize that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty is a misdemeanor of the second degree, punishable as provided in s. 775.082 and 775.083, Florida Statutes.

Signature of Physician:  Date: 5/17/2020

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**PRACTITIONER PROFILE**

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Prepared for: Florida Board of Osteopathic Medicine As of Date:5/21/2020

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**PRACTITIONER INFORMATION**

Name: Idema, Jocelyn Rae  
 DOB: [REDACTED]  
 Medical School: Philadelphia College of Osteopathic Medicine  
 Philadelphia, Pennsylvania, UNITED STATES  
 Year of Grad: 2005  
 Degree Type: DO  
 NPI: 1700080421

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**BOARD ACTIONS**

To date, there have been no actions reported to the FSMB

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**NATIONAL PROVIDER IDENTIFIER (NPI)**

| NPI        | NPI Type   | Deactivation Date | Reactivation Date | Last Reported |
|------------|------------|-------------------|-------------------|---------------|
| 1700080421 | Individual |                   |                   | 06/04/2018    |

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**LICENSE HISTORY**

| Jurisdiction        | License Number | Issue Date | Expiration Date | Last Updated |
|---------------------|----------------|------------|-----------------|--------------|
| ARIZONA OSTEO       | 5444           | 05/11/2015 | 05/01/2018      | 04/24/2020   |
| MARYLAND            | H75010         | 10/12/2012 | 09/30/2019      | 05/15/2020   |
| OKLAHOMA OSTEO      | 4418           | 07/01/2006 | 06/30/2008      | 03/18/2016   |
| PENNSYLVANIA OSTEO  | OT012308       | 10/24/2007 | 06/30/2010      | 03/20/2020   |
| PENNSYLVANIA OSTEO  | OS017370       | 11/12/2014 | 10/31/2020      | 03/20/2020   |
| VIRGINIA            | 0102202966     | 09/30/2011 | 02/28/2022      | 05/15/2020   |
| WEST VIRGINIA OSTEO | 3134           | 09/21/2016 | 06/30/2020      | 03/02/2020   |

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**US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

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**PRACTITIONER PROFILE**

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Prepared for: Florida Board of Osteopathic Medicine As of Date:5/21/2020  
Practitioner Name: Idema, Jocelyn Rae

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| <b>DEA Number</b> | <b>Schedule</b> | <b>Address</b>          | <b>Expiration Date</b> | <b>Last Reported</b> |
|-------------------|-----------------|-------------------------|------------------------|----------------------|
| FI6434358         | 22N 33N 4 5     | WASHINGTON,PA<br>15301  | 11/30/2022             | 05/18/2020           |
| FI7069138         | 22N 33N 4 5     | MORGANTOWN,<br>WV 26505 | 11/30/2020             | 05/18/2020           |

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**PRACTITIONER PROFILE**

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Prepared for: Florida Board of Osteopathic Medicine As of Date:5/21/2020  
 Practitioner Name: Idema, Jocelyn Rae

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**ABMS® CERTIFICATION HISTORY**

No ABMS Certifications found.

**AOA® CERTIFICATION HISTORY**

Member Board: Orthopedic Surgery  
 Specialty Description: Orthopedic Surgery  
 Certification Type: Primary  
 OCC Participating: Yes  
 OCC Required: Yes

| Status | Certification Issue Date | Certification End Date | Recertification Issue Date | Recertification End Date | Last Reported |
|--------|--------------------------|------------------------|----------------------------|--------------------------|---------------|
| Active | 03/30/2015               | 12/31/2025             |                            |                          | 04/15/2018    |

*This AOA Specialty Board Certification information may not be used for primary credentials verification to commercial organizations, such as hospitals, hospital medical staffs, managed care plans, or other entities without the express prior written consent of the AOA.*

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: credentials@AOAprofiles.org

|                                              |                                           |                                              |                    |
|----------------------------------------------|-------------------------------------------|----------------------------------------------|--------------------|
| <b>Physician Name:</b>                       | Jocelyn Rae Idema, DO                     | <b>Work Phone:</b>                           | (724) 225-3657     |
| <b>Address:</b>                              | PO Box 62004<br>Pittsburgh, PA 15241-7004 | <b>Birth Date:</b>                           | [REDACTED]         |
| <b>Self-Designated Major Practice Focus:</b> | Orthopedic Surgery-Spine                  | <b>Self-Designated Minor Practice Focus:</b> | Orthopedic Surgery |
| <b>AOA Membership Status:</b>                | Member                                    |                                              |                    |

*The following information was obtained from the original issuing source of the credential, also known as the primary source*

|                                |                                                                                                                                                                                                                                                                                                                                                                         |                            |                                  |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|
| <b>Predoctoral Education:</b>  | Philadelphia College of Osteopathic Medicine<br>Philadelphia PA                                                                                                                                                                                                                                                                                                         | <b>Year of Graduation:</b> | 2005                             |
| <b>Postdoctoral Education:</b> | (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.) |                            |                                  |
| <b>Internship:</b>             | OMECO/Oklahoma State University Medical Center - Internship Training<br>Tulsa OK<br>(Formerly: Tulsa Regional Medical Center - Internship Training )<br>Program Closed: Jun 05, 2018                                                                                                                                                                                    | <b>Dates Attended:</b>     | 06/15/2005 - 06/14/2006 Verified |
| <b>Residency:</b>              | OMECO/Oklahoma State University Medical Center - Orthopedic Surgery Residency<br>Tulsa OK<br>(Formerly: Tulsa Regional Medical Center - Orthopedic Surgery Residency )<br>Program Closed: Sep 26, 2019                                                                                                                                                                  | <b>Dates Attended:</b>     | 07/01/2006 - 06/30/2007 Verified |
| <b>Residency:</b>              | OMECO/Oklahoma State University Medical Center - Orthopedic Surgery Residency<br>Tulsa OK<br>(Formerly: Oklahoma State University Medical Center - Orthopedic Surgery Residency )<br>Program Closed: Sep 26, 2019                                                                                                                                                       | <b>Dates Attended:</b>     | 07/01/2007 - 12/31/2007 Verified |
| <b>Residency:</b>              | Philadelphia College Osteopathic Med - Orthopedic Surgery Residency<br>Philadelphia PA<br>(Formerly: Philadelphia College Osteopathic Med - Orthopedic Surgery Residency )                                                                                                                                                                                              | <b>Dates Attended:</b>     | 01/01/2008 - 06/30/2008 Verified |
| <b>Residency:</b>              | Philadelphia College Osteopathic Med - Orthopedic Surgery Residency<br>Philadelphia PA<br>(Formerly: Philadelphia College Osteopathic Med - Orthopedic Surgery Residency )                                                                                                                                                                                              | <b>Dates Attended:</b>     | 07/01/2008 - 06/30/2009 Verified |

142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org)

**Residency:** Philadelphia College Osteopathic Med - Orthopedic Surgery Residency  
Philadelphia PA  
(Formerly: Philadelphia College Osteopathic Med - Orthopedic Surgery Residency )

**Dates Attended:** 07/01/2009 - 06/30/2010 Verified

*Please note: Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.*

**Residency:** **Dates Attended:**

| Licenses: | State | Date Granted | Expiration Date | Status   | Date Last Reported to the AOA | ** Contact Board for More Information |
|-----------|-------|--------------|-----------------|----------|-------------------------------|---------------------------------------|
|           | AZ    | 05/11/2015   | 05/01/2018      | Active   | 05/01/2018                    |                                       |
|           | MD    | 10/12/2012   | 09/30/2019      | Active   | 10/01/2018                    |                                       |
|           | OK    | 07/01/2006   | 06/30/2008      | Inactive | 07/18/2018                    |                                       |
|           | PA    | 11/12/2014   | 10/31/2020      | Active   | 04/11/2019                    |                                       |
|           | VA    | 09/30/2011   | 02/29/2020      | Active   | 04/11/2019                    |                                       |

\*\* A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

**Osteopathic Specialty Board Certification(s):** (Certification by one or more of the 18 AOA certifying boards as reported by the Bureau of Osteopathic Specialists.)  
Physicians holding time-limited board certification (those certifications with expiration dates) are required to participate in Osteopathic Continuous Certification (OCC) in order to maintain their AOA board certification. Physicians holding non-time-limited board certification (no expiration date) may voluntarily participate in OCC, but participation in OCC does not change their non-time-limited certification status. Please note that diplomate files will be closely monitored for compliance with OCC, and your organization will be automatically notified of any change of status. For more information on OCC, visit [www.osteopathic.org](http://www.osteopathic.org)

**American Osteopathic Board of:**

**General Certification(s) :** Orthopedic Surgery **Issue Date:** 03/30/2015 **Expiration Date:** 12/31/2025

**OCC Participating:** Yes

**Federal Drug Enforcement Administration:** As of 02/24/2019 Federal DEA registration is valid.  
*Please note: Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.*

**Former Name(s):** Jocelyn Idema

**Please Note:**

*The content of this Official Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on physicians. Appropriate use of this instrument in combination with your organizations documented credentialing policies and procedures meets the primary source requirements of the Healthcare Facilities Accreditation Program (HFAP/AAHHS); the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); The Joint Commission; URAC; DNV GL; and the National Association of Insurance Commissioners (NAIC). The National Committee for Quality Assurance (NCQA) recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.*

*If you find any discrepancies, please mark them on a copy of this report and email to the AOIA [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org). Thank you.*



AMERICAN OSTEOPATHIC ASSOCIATION

142 E. Ontario St., Chicago, IL 60611-2864 ph (312) 202-8000 | (800) 621-1773 | [www.osteopathic.org](http://www.osteopathic.org)

April 27, 2015

139427

Jocelyn Rae Idema, DO  
86 Thomas Johnson Ct  
Mid-Maryland Musculoskeletal Institute  
Frederick, MD 21702-4348

Dear Dr. Idema:

Congratulations! On recommendation of the American Osteopathic Board of Orthopedic Surgery (AOBOS), the Bureau of Osteopathic Specialists (BOS) of the American Osteopathic Association (AOA) has awarded your AOA certification for the following cycle:

Specialty: Orthopedic Surgery  
Certificate Number: 2170  
Effective Date: 3/30/2015  
Valid Through: 12/31/2025

The AOBOS is preparing your certificate, which will be mailed to your address on record within ninety (90) days. If you have any questions about your certificate, please contact the AOBOS at [bsharp@aobos.org](mailto:bsharp@aobos.org) or (877) 982-6267.

In order for your AOA board certification status to remain active, you must meet Osteopathic Continuous Certification (OCC) requirements. Information regarding criteria for OCC may be found at your Board's website, [www.aobos.org](http://www.aobos.org). If you have questions regarding the status of your certification, you may contact the AOA Division of Certification at [certification@osteopathic.org](mailto:certification@osteopathic.org) or (800) 621-1773, ext. 8266.

Professional certification demonstrates your commitment to the osteopathic medical profession. Congratulations again on your achievement.

Sincerely,

*Jeffrey A Kramer*

Jeffrey A Kramer, FACHE, CAE  
BOS Secretary

JAK/lme

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appropriate board.



**To:** IDEMA, JOCELYN RAE  
105 WHISPERING HEIGHTS LN  
VENETIA, PA 15367-3008

**From:** National Practitioner Data Bank  
**Re:** Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.



DCN: 5500000159717277

Process Date: 04/27/2020

Page: 3 of 3

IDEMA, JOCELYN RAE

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 04/27/2020

Date of Most Recent Change: 04/27/2020

**This report is maintained under the provisions of: Title IV**

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

**END OF REPORT**

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed  
from this document for security reasons**

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SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS  
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE  
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

CONFIDENTIAL AND EXEMPT MATERIALS

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prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.



PHILADELPHIA · COLLEGE  
OF  
OSTEOPATHIC · MEDICINE

BE · IT · KNOWN · THAT

JOCELYN · RAE · IDEMA

HAVING · SATISFIED · THE · REQUIREMENTS · FOR · THE · DEGREE · OF  
DOCTOR · OF · OSTEOPATHIC · MEDICINE

HAS · ACCORDINGLY · BEEN · ADMITTED · TO · THAT · DEGREE · WITH · ALL · THE  
RIGHTS · PRIVILEGES · AND · RESPONSIBILITIES · THEREUNTO · APPERTAINING

IN · TESTIMONY · WHEREOF · THE · SEAL · OF · THE · COLLEGE · AND · THE · SIGNATURES  
AUTHORIZED · BY · THE · BOARD · OF · TRUSTEES · ARE · HEREUNTO · AFFIXED

SIGNED · THIS · FIFTH · DAY · OF · JUNE · ANNO · DOMINI  
TWO · THOUSAND · AND · FIVE

*Michael Bohne*  
PRESIDENT AND CHIEF EXECUTIVE OFFICER

*Paul W. McShane*  
CHAIRMAN BOARD OF TRUSTEES

*Thomas J. Ventres*  
DEAN

POSTGRADUATE TRAINING EVALUATION FORM

Institution Name: OSU Center for Health Sci  
Department: Orthopaedic surgery  
Address: 1111 West 17th Street  
City, State, Zip: Tulsa, OK 74107  
Phone Number: (918) 599-4544

The doctor named below has applied for licensure in the State of Florida. Please complete the entire form and affix the hospital seal. If your hospital has no seal, please indicate such on this form.

NAME: Jocelyn Idema

**PLEASE VERIFY:**

1. Dates attended (start and end): 07/01/2005 - 12/22/2007
2. The levels completed under your purview:  Internship/PGY I  
 PGY II  PGY III  PGY IV  PGY V  
**\* Resident transferred programs December 2007**
3. Has the physician named above completed an AOA approved, 12 month, Rotating Internship? YES X NO

**OVERALL EVALUATION: If 3 is checked, please explain on a separate sheet.**

1.     Outstanding 2.     Qualified/Competent 3.     Less than Satisfactory

Brent L. Norris, M.D.  
Name of Program Director/Chair

  
Signature

6/2/2020  
Date

There is no one available to comment  
or complete evaluation during the time  
this physician was in internship/residency.



POSTGRADUATE TRAINING EVALUATION FORM

Institution Name: OSU Center for Health Sci  
Department: Orthopaedic surgery  
Address: 1111 West 17th Street  
City, State, Zip: Tulsa, OK 74107  
Phone Number: (918) 599-4544

The doctor named below has applied for licensure in the State of Florida. Please complete the entire form and affix the hospital seal. If your hospital has no seal, please indicate such on this form.

NAME: Jocelyn Idema

**PLEASE VERIFY:**

- Dates attended (start and end): 06/2005 to 12/2007
- The levels completed under your purview:  Internship/PGY I  
 PGY II  PGY III  PGY IV  PGY V
- Has the physician named above completed an AOA approved, 12 month, Rotating Internship? **YES**  **NO**   
Resident transferred in 2007

**OVERALL EVALUATION: If 3 is checked, please explain on a separate sheet.**

1.  Outstanding 2.  Qualified/Competent 3.  Less than Satisfactory

Brent L. Norris, MD  
Name of Program Director/Chair

5/21/2020  
Date

  
Signature

There is no one available to comment  
or complete evaluation during the time  
this physician was in internship/residency.



OSTEOPATHIC UNIT

MAY 22 2020

RECEIVED



RELEASE AND AUTHORIZATION INFORMATION

**I hereby affirm that the information I have provided on this application and attachments is true and correct and that it can be relied upon by Weatherby Locums, Inc. and its affiliates (collectively, "Weatherby") for evaluating my potential as a locum tenens physician.**

By applying for membership to, or when evaluating retention with Weatherby, I hereby authorize Weatherby, its affiliates and successors, to obtain any information that may be relevant to an evaluation of my professional qualifications, including but not limited to information about disciplinary actions or other confidential or privileged information, and other credentials.

I agree to provide and authorize the release by Weatherby to Weatherby clients of the following: a) vaccination records; b) reasonable documentation evidencing that I am in good health and free of communicable diseases; c) the result of and/or a copy of my criminal background check, if any; and d) the result of and/or a copy of my drug screen, if any.

I authorize Weatherby to assist me in the completion of this application and to disclose to and receive from current, prior, or potential employers and Weatherby clients making a reasonable inquiry, information relating to my qualifications, ability, and character to practice medicine, including information from the following sources: all medical schools, colleges, universities, transcript offices, medical institutions, or organizations, hospitals, employers, personal references, physicians, attorneys, companies or agencies who may furnish my criminal background history, companies that perform drug screens, medical malpractice carriers or organizations, business and professional associates, all government agencies and instrumentalities, the National Practitioner Data Bank, the Federation of State Medical Boards, the American Medical Association, American Osteopathic Association, American Board of Medical Specialties, DEA, state licensing boards, specialty boards, and any other pertinent source. This is a continuing authorization until such time as I have specifically revoked the same in writing which shall apply to all information received at any time by Weatherby relating to my qualifications, ability, and character to practice medicine.

I hereby forever waive and release Weatherby, its officers, employees, agents and third parties which provide or receive information regarding my credentials, including but not limited to the Federation of State Medical Boards and those entities listed above, from any claims, causes of action, damages and expenses, including reasonable attorney's fees arising from or relating to the provision, collection, verification, and dissemination of information about me.

Further, I agree to hold Weatherby harmless from any and all claims, causes of action, damages, judgments and expenses, including reasonable attorney's fees, arising from or related to the collection, verification and dissemination of credentialing information provided by me. I understand that this does contemplate a duty to hold Weatherby harmless from claims, causes of action and damages which may arise as a result of information provided about me from sources other than myself.

**I understand that I have the burden of providing accurate and adequate information to Weatherby, its affiliates or successors, to demonstrate my qualifications. I understand that any misstatement in this form may constitute grounds for denial of referral to practice opportunities, grounds for civil damages, reporting the same to the NPDB or state licensing boards or cancellation of contract. If any material changes occur affecting my professional status, it is my obligation to notify Weatherby or the appropriate affiliate or successor as soon as possible. I attest that the information contained in this application is correct and complete.**

I understand that the decision to refer me to practice opportunities by Weatherby is solely at the discretion of Weatherby.

I understand that any information received from references by Weatherby, including but not limited to quality evaluations, is confidential and may not be released to me without the consent of the reference.

A copy or facsimile of this document shall have the same effect as the original.

This document shall be interpreted according to the laws of the State of Florida.

|                                                                   |                                      |
|-------------------------------------------------------------------|--------------------------------------|
| Electronically signed by (Legal Name)<br><b>Jocelyn Idema, DO</b> | Date<br><b>04/27/2020 6:53PM GMT</b> |
|-------------------------------------------------------------------|--------------------------------------|

# Philadelphia College of Osteopathic Medicine



Certifies that

Jocelyn R. Idema, D.O.

has faithfully and satisfactorily performed the duties of

Resident in Orthopaedic Surgery

in the hospital consortium of Philadelphia College of Osteopathic Medicine  
from January 1, 2008 to June 30, 2010

*Matthew Schure*

President

*Heungho Vento, D.O.*

Dean

*Richard A. Pagan, D.O., FRCOS*  
Vice Dean for Clinical Education

*Joel M. Shlensky, D.O.*  
Chairman

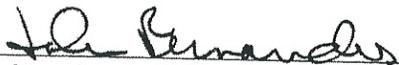
# Oklahoma State University College of Osteopathic Medicine

*Be it known that*  
**Jocelyn Rae Idema, D.O.**  
*having served in the capacity of*  
**Intern**

*in*  
**Combined Orthopedic Surgery**

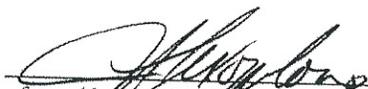
*at Tulsa Regional Medical Center, Tulsa, Oklahoma*  
*through The Osteopathic Medical Education Consortium of Oklahoma*  
*from June 15, 2005 to June 14, 2006*

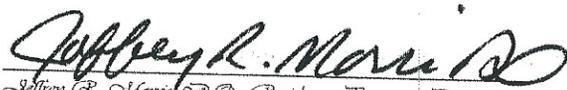
*and having performed faithfully and satisfactorily is granted this certificate of completion.*  
*In witness whereof, we have affixed our signatures and official seals on this the 14<sup>th</sup> day of June 2006.*

  
John Fernandes, D.O., M.B.A., President, Center for Health  
Sciences and Dean, College of Osteopathic Medicine

  
Gary Z. Blisk, D.O., Vice President for Academic Affairs and  
Senior Associate Dean, COB/COM



  
Jemy Alexopoulos, D.O., Director of Medical Education  
TCOM

  
Jeffrey R. Morris, D.O., Residency Program Director  
TCOM

# Spine Institute of Arizona

CERTIFIES THAT

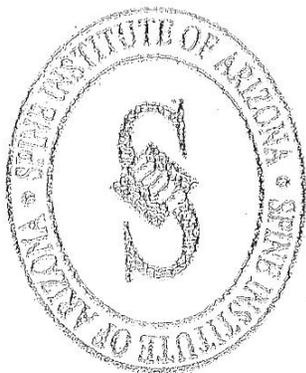
*Jocelyn Idema, D.O.*

Having met Continued Education and Practice Requirements,  
has successfully completed a one year

## FELLOWSHIP IN SPINE SURGERY

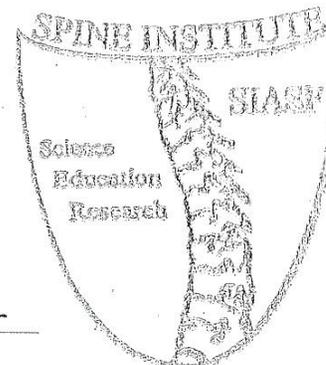
With Advanced Clinical Experience in the  
Surgical and Non-Surgical Care of Spinal Disorders

August 1, 2010 through July 30, 2011



*[Signature]*  
Edward J. Dohring, M.D.  
*Co-Director, Spine Fellowship*

Paul R. Gause, M.D.  
*Co-Director, Spine Fellowship*





**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

**P. O. Box 2649**

**Harrisburg, PA 17105-2649**

**05/26/2020**

**License Information**

JOCELYN RAE IDEMA

Philadelphia, Pennsylvania 19129

Board/Commission: State Board of Nursing

Status Effective Date: 11/01/2006

LicenseType: Registered Nurse

Issue Date: 08/13/2001

Specialty Type:

Expiration Date: 10/31/2006

License Number: RN531689

Last Renewal: 11/17/2004

Status: Expired

**Disciplinary Action Details**

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.



**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

**P. O. Box 2649**

**Harrisburg, PA 17105-2649**

**05/26/2020**

**License Information**

JOCELYN RAE IDEMA

WASHINGTON, Pennsylvania 15301

Board/Commission: State Board of Osteopathic Medicine      Status Effective Date: 02/06/2019  
LicenseType: Temp Osteo Written Agreement Approval      Issue Date: 10/15/2018  
Specialty Type:      Expiration Date: 02/15/2019  
License Number: TOX000542      Last Renewal:  
Status: Null and Void

**Prerequisite Information**

| Licensee                     | Relationship | License Type                          | License Number | License Status | Associated Date | License Expiration Date |
|------------------------------|--------------|---------------------------------------|----------------|----------------|-----------------|-------------------------|
| KATHARINE<br>DARIA<br>CUSHMA | Supervisor   | Osteopathic<br>Physician<br>Assistant |                | Active         | 10/15/2018      | 10/31/2020              |

**Disciplinary Action Details**

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.



**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

P. O. Box 2649

Harrisburg, PA 17105-2649

05/26/2020

**License Information**

JOCELYN RAE IDEMA

Broken Arrow, Oklahoma 74014

Board/Commission: State Board of Osteopathic Medicine      Status Effective Date: 08/02/2010  
LicenseType: Graduate Osteopathic Trainee      Issue Date: 10/24/2007  
Specialty Type: Orthopaedic Surgery      Expiration Date: 06/30/2010  
License Number: OT012308      Last Renewal: 06/12/2009  
Status: Expired

**Prerequisite Information**

| Licensee                            | Relationship          | License Type         | License Number | License Status | Associated Date | License Expiration Date |
|-------------------------------------|-----------------------|----------------------|----------------|----------------|-----------------|-------------------------|
| PHILADELPHIA COLLEGE OF OSTEOPATHIC | Business Relationship | Training Institution |                | Active         | 01/01/2008      |                         |

**Disciplinary Action Details**

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.



**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

P. O. Box 2649

Harrisburg, PA 17105-2649

05/26/2020

**License Information**

JOCELYN RAE IDEMA

Broken Arrow, Oklahoma 74014

Board/Commission: State Board of Osteopathic Medicine      Status Effective Date: 08/02/2010  
LicenseType: Graduate Osteopathic Trainee      Issue Date: 10/24/2007  
Specialty Type: Orthopaedic Surgery      Expiration Date: 06/30/2010  
License Number: OT012308      Last Renewal: 06/12/2009  
Status: Expired

**Prerequisite Information**

| Licensee                            | Relationship          | License Type         | License Number | License Status | Associated Date | License Expiration Date |
|-------------------------------------|-----------------------|----------------------|----------------|----------------|-----------------|-------------------------|
| PHILADELPHIA COLLEGE OF OSTEOPATHIC | Business Relationship | Training Institution |                | Active         | 01/01/2008      |                         |

**Disciplinary Action Details**

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.



## Virginia Department of Health Professions License Lookup

Current as of 05/20/2020 14:08

### License Information

|                                       |                      |
|---------------------------------------|----------------------|
| <b>License Number</b>                 | 0102202966           |
| <b>Occupation</b>                     | Osteopathy & Surgery |
| <b>Name</b>                           | Jocelyn R Idema      |
| <b>Address</b>                        | WASHINGTON, PA 15301 |
| <b>Initial License Date</b>           | 09/30/2011           |
| <b>Expire Date</b>                    | 02/28/2022           |
| <b>License Status</b>                 | Current Active       |
| <b>Additional Public Information*</b> | No                   |

[Back to License Lookup Result](#)

**This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.**

\* "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.

[Back to License Lookup](#)



## WV Board of Osteopathic Medicine

### Licensee Verification: Details

| Name              | Title           | License Number       | Status                              | Office Address                              |
|-------------------|-----------------|----------------------|-------------------------------------|---------------------------------------------|
| Jocelyn Rae Idema | D.O.            | 3134                 | Active                              | 1200 JD Anderson Dr<br>Morgantown, WV 26505 |
| License Date      | Expiration Date | Other State Licenses | Primary Specialty (Self-Designated) | Secondary Specialty (Self-Designated)       |
| 09/21/2016        | 06/30/2020      |                      | ORS                                 |                                             |

### Controlled Substance License

| CSL Number | CSL Expiration Date |
|------------|---------------------|
| O12679     | 06/30/2019          |

### Discipline History

| Action Taken | Date Action Taken | Public Disciplinary Documents |
|--------------|-------------------|-------------------------------|
|              |                   | None                          |

### Other History

| License History | Date of Action |
|-----------------|----------------|
|-----------------|----------------|

## Education History

**Medical School****Graduation Date**

Philadelphia College of Osteopathic Medicine

06/05/2005

**Postgraduate Training****Graduation Date**

Oklahoma State University Medical Center

This data was retrieved on 05-26-2020.

Primary Source Verification from the West Virginia Board of Osteopathic Medicine.

No. 2005-0000916



I, REV. STEPHEN D. WEITZEL, hereby certify

that on the 22ND day of OCTOBER, 2005 A.D.

at ST. KATHARINE DREXEL CHURCH

THOMAS ALBERT MONKO

and

JOCELYN RAE IDEMA

WERE BY ME

*United in Marriage*

IN ACCORDANCE

with the license issued by Glenda Farner Strasbaugh, Clerk of Orphans' Court of Cumberland County, Pennsylvania

*Stephen D. Weitzel*

PASTOR

Title

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

May 8, 2020

Dr. Jocelyn Rae Idema, DO  
105 Whispering Heights Lane  
Venetia, PA 15367

**File Number: 17083**

Dear Dr. Idema:

Your application for Osteopathic Physician license has been processed. Your application is incomplete for the following reason(s):

Your National Practitioner Data Bank (NPDB) report has not been received. You will need to request a self-query from the NPDB by visiting <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> or contact the NPDB at (800) 767-6732. You will need to submit your self-query to the Board office. The NPDB will not submit this document on your behalf.

Your Postgraduate Training Evaluation Form has not been received from **Tulsa Regional Medical Center - 06/15/2005-06/14/2006**. Your program director will need to submit a complete Postgraduate Training Evaluation Form. A copy of the Postgraduate Training Evaluation Form can be found on our website at: <http://floridasosteopathicmedicine.gov/resources>.

NBOME exam results for the required COMLEX/COMVEX exam sections have not been received. COMLEX Level 1 and 2 are required, as well as one of the following: COMLEX Level 3 or the COMVEX. Other examinations (USMLE, FLEX) are not accepted.

Your scores must be requested directly from the National Board of Osteopathic Medical Examiners. Information about score requests can be found at [www.nbome.org](http://www.nbome.org). The NBOME can be reached by phone at 866.479.6828 or by email at [ClientServices@nbome.org](mailto:ClientServices@nbome.org) if you require assistance with requesting your scores.

You indicated on your application that you are NICA exempt. Submit documentation proving that you are NICA exempt. A list of acceptable exemption documents can be found online at: [https://www.nica.com/nonprt\\_obgyns/exemptions.html](https://www.nica.com/nonprt_obgyns/exemptions.html)

Your Federation of State Medical Boards (FSMB) Physician Profile has not been received. Your Profile may be sent by visiting: <http://www.fsmb.org/PDC>.

We have not received an official transcript from your School of Osteopathic Medicine. You will need to request that your transcript be sent from your school directly to the Board office; we cannot accept transcripts submitted by applicants. An official transcript must include your dates of enrollment and graduation and list the degree conferred.

We have not received official license verification for all licenses listed on your application. License verification must include the date of issuance, date of expiration, method by which you applied for

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161 • FAX: (850)



licensure, and any documentation for all disciplinary action taken against the license. Request license verification from the following states: West Virginia, Pennsylvania, Virginia.

We have not received your Livescan results. If you have already had your electronic fingerprinting completed, please allow 24-72 hours for receipt of your results. You can find more information on this process, including how to find a provider in your area and your ORI number, by visiting the Background Screening Website at <http://www.flhealthsource.gov/background-screening/>. Should your Criminal Background Check disclose an arrest record(s), you will need to provide documentation related to each criminal event revealed in your background, if you have not already done so. You can find a detailed description of documents that will be required by visiting the FAQs on the Background Screening Website (Click on 'General FAQs'). Note: Criminal History will be reviewed by the Background Screening Unit, not the Board Office. Please email all criminal history documents to [mqa.backgroundscreen@flhealth.gov](mailto:mqa.backgroundscreen@flhealth.gov). Any original certified documents must be mailed to the following address: Attn: Background Screening Unit Florida Department of Health 4052 Bald Cypress Way, Bin BSU-01 Tallahassee, FL, 32399

You will need to complete your application by submitting what is requested above. Please include your **file number** when submitting additional documentation or correspondence to us.

We may request information, explanation, or documentation based on a review of the documentation you submit. You will receive additional correspondence if anything further is required.

You may follow the progress of your application online at <http://flhealthsource.gov/mqa-services>. Your application will expire one year after submission if all required documentation for licensure has not been received, per 456.013(1)(a), Florida Statutes.

Contact the Board office by email at [mqa.osteopath@flhealth.gov](mailto:mqa.osteopath@flhealth.gov) with additional questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline Clahar-Anderson". The signature is written in a cursive, flowing style.

Jacqueline Clahar-anderson  
Regulatory Specialist II  
Florida Board of Osteopathic Medicine

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

July 29, 2020

Jocelyn Rae Idema, D.O.  
105 Whispering Heights Lane  
Venetia, PA 15367

File #17083

Dear Dr. Idema:

This letter concerns your application/evaluation of credentials received by the Florida Board of Osteopathic Medicine. Upon completion of the initial review of your application/credentials it has been determined your documents must be presented to the Board of Osteopathic Medicine for review and consideration at the next board meeting. You are required to attend the meeting.

Your file is being reviewed because you answered yes to the malpractice/liability claims question.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**

**Please join from your computer,  
tablet or smartphone.**

<https://global.gotomeeting.com/join/793180125>

**You can also dial in using your phone.**

**United States (Toll Free): 1-866-899-4679**

**Access Code: 793-180-125**

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board.** We appreciate your continued cooperation and assistance.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**Accredited Health Department**  
Public Health Accreditation Board

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

**From:** [Peace, Christa](#)  
**To:** ["spinedocidema@gmail.com"](mailto:spinedocidema@gmail.com)  
**Subject:** Board Notification-Idema  
**Date:** Wednesday, July 29, 2020 1:57:27 PM  
**Attachments:** [Jocelyn Idema.pdf](#)

---

Greetings,

Your application will be presented at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. You are required to attend the meeting. Please see the attached correspondence.

Sincerely,

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



**Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the **Healthiest State** in the Nation

**Values:** Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

---

***PLEASE NOTE:** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.*



CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed  
from this document for security reasons**

**Scroll down to see the available pages or  
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appropriate board.

## Statement Regarding Affirmative Answers on Florida Application

### 1. Board Action/Discipline

Dear Sir or Madam,

Please allow this to represent my explanation to my affirmative answer to the question "Have you ever been reprimanded by a licensing agency?"

The answer is NO with regards to my license as a physician. However, for the sake of complete transparency, I have answered yes as it does pertain to my practice as a Physician Assistant PRIOR to my returning and graduating from medical school.

In 2006 I was working full time as a Physician Assistant in emergency and family medicine. I saw and treated two individuals for traumatic injuries on a pro bono basis excepting absolutely nothing in return. Part of these two incidences where evaluation, suturing and treatment with antibiotics and T&C#3 –all as completely appropriate for indication. However, these specific patients had no insurance and as stated, treated for free in the emergency department I was employed at the time. No record of these visits was documented and because the codeine was a controlled substance I was found to be deficient in the care without proper documentation. For this matter, I was placed on a probationary period with NYS and not simply completed but was released from this probationary period early for exemplary participation and transparency.

Again, this was prior to my career as a physician. I regret the poor decision making in regards to documentation and except complete responsibility. However, I in no way was involved in anything immoral or illegal. There has been absolutely no continuing documentation nor practice related issues since. I hope this satisfies your needs but please contact me immediately should you require any further explanation.

### 2. Surrender of DEA license

In 2006 I was working full time as a Physician Assistant in emergency and family medicine. I saw and treated two individuals for traumatic injuries on a pro bono basis excepting absolutely nothing in return. Part of these two incidences where evaluation, suturing and treatment with antibiotics and T&C#3 –all as completely appropriate for indication. However, these specific patients had no insurance and as stated, treated for free in the emergency department I was employed at the time.

**ATTN: Florida Dept. of Health  
Background Screening Unit**

**RE: Michael Wisiorek, DO –pending Osteopathic applicant**

RECEIVED  
APR 10 2020  
BSPN-Unit

1901-16991-4A

Dr. Michael F. Wisiorek  
192 Rivermist drive  
Buffalo, New York 14202  
1-716-939-0171  
[MFW@roadrunner.com](mailto:MFW@roadrunner.com)

1/5/2020

Dear Sir or Madam,

As part of my application for the privilege to practice medicine in the State of Florida, I have been asked for a personal statement regarding the transgressions of my past so my application might better be understood. I appreciate this opportunity to be transparent and move forward.

Currently, I am a double board certified physician in the Western New York area with a well established and respected practice. My family lives here in the border city of Buffalo, NY and I have fostered local children for years and have adopted one such child. I have been completely abstinent of alcohol for 17 years and have professionally documented such with state sponsored medical societies since 2006.

When I was a younger man I had little direction and even less maturity. I openly admit to abusing alcohol when I was young and while ashamed of the hubris I demonstrated then I am equally proud of my life and its accomplishments. These are the events of the incidents that led to my arrest starting 32 years ago.

First Incident:

In the late 1980s I was working locally in restaurants and trades with little direction in life. One evening I was home actually in bed when called by a friend whom recently ended a relationship asking me for a drink. I got dressed and met him for no longer than 2 hours. We consumed a pitcher of beer and had two shot glasses of whiskey and I excused myself home. En route home an officer observed me speeding and pulled me over smelling alcohol. I was subsequently arrested and processed ultimately ending in what is considered a traffic violation in New York—driving while ability impaired as it did not rise to the charge of driving while intoxicated. I paid a fine and complied with alcohol screening and evaluation by the court.

Second incident

In 2000 I was celebrating a friend's graduation from college. This included excessive consumption of beer at a local brew pub. Foolishly, I attempted to drive home and was promptly stopped by local law enforcement for a lane change without a directional and with similar events of the prior. Again, a driving violation of DWAI and fine was issued and subsequent evaluation and compliance.

Last Incident

2 years later, 2003 I was attending a friend's stag party in advance of his wedding. Again, excessive consumption of alcohol led to not only an arrest, but life changing events that ultimately changed my life. I stopped for gasoline at a local station and the good woman working as a cashier smelled what she believed to be alcohol on my while I was paying and she called the police. I was stopped about a mile down the road as my vehicle was recognized from her description. A 3<sup>rd</sup> DWAI violation was reached and with the strength of family, humility and shame I was able to see my youth as it was-aimless and reckless.

Fortunately, no one was ever injured by my poor judgment. This very painful wake up call (yes I know it took three) ultimately led to my complete abstinence of alcohol and re-assessment and direction of my life. I was able to return to college and obtain 4 degrees including graduation from medical school. As you might guess, these events were strictly reviewed prior to my acceptance into such institutions and even more so by the NYS Health Department and U.S. Federal Drug Enforcement Agency prior to my licensure to practice medicine. I have been part of the recovery community in my city for 20 years helping others with treatment in all substance abuse issues. I am a certified opiate treatment physician as well working with other professionals in the fight against the opiate crisis.

Further, these event have been deeply scrutinized by Erie County and New York State again while training to be a certified Erie County foster home and yet AGAIN with the family court system during the adoption of my son.

I understand completely your concerns about my abuse history. My application does not simply ask for forgiveness, nor does it ask anyone to take my word on these issues. I humbly ask you take the factual and unwavering credibility of NYS, Erie County, NYS health Department, NYS medical Society, Federal DEA, and the dedication to sobriety I have been blessed and proud of since 2003—almost 17 years.

Please feel free to contact me at any time should you have any further question.

Sincerely,

Dr. Michael F. Wisiorek

A handwritten signature in black ink that reads "Michael F. Wisiorek D.O." in a cursive script.

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appropriate board.

Nirav R. Shah, M.D., M.P.H.  
Commissioner

**NEW YORK**  
state department of  
**HEALTH**

*Public*

Sue Kelly  
Executive Deputy Commissioner

December 20, 2011

***CERTIFIED MAIL RETURN RECEIPT REQUESTED***

Michael F. Wisniewski, R.P.A., D.O.

REDACTED ADDRESS

Re: License No. 009377 (physician assistant)  
261764 (physician)

Dear Dr. Wisniewski:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 11-301. This order and any penalty provided therein goes into effect December 27, 2011.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

REDACTED SIGNATURE  
Katherine A. Hawkins, M.D., J.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

cc: Edward C. Cosgrove, Esq.  
565 Abbott Road  
Buffalo, NY 14202-1303

HEALTH.NY.GOV  
Telephone: 212-417-4445  
www.health.ny.gov

NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

CONSENT

OF

ORDER

MICHAEL WISIOREK, R.P.A., D.O.

BPMC No. 11-301

Upon the application of MICHAEL WISIOREK, R.P.A., D.O. (Respondent) in the attached Consent Agreement, that is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board, either by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, or upon facsimile or email transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATED: 12/19/2011

REDACTED SIGNATURE

KENDRICK A. SEARS, M.D.

Chair  
State Board for Professional  
Medical Conduct

STATE OF NEW YORK DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

CONSENT

OF

AGREEMENT

MICHAEL WISIOREK, R.P.A., D.O.  
BU-10-05-2775-A

MICHAEL WISIOREK, R.P.A., D.O. (Respondent), representing that all of the following statements are true, deposes and says:

That on or about June 13, 2011, I was licensed to practice medicine in the State of New York and issued license number 281764 by the New York State Education Department. I am currently registered with the New York State Education Department to practice medicine through May 31, 2013. I was authorized to practice as a physician's assistant in New York State on or about July 3, 2003 by the issuance of registration number 009377 by the New York State Education Department. I am registered with the New York State Education Department to practice as a physician's assistant through October 31, 2011. I understand this Consent Order and its discipline, along with the attached terms and conditions of probation, apply to my licenses to practice medicine as a physician and as a physician assistant.

My current address is REDACTED ADDRESS and I will advise the Director (Director) of the Office of Professional Medical Conduct (OPMC) of any change of my address within thirty (30) days thereof.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with three (3) Specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit A, is attached to and part of this Consent Agreement.

I do not contest the three (3) Specifications, and agree to the following sanction:

Censure and Reprimand;

Respondent shall be subject to five (5) years probation, with terms and conditions in accordance with Exhibit B attached, and any extension and/or modifications thereto;

I agree, further, that the Consent Order shall impose the following conditions:

That Respondent shall remain in continuous compliance with all requirements of New York Education Law § 8502 including, but not limited to, the requirements that a licensee shall register and continue to be registered as a physician with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in New York Education Law § 8502(4) to avoid registration and payment of fees. This condition shall take effect 30 days after the effective date of the Consent Order and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall cooperate fully with the OPMC in its administration and enforcement of the Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Agreement. Respondent shall meet with a person designated by the Director, OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of the Consent Order shall constitute misconduct as defined by New York Education Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and the Consent Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence, and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to New York Public Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that the Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, or upon facsimile or email transmission to me or my attorney, whichever is first. The Consent Order, this Consent Agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department of Health website.

I stipulate that the proposed sanction and Consent Order are authorized by New York Public Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, administratively and/or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director, OPMC, and the Chair of the Board each retain complete discretion either to enter into the proposed Consent Agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

AFFIRMED:

DATED: 10/15/11

REDACTED SIGNATURE

MICHAEL WISIOREK, R.P.A., D.O.  
Respondent

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: December 13, 2011

REDACTED SIGNATURE

EDWARD C. COSGROVE, Esq.  
Attorney for Respondent

DATE: December 15, 2011

REDACTED SIGNATURE

MICHAEL G. BASS  
Assistant Counsel  
Bureau of Professional Medical Conduct

DATE: 12/16/11

REDACTED SIGNATURE

KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

**EXHIBIT A**

NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER  
OF  
MICHAEL WISIOREK, R.P.A., D.O.

STATEMENT  
OF  
CHARGES

MICHAEL WISIOREK, R.P.A., D.O., the Respondent, was authorized to practice medicine in New York State on or about June 13, 2011 by the issuance of license number 261764 by the New York State Education Department. Respondent is currently registered with the New York State Education Department to practice medicine through May 31, 2013. Respondent was authorized to practice as a physician assistant in New York State on July 3, 2003 by the issuance of registration number 009377 by the New York State Education Department. Respondent is registered with the New York State Education Department to practice as a physician assistant in New York State through October 31, 2011.

FACTUAL ALLEGATIONS

- A. Respondent, as a physician assistant, provided medical care to Patient A (patients are identified in the attached appendix), a 19 year old female, in Cheektowaga, New York on or about the summer of 2009. Patient A complained of low back pain, and Respondent prescribed her a narcotic based analgesic. Respondent's care and treatment of Patient A failed to meet accepted standards of medical practice in that:
- f. Respondent, as a physician assistant, made no attempt at the utilization of non-controlled pain management analgesics and adjuvant physical modalities in therapeutics prior to prescribing Patient A a narcotic based analgesic.

2. Respondent, as a physician assistant, failed to adequately document his treatment of Patient A.

B. Respondent, as a physician assistant, provided medical care for Patient B, a 22 year old female, in Cheektowaga, New York on or about the summer of 2009. Patient B complained of back and knee pain, and Respondent prescribed her a narcotic based analgesic. Respondent's care and treatment of Patient B failed to meet accepted standards of medical practice in that:

1. Respondent, as a physician assistant, made no attempt at the utilization of non-controlled pain management analgesics and adjuvant physical modalities in therapeutics prior to prescribing Patient B a narcotic based analgesic.
2. Respondent, as a physician assistant, failed to document his treatment of patient B.

C. Respondent, on occasions from on or about the winter of 1987 to on or about the summer of 2009, consumed alcohol in excessive amounts.

### SPECIFICATION OF CHARGES

#### FIRST SPECIFICATION

#### NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

1. The facts in paragraphs A and A.1, A and A.2, B and B.1, and/or B and B.2.

**SECOND SPECIFICATION**  
**FAILURE TO MAINTAIN A RECORD**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient as alleged in the facts of any one of the following:

2. The facts in paragraphs A and A.2 and/or B and B.2.

**THIRD SPECIFICATION**  
**ABUSER OF ALCOHOL**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530 (8) by being an abuser of alcohol.

3. The facts in paragraph C.

DATED: *December 16, 2011*

REDACTED SIGNATURE

Peter D. Van Buren  
Deputy Counsel  
Bureau of Professional Medical Conduct

**EXHIBIT B**  
**Terms of Probation**

1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
2. Respondent shall maintain active registration of Respondent's license to practice as a physician (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.
3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299 with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; all current and past affiliations and/or privileges, with hospitals, institutions, facilities, medical practices, managed care organizations, and/or applications for such affiliations and/or privileges; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.
4. Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
5. Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses (Tax Law § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32).
6. The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.
7. Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.

8. Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.
9. Respondent shall remain free from alcohol and all other mood altering substances other than those prescribed for Respondent's treatment by a licensed health care professional aware of Respondent's history of chemical dependency. Respondent shall not self-prescribe any medications.
10. Respondent shall notify all treating physicians of Respondent's history of substance abuse. Respondent shall advise OPMC of any controlled or mood-altering substance given or prescribed by treating physicians.
11. Within thirty (30) days of the effective date of the Consent Order, Respondent shall practice only when monitored by qualified health care professional monitors: a Sobriety Monitor, Practice Supervisor and a Therapist. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.

All monitors shall be proposed by Respondent and approved, in writing, by the Director of OPMC before Respondent may practice after the effective date of this Order. Within 7 days of learning the approved monitor is no longer willing or able to serve, Respondent shall submit the name of a proposed successor to the Director of OPMC. Monitors shall not be family members or personal friends or be in professional relationships that would pose a conflict with monitoring responsibilities. All monitors shall execute acknowledgment forms provided by OPMC certifying familiarity with Respondent's history of substance abuse, with this Order and its terms, and acknowledging a willingness to comply with the monitor's reporting responsibilities regarding Respondent's compliance with the terms of this Order.

- a. Respondent shall ensure that the monitors are familiar with Respondent's history of substance abuse and with the terms of this Order. Respondent shall cause the monitors to report any deviation from compliance with the terms of this Order to OPMC. Respondent shall cause the monitors to submit required reports on a timely basis.
- b. Respondent shall submit to random, unannounced observed blood, breath and/or urine screens for the presence of drugs and alcohol (hereafter "drug screen"), when requested by a monitor. The monitoring shall be on a random, unannounced, directly-observed, 7-day-a-week, 24-hour-a-day basis. Respondent shall report for a drug screen within 4 hours of being contacted by a monitor. Monitors shall report to OPMC immediately if Respondent refuses or delays a test or if a test is positive for alcohol, or any other unauthorized drug or substance. Respondent shall avoid all substances that may cause positive urine drug screens, such as poppy seeds, mouthwash or cough medicine. Any positive test result shall constitute a violation of the terms of this Order.
- c. Respondent shall meet regularly with a Sobriety Monitor. During the first 12 months of monitoring, the Sobriety Monitor shall obtain drug screens at a frequency of no less than 6 times per month. If Respondent is compliant throughout the first 12-month period, subsequent drug screens shall be obtained at a frequency to be proposed by the Sobriety Monitor and approved by OPMC. The Sobriety Monitor shall submit quarterly reports to OPMC certifying Respondent's sobriety or lack of sobriety. These reports are to include

forensically valid results of all drug screens performed and an assessment of self-help group (e.g., AA/NA/Caduceus) attendance and 12-step progress.

- d. Respondent shall practice only when supervised in medical practice by a licensed physician (hereafter "Practice Supervisor"). The Practice Supervisor shall be on-site at all locations, unless determined otherwise by the Director of OPMC, and shall be in a position to regularly observe and assess Respondent's medical practice. The Practice Supervisor shall oversee Respondent's compliance with the terms of practice imposed by the Order and Respondent's prescribing, administering, dispensing, inventorying, wasting and disposal of controlled substances. The Practice Supervisor shall report to OPMC immediately any suspected impairment, inappropriate behavior, questionable medical practice, possible misconduct, or violation by Respondent of any of the terms of this Order. The Practice Supervisor shall submit quarterly reports to OPMC regarding the quality of Respondent's medical practice and prescribing practices, any unexplained absences from work, and certifying Respondent's compliance or detailing Respondent's failure to comply with each term imposed.
- e. Respondent shall engage and continue in therapy with a treating health care professional (hereinafter "Therapist"). Respondent shall cause the Therapist to submit a proposed treatment plan and quarterly reports to OPMC certifying whether Respondent is in compliance with the treatment plan. OPMC, at its discretion, may provide information or documentation from its investigative files concerning Respondent to Respondent's Therapist. The Therapist shall report to OPMC immediately if Respondent leaves treatment against medical advice or displays any symptoms of a suspected or actual relapse.
12. At the direction of the Director of OPMC, Respondent shall submit to evaluations by a board-certified psychiatrist, licensed mental health practitioner or other health care professional or program designated by the Director (hereafter "Evaluator.") Respondent shall provide the Evaluator with a copy of this Order and copies of all previous treatment records. OPMC, at its discretion, may provide information or documentation from its investigative files concerning Respondent to Respondent's Evaluator. The Evaluator shall report to the Director regarding Respondent's condition and fitness or incapacity to practice medicine. Respondent shall comply with all treatment recommendations based upon the evaluation; failure to comply with such treatment recommendations shall constitute professional misconduct.
13. Respondent shall enroll, or continue enrollment, in the Committee for Physician Health (CPH) and shall engage in a contract with CPH that defines the terms, conditions and duration of Respondent's recovery program. Respondent shall comply with the contract. Respondent shall give written authorization for CPH to provide the Director of OPMC with all information or documentation requested by OPMC to determine whether Respondent is in compliance with the contract and with this Order, including full access to all records maintained by CPH will respect to Respondent;
- a. Respondent shall cause CPH to report to OPMC promptly if Respondent refuses to comply with the contract, refuses to submit to treatment or if Respondent's impairment is not substantially alleviated by treatment;
- b. Respondent shall cause CPH to report immediately to OPMC if Respondent is regarded at any time to be an imminent danger to the public.

14. Respondent shall comply with this Consent Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.

Nirav R. Shah, M.D., M.P.H.  
Commissioner

**NEW YORK**  
state department of  
**HEALTH**

*Public*

Sue Kelly  
Executive Deputy Commissioner

December 20, 2011

**CERTIFIED MAIL RETURN RECEIPT REQUESTED**

Michael F. Wisiorek, R.P.A., D.O.

REDACTED ADDRESS

Re: License No. 009377 (physician assistant)  
261764 (physician)

Dear Dr. Wisiorek:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 11-301. This order and any penalty provided therein goes into effect December 27, 2011.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

REDACTED SIGNATURE  
Katherine A. Hawkins, M.D., J.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

cc: Edward C. Cosgrove, Esq.  
565 Abbott Road  
Buffalo, NY 14202-1303

HEALTH.NY.GOV  
1-800-458-8000  
www.health.ny.gov

NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

CONSENT

OF

ORDER

MICHAEL WISIOREK, R.P.A., D.O.

BPMC No. 11-301

Upon the application of MICHAEL WISIOREK, R.P.A., D.O. (Respondent), in the attached Consent Agreement, that is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board, either by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, or upon facsimile or email transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATED: 12/19/2011

REDACTED SIGNATURE

KENDRICK A. SEARS, M.D.

Chair

State Board for Professional  
Medical Conduct

STATE OF NEW YORK DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

CONSENT

OF

AGREEMENT

MICHAEL WISIOREK, R.P.A., D.O.  
BU-10-05-2775-A

MICHAEL WISIOREK, R.P.A., D.O. (Respondent), representing that all of the following statements are true, deposes and says:

That on or about June 13, 2011, I was licensed to practice medicine in the State of New York and issued license number 281764 by the New York State Education Department. I am currently registered with the New York State Education Department to practice medicine through May 31, 2013. I was authorized to practice as a physician's assistant in New York State on or about July 3, 2003 by the issuance of registration number 009377 by the New York State Education Department. I am registered with the New York State Education Department to practice as a physician's assistant through October 31, 2011. I understand this Consent Order and its discipline, along with the attached terms and conditions of probation, apply to my licenses to practice medicine as a physician and as a physician assistant.

My current address is REDACTED ADDRESS and I will advise the Director (Director) of the Office of Professional Medical Conduct (OPMC) of any change of my address within thirty (30) days thereof.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with three (3) Specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit A, is attached to and part of this Consent Agreement.

I do not contest the three (3) Specifications, and agree to the following sanction:

Censure and Reprimand;

Respondent shall be subject to five (5) years probation, with terms and conditions in accordance with Exhibit B attached, and any extension and/or modifications, thereto;

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct, this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence, and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to New York Public Health Law.

I ask the Board to adopt this Consent Agreement.

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and the Consent Order shall be admitted into evidence in that proceeding.

I stipulate that my failure to comply with any conditions of the Consent Order shall constitute misconduct as defined by New York Education Law § 6530(29).

That Respondent shall cooperate fully with the OPMC in its administration and enforcement of the Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Agreement. Respondent shall meet with a person designated by the Director, OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

That Respondent shall remain in continuous compliance with all requirements of New York Education Law § 6502 including, but not limited to, the requirements that a licensee shall register and continue to be registered as a physician with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in New York Education Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 30 days after the effective date of the Consent Order and will continue so long as Respondent remains a licensee in New York State, and

I agree, further, that the Consent Order shall impose the following conditions:

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that the Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, or upon facsimile or email transmission to me or my attorney, whichever is first. The Consent Order, this Consent Agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department of Health website.

I stipulate that the proposed sanction and Consent Order are authorized by New York Public Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, administratively and/or judicially. I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director, OPMC, and the Chair of the Board each retain complete discretion either to enter into the proposed Consent Agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

AFFIRMED:

DATED: 10/13/11

REDACTED SIGNATURE

MICHAEL WISIOREK, R.P.A., D.O.  
Respondent

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: December 13, 2011

REDACTED SIGNATURE

EDWARD C. COSGROVE, Esq.  
Attorney for Respondent

DATE: December 15, 2011

REDACTED SIGNATURE

MICHAEL G. BASS  
Assistant Counsel  
Bureau of Professional Medical Conduct

DATE: 12/16/11

REDACTED SIGNATURE

KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

**EXHIBIT A**

NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER  
OF  
MICHAEL WISIOREK, R.P.A., D.O.

STATEMENT  
OF  
CHARGES

MICHAEL WISIOREK, R.P.A., D.O., the Respondent, was authorized to practice medicine in New York State on or about June 13, 2011 by the issuance of license number 261764 by the New York State Education Department. Respondent is currently registered with the New York State Education Department to practice medicine through May 31, 2013. Respondent was authorized to practice as a physician assistant in New York State on July 3, 2003 by the issuance of registration number 009377 by the New York State Education Department. Respondent is registered with the New York State Education Department to practice as a physician assistant in New York State through October 31, 2011.

**FACTUAL ALLEGATIONS**

- A. Respondent, as a physician assistant, provided medical care to Patient A (patients are identified in the attached appendix), a 19 year old female, in Cheektowaga, New York on or about the summer of 2009. Patient A complained of low back pain, and Respondent prescribed her a narcotic based analgesic. Respondent's care and treatment of Patient A failed to meet accepted standards of medical practice in that:
1. Respondent, as a physician assistant, made no attempt at the utilization of non-controlled pain management analgesics and adjuvant physical modalities in therapeutics prior to prescribing Patient A a narcotic based analgesic.

2. Respondent, as a physician assistant, failed to adequately document his treatment of Patient A.

B. Respondent, as a physician assistant, provided medical care for Patient B, a 22 year old female, in Cheektowaga, New York on or about the summer of 2009. Patient B complained of back and knee pain, and Respondent prescribed her a narcotic based analgesic. Respondent's care and treatment of Patient B failed to meet accepted standards of medical practice in that:

1. Respondent, as a physician assistant, made no attempt at the utilization of non-controlled pain management analgesics and adjuvant physical modalities in therapeutics prior to prescribing Patient B a narcotic based analgesic.
2. Respondent, as a physician assistant, failed to document his treatment of patient B.

C. Respondent, on occasions from on or about the winter of 1987 to on or about the summer of 2009, consumed alcohol in excessive amounts.

### SPECIFICATION OF CHARGES

#### FIRST SPECIFICATION

#### NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

1. The facts in paragraphs A and A.1, A and A.2, B and B.1, and/or B and B.2.

**SECOND SPECIFICATION**  
**FAILURE TO MAINTAIN A RECORD**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient as alleged in the facts of any one of the following:

2. The facts in paragraphs A and A.2 and/or B and B.2.

**THIRD SPECIFICATION**  
**ABUSER OF ALCOHOL**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530 (8) by being an abuser of alcohol.

3. The facts in paragraph C.

DATED: *December 16*, 2011

REDACTED SIGNATURE

Peter D. Van Buren  
Deputy Counsel  
Bureau of Professional Medical Conduct

**EXHIBIT B**  
**Terms of Probation**

1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
2. Respondent shall maintain active registration of Respondent's license to practice as a physician (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.
3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299 with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice, all professional and residential addresses and telephone numbers within and outside New York State, all current and past affiliations and/or privileges, with hospitals, institutions, facilities, medical practices, managed care organizations, and/or applications for such affiliations and/or privileges; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.
4. Respondent shall cooperate fully with, and respond in a timely manner to OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
5. Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32].
6. The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A", or as are necessary to protect the public health.
7. Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.

8. Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.
9. Respondent shall remain free from alcohol and all other mood-altering substances other than those prescribed for Respondent's treatment by a licensed health care professional aware of Respondent's history of chemical dependency. Respondent shall not self-prescribe any medications.
10. Respondent shall notify all treating physicians of Respondent's history of substance abuse. Respondent shall advise OPMC of any controlled or mood-altering substance given or prescribed by treating physicians.
11. Within thirty (30) days of the effective date of the Consent Order, Respondent shall practice only when monitored by qualified health care professional monitors: a Sobriety Monitor, Practice Supervisor and a Therapist. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.

All monitors shall be proposed by Respondent and approved, in writing, by the Director of OPMC before Respondent may practice after the effective date of this Order. Within 7 days of learning the approved monitor is no longer willing or able to serve, Respondent shall submit the name of a proposed successor to the Director of OPMC. Monitors shall not be family members or personal friends or be in professional relationships that would pose a conflict with monitoring responsibilities. All monitors shall execute acknowledgment forms provided by OPMC certifying familiarity with Respondent's history of substance abuse, with this Order and its terms, and acknowledging a willingness to comply with the monitor's reporting responsibilities regarding Respondent's compliance with the terms of this Order.

- a. Respondent shall ensure that the monitors are familiar with Respondent's history of substance abuse and with the terms of this Order. Respondent shall cause the monitors to report any deviation from compliance with the terms of this Order to OPMC. Respondent shall cause the monitors to submit required reports on a timely basis.
- b. Respondent shall submit to random, unannounced observed blood, breath and/or urine screens for the presence of drugs and alcohol (hereafter "drug screen"), when requested by a monitor. The monitoring shall be on a random, unannounced, directly-observed, 7-day-a-week, 24-hour-a-day basis. Respondent shall report for a drug screen within 4 hours of being contacted by a monitor. Monitors shall report to OPMC immediately if Respondent refuses or delays a test or if a test is positive for alcohol, or any other unauthorized drug or substance. Respondent shall avoid all substances that may cause positive urine drug screens, such as poppy seeds, mouthwash or cough medicine. Any positive test result shall constitute a violation of the terms of this Order.
- c. Respondent shall meet regularly with a Sobriety Monitor. During the first 12 months of monitoring, the Sobriety Monitor shall obtain drug screens at a frequency of no less than 6 times per month. If Respondent is compliant throughout the first 12-month period, subsequent drug screens shall be obtained at a frequency to be proposed by the Sobriety Monitor and approved by OPMC. The Sobriety Monitor shall submit quarterly reports to OPMC certifying Respondent's sobriety or lack of sobriety. These reports are to include

forensically valid results of all drug screens performed and an assessment of self-help group (e.g., AA/NA/Caduceus) attendance and 12-step progress.

- d. Respondent shall practice only when supervised in medical practice by a licensed physician (hereafter "Practice Supervisor"). The Practice Supervisor shall be on-site at all locations, unless determined otherwise by the Director of OPMC, and shall be in a position to regularly observe and assess Respondent's medical practice. The Practice Supervisor shall oversee Respondent's compliance with the terms of practice imposed by the Order and Respondent's prescribing, administering, dispensing, inventorying, wasting and disposal of controlled substances. The Practice Supervisor shall report to OPMC immediately any suspected impairment, inappropriate behavior, questionable medical practice, possible misconduct, or violation by Respondent of any of the terms of this Order. The Practice Supervisor shall submit quarterly reports to OPMC regarding the quality of Respondent's medical practice and prescribing practices, any unexplained absences from work, and certifying Respondent's compliance or detailing Respondent's failure to comply with each term imposed.
- e. Respondent shall engage and continue in therapy with a treating health care professional (hereinafter "Therapist"). Respondent shall cause the Therapist to submit a proposed treatment plan and quarterly reports to OPMC certifying whether Respondent is in compliance with the treatment plan. OPMC, at its discretion, may provide information or documentation from its investigative files concerning Respondent to Respondent's Therapist. The Therapist shall report to OPMC immediately if Respondent leaves treatment against medical advice or displays any symptoms of a suspected or actual relapse.

12. At the direction of the Director of OPMC, Respondent shall submit to evaluations by a board-certified psychiatrist, licensed mental health practitioner or other health care professional or program designated by the Director (hereafter "Evaluator.") Respondent shall provide the Evaluator with a copy of this Order and copies of all previous treatment records. OPMC, at its discretion, may provide information or documentation from its investigative files concerning Respondent to Respondent's Evaluator. The Evaluator shall report to the Director regarding Respondent's condition and fitness or incapacity to practice medicine. Respondent shall comply with all treatment recommendations based upon the evaluation; failure to comply with such treatment recommendations shall constitute professional misconduct.

13. Respondent shall enroll, or continue enrollment, in the Committee for Physician Health (CPH) and shall engage in a contract with CPH that defines the terms, conditions and duration of Respondent's recovery program. Respondent shall comply with the contract. Respondent shall give written authorization for CPH to provide the Director of OPMC with all information or documentation requested by OPMC to determine whether Respondent is in compliance with the contract and with this Order, including full access to all records maintained by CPH will respect to Respondent.

- a. Respondent shall cause CPH to report to OPMC promptly if Respondent refuses to comply with the contract, refuses to submit to treatment or if Respondent's impairment is not substantially alleviated by treatment.
- b. Respondent shall cause CPH to report immediately to OPMC if Respondent is regarded at any time to be an imminent danger to the public.

14. Respondent shall comply with this Consent Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.

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456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

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prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: credentials@AOAprofiles.org

|                                              |                                            |                                              |                                                                                     |
|----------------------------------------------|--------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Physician Name:</b>                       | Michael F. Wisiorek, DO                    | <b>Work Phone:</b>                           | (716) 891-2400                                                                      |
| <b>Address:</b>                              | 192 Rivermist Dr<br>Buffalo, NY 14202-4307 | <b>Birth Date:</b>                           |  |
| <b>Self-Designated Major Practice Focus:</b> | Family Medicine                            | <b>Self-Designated Minor Practice Focus:</b> | Emergency Medicine                                                                  |
| <b>AOA Membership Status:</b>                | Member                                     |                                              |                                                                                     |

**The following information was obtained from the original issuing source of the credential, also known as the primary source**

|                                |                                                                                                                                                                                                                                                                                                                                                                         |                            |                                  |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|
| <b>Predoctoral Education:</b>  | Lake Erie College of Osteopathic Medicine<br>Erie PA                                                                                                                                                                                                                                                                                                                    | <b>Year of Graduation:</b> | 2009                             |
| <b>Postdoctoral Education:</b> | (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.) |                            |                                  |
| <b>Residency:</b>              | NYCOMEC/Sisters of Charity Hosp - Family Medicine Residency<br>Buffalo NY<br>(Formerly: NYCOM/Sisters of Charity Hosp - Family Practice Residency )<br>Program Closed: Jul 01, 2018                                                                                                                                                                                     | <b>Dates Attended:</b>     | 07/01/2009 - 06/30/2010 Verified |
| <b>Residency:</b>              | NYCOMEC/Sisters of Charity Hosp - Family Medicine Residency<br>Buffalo NY<br>(Formerly: NYCOM/Sisters of Charity Hosp - Family Practice Residency )<br>Program Closed: Jul 01, 2018                                                                                                                                                                                     | <b>Dates Attended:</b>     | 07/01/2010 - 06/30/2011 Verified |
| <b>Residency:</b>              | NYCOMEC/Sisters of Charity Hosp - Family Medicine Residency<br>Buffalo NY<br>(Formerly: NYCOM/Sisters of Charity Hosp - Family Practice Residency )<br>Program Closed: Jul 01, 2018                                                                                                                                                                                     | <b>Dates Attended:</b>     | 07/01/2011 - 06/30/2012 Verified |

**Please note:** Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.

|                   |                        |
|-------------------|------------------------|
| <b>Residency:</b> | <b>Dates Attended:</b> |
|-------------------|------------------------|

142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org)

| Licenses: | State | Date Granted | Expiration Date | Status | Date Last Reported to the AOA | ** Contact Board for More Information |
|-----------|-------|--------------|-----------------|--------|-------------------------------|---------------------------------------|
|           | NY    | 06/13/2011   | 10/31/2020      | Active | 07/29/2019                    | Yes                                   |

\*\* A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

**Osteopathic Specialty Board Certification(s):**

(Certification by one or more of the 18 AOA certifying boards as reported by the Bureau of Osteopathic Specialists.)  
Physicians holding time-limited board certification (those certifications with expiration dates) are required to participate in Osteopathic Continuous Certification (OCC) in order to maintain their AOA board certification. Physicians holding non-time-limited board certification (no expiration date) may voluntarily participate in OCC, but participation in OCC does not change their non-time-limited certification status. Please note that diplomate files will be closely monitored for compliance with OCC, and your organization will be automatically notified of any change of status. For more information on OCC, visit [www.osteopathic.org](http://www.osteopathic.org)

**American Osteopathic Board of:**

|                                   |                     |                    |            |                         |            |
|-----------------------------------|---------------------|--------------------|------------|-------------------------|------------|
| <b>General Certification(s) :</b> | Family Medicine/OMT | <b>Issue Date:</b> | 08/24/2012 | <b>Expiration Date:</b> | 12/31/2020 |
| <b>OCC Participating:</b>         | Yes                 |                    |            |                         |            |

**Federal Drug Enforcement Administration:**

As of 02/24/2019 Federal DEA registration is valid.  
**Please note:** Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.

**Former Name(s):** Michael F Wisiorek

**Please Note:**

The content of this Official Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on physicians. Appropriate use of this instrument in combination with your organizations documented credentialing policies and procedures meets the primary source requirements of the Healthcare Facilities Accreditation Program (HFAP/AAHHS); the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); The Joint Commission; URAC; DNV GL; and the National Association of Insurance Commissioners (NAIC). The National Committee for Quality Assurance (NCQA) recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.

If you find any discrepancies, please mark them on a copy of this report and email to the AOIA [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org). Thank you.



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records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.



## Office of the Professions

### Verification Searches

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The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

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#### License Information \*

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06/25/2020

**Name :** WISIOREK MICHAEL FRANCIS

**Address :** BUFFALO NY

**Profession :** MEDICINE

**License No:** 261764

**Date of Licensure :** 06/13/2011

**Additional Qualification :**

**Status :** REGISTERED

**Registered through last day of :** 10/20

**Medical School:** LAKE ERIE COL OSTEO MED **Degree Date :** 05/31/2009

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(Use your browser's back key to return to licensee list.)

\* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

**Note:** The Board of Regents does not discipline *physicians(medicine)*, *physician assistants*, or *specialist assistants*. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's [Office of Professional Medical Conduct](#) homepage.

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Further information on physicians may be found on the following external sites (The State Education Department is not responsible for the accuracy or completeness of information located on external Internet addresses.):

[American Board of Medical Specialties](#)

[American Medical Association:](#)

- For the general public: [AMA Physician Select, On-line Doctor Finder](#)

- For organizations that verify physician credentials: [AMA Physician Profiles](#)

[American Osteopathic Association, AOA-Net](#)

[Association of State Medical Board Executive Directors-\(A.I.M."DOCFINDER"\)](#)

[New York State Department of Health Physician Profiles](#)

The following sites provide additional information concerning the medical profession:

[CLEAR \(Council on Licensure, Enforcement and Regulation\)](#)

[Federation of State Medical Boards](#)



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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

July 6, 2020

Michael F Wisiorek  
192 Rivermist Drive  
Buffalo, NY 14202

Dear Wisiorek:

This letter is concerning your application/evaluation of credentials received by the Florida Board of Osteopathic Medicine. Upon completion of the initial review of your application/credentials it has been determined your documents must be presented to the Board of Osteopathic Medicine for review and consideration at the next board meeting. You are required to attend the meeting.

Your file is being reviewed because you responded affirmatively to malpractice questions, licensure history questions and health history questions.

The date of the meeting is **August 21, 2020**.

**You will receive a letter with complete details and instructions as the meeting date is closer.**

The Board is requiring that all persons appearing before the Board join the call prior to the start time. **It is not possible to give you the exact time that your file will be reviewed by the Board.**

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

*Carol Taylor*

Carol Taylor  
Program Operations Administrator

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



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---

April 15, 2020

Michael F Wisiorek, DO  
192 Rivermist Drive  
Buffalo, NY 14202

**File Number: 16991**

Dear Dr. Wisiorek:

Your application for Osteopathic Physician license has been processed. Your application is incomplete for the following reason(s):

Your National Practitioner Data Bank (NPDB) report has not been received. You will need to request a self-query from the NPDB by visiting <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> or contact the NPDB at (800) 767-6732. You will need to submit your self-query to the Board office. The NPDB will not submit this document on your behalf.

Your Postgraduate Training Evaluation Form has not been received. Your program director will need to submit a complete Postgraduate Training Evaluation Form. A copy of the Postgraduate Training Evaluation Form can be found on our website at: <http://floridasosteopathicmedicine.gov/resources>.

NBOME exam results for the required COMLEX/COMVEX exam sections have not been received. COMLEX Level 1 and 2 are required, as well as one of the following: COMLEX Level 3 or the COMVEX. Other examinations (USMLE, FLEX) are not accepted.

Your scores must be requested directly from the National Board of Osteopathic Medical Examiners. Information about score requests can be found at [www.nbome.org](http://www.nbome.org). The NBOME can be reached by phone at 866.479.6828 or by email at [ClientServices@nbome.org](mailto:ClientServices@nbome.org) if you require assistance with requesting your scores.

We have not received an official transcript from your School of Osteopathic Medicine. You will need to request that your transcript be sent from your school directly to the Board office; we cannot accept transcripts submitted by applicants. An official transcript must include your dates of enrollment and graduation and list the degree conferred.

Your Federation of State Medical Boards (FSMB) Physician Profile has not been received. Your Profile may be sent by visiting: <http://www.fsmb.org/PDC>.

We have not received official license verification for all licenses listed on your application. License verification must include the date of issuance, date of expiration, method by which you applied for licensure, and any documentation for all disciplinary action taken against the license. Request license verification from the following states: New York.

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161 • FAX: (850)



We have not received your Livescan results. If you have already had your electronic fingerprinting completed, please allow 24-72 hours for receipt of your results. You can find more information on this process, including how to find a provider in your area and your ORI number, by visiting the Background Screening Website at <http://www.flhealthsource.gov/background-screening/>. Should your Criminal Background Check disclose an arrest record(s), you will need to provide documentation related to each criminal event revealed in your background, if you have not already done so. You can find a detailed description of documents that will be required by visiting the FAQs on the Background Screening Website (Click on 'General FAQs'). Note: Criminal History will be reviewed by the Background Screening Unit, not the Board Office. Please email all criminal history documents to [mqa.backgroundscreen@flhealth.gov](mailto:mqa.backgroundscreen@flhealth.gov). Any original certified documents must be mailed to the following address: Attn: Background Screening Unit Florida Department of Health 4052 Bald Cypress Way, Bin BSU-01 Tallahassee, FL, 32399.

You will need to complete your application by submitting what is requested above. Please include your **file number** when submitting additional documentation or correspondence to us.

We may request information, explanation, or documentation based on a review of the documentation you submit. You will receive additional correspondence if anything further is required.

You may follow the progress of your application online at <http://flhealthsource.gov/mqa-services>. Your application will expire one year after submission if all required documentation for licensure has not been received, per 456.013(1)(a), Florida Statutes.

Contact the Board office by email at [mqa.osteopath@flhealth.gov](mailto:mqa.osteopath@flhealth.gov) with additional questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline Clahar-Anderson". The signature is written in a cursive, flowing style.

Jacqueline Clahar-anderson  
Regulatory Specialist II  
Florida Board of Osteopathic Medicine

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DATE: July 10, 2020  
TO: Joel Rose, D.O.,  
Chair of Board of Osteopathic Medicine  
FROM: Christa Peace, Regulatory Specialist III  
RE: Robert Andrew Ogg, D.O.  
Osteopathic Physician  
File No: 17182

Completion Date: 7/8/2020

Next Board Meeting Date: 8/21/2020

ISSUE: Applicant answered "yes" to the Institution Discipline question. Applicant provided an explanation and additional document concerning the discipline.

---

Please review the following documents: **Application File**

- Approved with No Further Review by the Full Board
- Not Approved, Review by the Full Board
- Not Approved Board Appearance Required

*Joel B. Rose, DO*

Signature

*July 10, 2020*

Date

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-6141



**Accredited Health Department**  
Public Health Accreditation Board

# FLORIDA | Board of *Osteopathic* Medicine

## APPLICATION SUMMARY

### **OGG, ROBERT**

**Profession Code – 1901 File Number 17182**

**Application Completion Date: 07/08/2020**

Criminal History – Cleared by background Screening Unit

Institution Discipline

Applicant applied for a training license and for a full license. If full license is approved, the training license application will be withdrawn.

### **Supplemental Documents**

Application

Letter from Applicant

Letter from Millcreek Community Hospital

Post Graduate Training Evaluation

Rotation Sites Letter

Federation Credentials Verification Services (FCVS)

American Osteopathic Association Profile (AOA)

National Practitioner Data Bank Report (NPDB)

License Verifications

New York

Ohio

Pennsylvania

Correspondence

File: 17182

Statement of Institutional Discipline:

I had completed three years, three months of an orthopedic surgery residency at Millcreek Community Hospital in Erie, PA. On September 21, 2014, I received a late-night consult for a shoulder fracture/dislocation in the emergency department. I missed a subtle fracture extending into the patient's proximal humerus and when I went to reduce it, I propagated the fracture. I had a plan with my Attending to fix it the next day, however, the patient wished to transfer to another hospital that she already had an established relationship with another surgeon. Two weeks later on October 3, 2014, I was asked to resign my position. On October 6, 2014, I turned in my letter of resignation.

Thank you,

Robert Ogg, DO, MPT, MEd.

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P.O. Box 10832  
Chantilly, VA 20153-0832

<https://www.npdb.hrsa.gov>

5500000161759739

Process Date: 06/11/2020

Page: 1 of 1

**To:** OGG, ROBERT ANDREW  
2066 HIGBY DR  
STOW, OH 44224-5300

**From:** National Practitioner Data Bank  
**Re:** Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: credentials@AOAprofiles.org

**Physician Name:** Robert A. Ogg, DO

**Address:** 2625 Parade St  
 Erie, PA 16504-2809

**Work Phone:** (814) 452-6383

**Birth Date:** [REDACTED]

**Self-Designated Major Practice Focus:** Orthopedic Surgery

**Self-Designated Minor Practice Focus:**

**AOA Membership Status:** Non-Member

*The following information was obtained from the original issuing source of the credential, also known as the primary source*

**Predoctoral Education:** Lake Erie College of Osteopathic Medicine  
 Erie PA

**Year of Graduation:** 2011

**Postdoctoral Education:** (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)

|                    |                                                                                                                                                                                           |                        |                                  |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------|
| <b>Internship:</b> |                                                                                                                                                                                           | <b>Dates Attended:</b> |                                  |
| <b>Residency:</b>  | LECOMT/Millcreek Community Hospital - Orthopedic Surgery Residency<br>Erie PA<br>(Formerly: Millcreek Community Hospital - Orthopedic Surgery Residency )<br>Program Closed: Jan 01, 2020 | <b>Dates Attended:</b> | 07/01/2011 - 06/30/2012 Verified |
| <b>Residency:</b>  | LECOMT/Millcreek Community Hospital - Orthopedic Surgery Residency<br>Erie PA<br>(Formerly: Millcreek Community Hospital - Orthopedic Surgery Residency )<br>Program Closed: Jan 01, 2020 | <b>Dates Attended:</b> | 07/01/2012 - 06/30/2013 Verified |
| <b>Residency:</b>  | LECOMT/Millcreek Community Hospital - Orthopedic Surgery Residency<br>Erie PA<br>(Formerly: Millcreek Community Hospital - Orthopedic Surgery Residency )<br>Program Closed: Jan 01, 2020 | <b>Dates Attended:</b> | 07/01/2013 - 06/30/2014 Verified |
| <b>Residency:</b>  | LECOMT/Millcreek Community Hospital - Orthopedic Surgery Residency<br>Erie PA<br>Program Closed: Jan 01, 2020                                                                             | <b>Dates Attended:</b> | 07/01/2014 - 06/30/2015 Verified |
| <b>Residency:</b>  | LECOMT/Millcreek Community Hospital - Orthopedic Surgery Residency<br>Erie PA<br>Program Closed: Jan 01, 2020                                                                             | <b>Dates Attended:</b> | 07/01/2015 - 06/30/2016 Verified |

**Please note:** Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.

| Residency: |       | Dates Attended: |                 |          |                               |                                       |
|------------|-------|-----------------|-----------------|----------|-------------------------------|---------------------------------------|
| Licenses:  | State | Date Granted    | Expiration Date | Status   | Date Last Reported to the AOA | ** Contact Board for More Information |
|            | NY    | 03/04/2016      | 12/31/2019      | Active   | 07/29/2019                    |                                       |
|            | OH    | 08/28/2018      | 04/01/2020      | Active   | 10/01/2019                    |                                       |
|            | PA    | 10/28/2013      | 10/31/2016      | Inactive | 10/11/2017                    |                                       |

\*\* A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

**Federal Drug Enforcement Administration:** None Reported  
**Please note:** Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.

**Former Name(s):** Robert A Ogg

**Please Note:**  
 The content of this Official Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on physicians. Appropriate use of this instrument in combination with your organizations documented credentialing policies and procedures meets the primary source requirements of the Healthcare Facilities Accreditation Program (HFAP/AAHHS); the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); The Joint Commission; URAC; DNV GL; and the National Association of Insurance Commissioners (NAIC). The National Committee for Quality Assurance (NCQA) recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.

If you find any discrepancies, please mark them on a copy of this report and email to the AOIA [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org). Thank you.

|                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                                                                                                   |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE</b>                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                   |                             |
| <b>VERIFICATION OF AOA APPROVED INTERNSHIP</b>                                                                                                                                                                                                                                                                                                                        |                                              |                                                                                                                                   |                             |
| <b>SECTION 1 - TO BE COMPLETED BY APPLICANT</b>                                                                                                                                                                                                                                                                                                                       |                                              |                                                                                                                                   |                             |
| <b>NAME:</b>                                                                                                                                                                                                                                                                                                                                                          | <small>Last</small><br>OGG                   | <small>First</small><br>ROBERT                                                                                                    | <small>Middle</small><br>A. |
| <b>SECTION 2 - TO BE COMPLETED BY PROGRAM DIRECTOR<br/>WHERE THE INTERNSHIP OCCURRED</b>                                                                                                                                                                                                                                                                              |                                              |                                                                                                                                   |                             |
| <small>If internship was in Pennsylvania, information must coincide with data on graduate license. This form may NOT be submitted prior to completion of the internship.</small>                                                                                                                                                                                      |                                              |                                                                                                                                   |                             |
| <b>HOSPITAL WHERE TRAINING WAS COMPLETED:</b>                                                                                                                                                                                                                                                                                                                         |                                              | MILLCREEK COMMUNITY HOSPITAL                                                                                                      |                             |
| <b>NAME OF SPONSORING INSTITUTION:</b>                                                                                                                                                                                                                                                                                                                                |                                              | LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE                                                                                         |                             |
| <b>LOCATED IN:</b>                                                                                                                                                                                                                                                                                                                                                    | <small>CITY</small><br>ERIE                  | <small>STATE</small><br>PA                                                                                                        | 16509                       |
| <b>INTERNSHIP COMPLETED:</b>                                                                                                                                                                                                                                                                                                                                          | <small>FROM (MM/DD/YYYY)</small><br>06-27-11 | <small>TO (MM/DD/YYYY)</small><br>06-26-2012                                                                                      |                             |
| <small>"I certify that the above named applicant successfully completed/will successfully complete this AOA approved internship and that there was/is no disciplinary or administrative action outstanding against this applicant. If there has been disciplinary action regarding this applicant, please provide a separate statement outlining the details.</small> |                                              |                                                                                                                                   |                             |
| <small>If the hospital has no seal or stamp to affix to this document, I will have the form notarized to verify that it was completed by this hospital.</small>                                                                                                                                                                                                       |                                              |                                                                                                                                   |                             |
| <b>Signature of Program Director</b>                                                                                                                                                                                                                                                                                                                                  |                                              | <b>Date</b>                                                                                                                       |                             |
| (Seal)                                                                                                                                                                                                                                                                                                                                                                |                                              | 7/11/13                                                                                                                           |                             |
|                                                                                                                                                                                                                                                                                                                                                                       |                                              | Notary Signature                                                                                                                  |                             |
|                                                                                                                                                                                                                                                                                                                                                                       |                                              | Notary Commission Expiration Date: _____                                                                                          |                             |
| <small>Regular Mailing Address</small><br>STATE BOARD OF OSTEOPATHIC MEDICINE<br>P.O. BOX 2649<br>HARRISBURG, PA 17105-2649<br>717-783-4858                                                                                                                                                                                                                           |                                              | <small>Courier Delivery Address</small><br>STATE BOARD OF OSTEOPATHIC MEDICINE<br>2801 NORTH THIRD STREET<br>HARRISBURG, PA 17110 |                             |

**RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE**

POSTGRADUATE TRAINING EVALUATION FORM

Institution Name: LECOM HEALTH - MILLCREEK COMMUNITY HOSPITAL  
Department: MEDICAL EDUCATION  
Address: 5515 PEACH ST  
City, State, Zip: ERIE, PA 16509  
Phone Number: 814-864-4031

The doctor named below has applied for licensure in the State of Florida. Please complete the entire form and affix the hospital seal. If your hospital has no seal, please indicate such on this form.

NAME: ROBERT OGG, D.O.

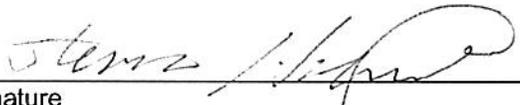
**PLEASE VERIFY:**

1. Dates attended (start and end): 6/27/2011 - 10/3/2014
2. The levels completed under your purview:  Internship/PGY I  
 PGY II  PGY III  PGY IV  PGY V
3. Has the physician named above completed an AOA approved, 12 month, Rotating Internship? YES  NO   
INTERNSHIP → 6/27/2011 - 6/26/2012

**OVERALL EVALUATION:** If 3 is checked, please explain on a separate sheet.

1.  Outstanding 2.  Qualified/Competent 3.  Less than Satisfactory

STEVEN F. HABUSTA, DO  
Name of Program Director/Chair  
6/01/2020  
Date

  
Signature

**AFFIX  
HOSPITAL  
SEAL**

OSTEOPATHIC UNIT

JUN 08 2020

RECEIVED



June 9, 2020

Florida Department of Health  
Board of Osteopathic Medicine  
P.O. Box 6330  
Tallahassee, FL 32314-6330

To Whom It May Concern:

Please be advised that the individual listed below has been accepted to our Orthopaedic Surgery Residency Program at Larkin Community Hospital.

***Training dates are scheduled for 06/26/2020 to 06/25/2022.***

| Last, First | File Number |
|-------------|-------------|
| Ogg, Robert | 7668        |

Also, the above-mentioned resident(s) will be training at the following sites:

1. Larkin Community Hospital South Miami Campus – 7031 SW 62<sup>nd</sup> Ave, South Miami, FL 33143
2. Larkin Community Hospital Palm Springs Campus – 1475 W 49<sup>th</sup> Pl, Hialeah, FL 33012
3. Nicklaus Children's Hospital – 3100 SW 62<sup>nd</sup> Ave, Miami, FL 33155
4. Institute for Non-Surgical Orthopedics – 4109 N Federal Hwy, Ft. Lauderdale, FL 33308
5. Borinquen Health Care Center – 3601 NE 4<sup>th</sup> Ct, Miami, FL 33137
6. Miami Beach Community Health Center – 11645 Biscayne Blvd, Miami, FL 33181
7. Palmetto General Hospital – 2001 W 68<sup>th</sup> St, Hialeah, FL 33016
8. North Shore Medical Center – 1100 NW 95<sup>th</sup> St, Miami, FL 33150
9. MOHS/Zaiac Surgery Center – 4308 Alton Road, Miami Beach, FL 33140
10. Advanced Dermatology and Cosmetic Surgery – 4970 W Atlantic Blvd, Margate FL 33063
11. Delray Medical Center – 5352 Linton Blvd, Delray Beach, FL 33484

If you need additional information, please contact me at (305) 284-7761.

Sincerely,

*Duberling J Cuadra.*

Graduate Medical Education Coordinator

**MILLCREEK COMMUNITY HOSPITAL**  
**Counseling Report**

Date: 03/13/13

TO: HR File

RE: Robert Ogg, D.O.

Problem/Situation:

Dr. Ogg has continued to show poor academic performance. He had difficulty passing part 3 of his Complex exam and had to take it a second time. He received very problematic evaluations from his rotations at Meadville Medical Center and he has received extremely low OITE scores. He does not have a behavioral issue, just an academic issue. Dr. Ogg is a potential risk as an orthopedic surgeon.

Action:

Doctors Kalata and Habusta met with Dr. Ogg and came up with this plan.

- 1) Dr. Ogg will take ACOS self assessed exams quarterly with a different topic each quarter.
- 2) Dr. Ogg will take a Board Review Course before the next OITE exam
- 3) Dr. Ogg will log academic studies for me and provide me (Dr. Habusta) with bi-weekly updates
- 4) Dr. Ogg will only receive three month contract renewals.
- 5) Dr. Ogg will let Dr. Habusta know what courses he is taking to fulfill the above requirement.
- 6) Dr. Ogg will have his research data analyzed by 04/01/13

Resolution:

Dr. Ogg is considered to be on academic probation. This is not a behavioral issue.

Additional Comments:

Dr. Ogg had nothing to say when asked if he had any additional questions or comments. He appeared unemotional and did not portray a feeling of concern to us about his poor academic performance. We will meet next month to discuss how Dr. Ogg has decided to meet the above requirements.

\_\_\_\_\_  
(Employee's Signature and Date)

\_\_\_\_\_  
(Supervisor's Signature and Date)

\_\_\_\_\_  
(HR Manager's Signature)

**Millcreek Community Hospital Department of Medical Education Resident Counseling:**

**Resident Name: Dr. Robert Ogg**

**Date: 2/2/12**

**Issue: Poor Academic Achievement**

**Action: Meeting with D.M.E., Program Director, Chief Resident and Dr. Ogg.**

**Resolution: Dr. Ogg will keep an academic log that he will review with Dr. Habusta, monthly. Dr. Ogg will not miss lectures on Thursdays or Journal Club. Dr. Ogg will review OITE questions weekly.**

**Additional Comments: A meeting will be rescheduled in four weeks. Dr. Ogg will take Board Review course next academic year.**

---

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

H/R Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Millcreek Community Hospital Department of Medical Education Resident Counseling:**

**Resident Name: Dr. Robert Ogg**

**Date: 2/2/12**

**Issue: Poor Academic Achievement**

**Action: Meeting with D.M.E., Program Director, Chief Resident and Dr. Ogg.**

**Resolution: Dr. Ogg will keep an academic log that he will review with Dr. Habusta, monthly. Dr. Ogg will not miss lectures on Thursdays or Journal Club. Dr. Ogg will review OITE questions weekly.**

**Additional Comments: A meeting will be rescheduled in four weeks. Dr. Ogg will take Board Review course next academic year.**

---

Resident Signature: Robert Ogg Date: 2/2/12  
Program Director Signature: Stacy Habusta Date: 2-2-12  
H/R Manager Signature: Polly M... .. Date: \_\_\_\_\_

Habusta 2/2/12  
[Signature] 2/2/12

Millcreek Community Hospital Department of Medical Education Resident Counseling:

Resident Name: Robert O'G, DO

Date: 1/2/13

Issue: Report received less than excellent evaluation

Action: from his supervising attorney at Meadville Medical Center. Dr Habarta feels Dr O'G should be brought back + the home institution to be closely monitored for his progress

Resolution: Dr O'G will be required to submit evaluation

Additional Comments: monthly in the next 3 months to document his progress

Dr O'G will meet w/ Dr Habarta today

Dr O'G will meet with Dr Habarta and

Dr Kalata

by 2/1/13

+ discuss paper.

Resident Signature: [Signature] Date: 1/2/12

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

H/R Manager Signature: [Signature] Date: \_\_\_\_\_

Kalata 1/2/13

1-2-13

Hand to p. in envelope

Schedule

nots.

with Mrs. Habarta,

1-31-13

8:30am

1-31-13

+ Kalata

**MILLCREEK COMMUNITY HOSPITAL**  
**Counseling Report**

Date: 03/13/13

TO: HR File

RE: Robert Ogg, D.O.

**Problem/Situation:**

Dr. Ogg has continued to show poor academic performance. He had difficulty passing part 3 of his Complex exam and had to take it a second time. He received very problematic evaluations from his rotations at Meadville Medical Center and he has received extremely low OITE scores. He does not have a behavioral issue, just an academic issue. Dr. Ogg is a potential risk as an orthopedic surgeon.

**Action:**

Doctors Kalata and Habusta met with Dr. Ogg and came up with this plan.

- 1) Dr. Ogg will take ACOS self assessed exams quarterly with a different topic each quarter.
- 2) Dr. Ogg will take a Board Review Course before the next OITE exam
- 3) Dr. Ogg will log academic studies for me and provide me (Dr. Habusta) with bi-weekly updates
- 4) Dr. Ogg will only receive three month contract renewals.
- 5) Dr. Ogg will let Dr. Habusta know what courses he is taking to fulfill the above requirement.
- 6) Dr. Ogg will have his research data analyzed by 04/01/13

**Resolution:**

Dr. Ogg is considered to be on academic probation. This is not a behavioral issue.

**Additional Comments:**

Dr. Ogg had nothing to say when asked if he had any additional questions or comments. He appeared unemotional and did not portray a feeling of concern to us about his poor academic performance. We will meet next month to discuss how Dr. Ogg has decided to meet the above requirements.

Robert Ogg 3/28/13  
(Employee's Signature and Date)

Polly Thomas  
(HR Manager's Signature)

[Signature]  
(Supervisor's Signature and Date)

Kalata 4/1/13  
Drs

Milleroek Community Hospital Department of Medical Education Resident  
Counseling:

Resident Name: Robert DSS-

Date: 9-12-13

Issue: academic achievement appears to be below expectations

Action: ongoing 1:1c evaluate

Resolution: continue current effort to improve academic

Additional Comments: improvement in academics -

noted in ~~initial~~ ~~report~~ ~~at~~ ~~initial~~ ~~proposal~~  
~~initial~~ ~~proposal~~ - found ~~it~~

Resident Signature: [Signature] Date: 9/12/13

Program Director Signature: [Signature] Date: 9-12-13

H/R Manager Signature: [Signature] Date: 9-16-13



## Verification of Licensure

This letter is to verify that the records of the State Medical Board of Ohio contain the following information for the indicated licensee as of 6/9/2020. Please note that this status could change if there is future disciplinary action.

|                                 |                                     |
|---------------------------------|-------------------------------------|
| <b>Full Name:</b>               | Robert Ogg                          |
| <b>Date of Birth:</b>           | [REDACTED]                          |
| <b>Type of License:</b>         | Doctor of Osteopathic Medicine (DO) |
| <b>License Number:</b>          | 34.013572CTR                        |
| <b>Original Licensure Date:</b> | 08/28/2018                          |
| <b>Effective Date:</b>          | 3/21/2020                           |
| <b>Expiration Date:</b>         | 04/01/2022                          |
| <b>Status:</b>                  | Active                              |
| <b>Sub-status:</b>              |                                     |
| <b>Board Action:</b>            | No                                  |
| <b>Board Action Summary:</b>    |                                     |



Please visit [elicense.ohio.gov/oh\\_verifylicense](http://elicense.ohio.gov/oh_verifylicense) to view Board actions available to the public. If you need additional information or to receive certified copies of a public record, please send an email request to [Med-PublicRecordRequests@med.ohio.gov](mailto:Med-PublicRecordRequests@med.ohio.gov). All communications to the Board must include the name and license number of the licensee. For general license verification questions, send an email to [license@med.ohio.gov](mailto:license@med.ohio.gov).



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**Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board**

77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108

Governor  
*Mike DeWine*  
Executive Director  
*Missy Anthony*

6/17/2020

Florida Department of Health: Board of Osteopathic Medicine  
P.O. Box 6330  
Tallahassee, Florida 32314-6300

---

Verification of Ohio Licensure

---

I, **Carlton Jones, Office Professional 2** and official custodian of the records of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, do hereby certify that a standard search of the available records of this office indicates the following:

|                  |                         |
|------------------|-------------------------|
| Name:            | Robert Ogg              |
| Profession:      | Physical Therapist (PT) |
| License Number:  | PT011075                |
| Issue Date:      | 3/10/2005               |
| Expiration Date: | 1/31/2009               |
| Status:          | Inactive                |
| Licensed By:     | By Examination, Ohio    |

According to our records, there were no Board actions taken against this license.

The above information is the only verification information provided by this Board. If other information is needed, it must be obtained directly from the above-named individual, or the agency or institution which initially generated the information desired.

To expedite the verification process, the above format is the standard format of information available through this Board.

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

**Carlton Jones, Office Professional 2**

Ohio Occupational Therapy, Physical Therapy, & Athletic Trainers Board  
77 S. High Street, 16th Floor  
Columbus, OH 43215-6108  
(Ph.) 614-466-3774 (Fax) 614-995-0816  
<http://otptat.ohio.gov>  
[Carlton.Jones@otptat.ohio.gov](mailto:Carlton.Jones@otptat.ohio.gov)



**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

**P. O. Box 2649**

**Harrisburg, PA 17105-2649**

**06/18/2020**

**License Information**

ROBERT OGG

STOW, Ohio 44224

Board/Commission: State Board of Osteopathic Medicine

Status Effective Date: 11/01/2016

LicenseType: Osteopathic Physician and Surgeon

Issue Date: 10/28/2013

Specialty Type:

Expiration Date: 10/31/2016

License Number: OS016791

Last Renewal: 10/17/2014

Status: Expired

**Disciplinary Action Details**

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.



**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

**P. O. Box 2649**

**Harrisburg, PA 17105-2649**

**06/18/2020**

**License Information**

ROBERT ANDREW OGG

STOW, Ohio 44224

Board/Commission: State Board of Physical Therapy

Status Effective Date: 12/04/2019

LicenseType: Physical Therapist

Issue Date: 12/30/2008

Specialty Type:

Expiration Date: 12/31/2020

License Number: PT019688

Last Renewal: 12/04/2019

Status: Active

**Disciplinary Action Details**

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
DIVISION OF PROFESSIONAL LICENSING SERVICES  
89 WASHINGTON AVENUE  
ALBANY, NEW YORK 12234

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, OGG ROBERT ANDREW was issued license/certificate number 283313 for the practice of MEDICINE on 03/04/2016.

Our records also indicate the following information:

Date of birth: [REDACTED]  
School attended: LAKE ERIE COL OSTEO MED  
Date of graduation: 05/29/11  
Degree earned: DO

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

| DATE  | FLEX1 | NBME1 | USML1 | NBME2 | FLEX2 | USML2 | NBME3 | USML3 | OTHER |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 06/12 |       |       |       |       |       |       | 0000P |       | OSTEO |
| 06/10 |       |       |       | 0000P |       |       |       |       |       |
| 05/09 |       | 0000P |       |       |       |       |       |       |       |

RECEIVED

JUN 17 2020

EXMS TAKEN=03

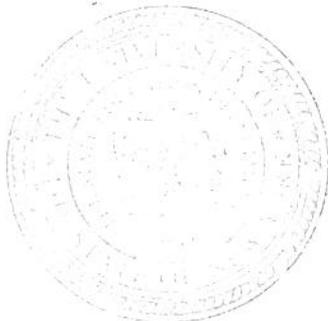
A license is valid during the life of the <sup>Licensure Support Services</sup> holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: NO Last reg period ended: 12/31/19  
Address: 2020 HIDDEN LAKE DR. APT. A  
APT. A STOW OH 44224-0000  
Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Sandra Barsallo, Education Credentials Specialist, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Education Credentials Specialist of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL



*Sandra Barsallo* 06/10/20  
Education Credentials Specialist

OSTEOPATHIC UNIT

JUN 18 2020

RECEIVED

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

June 19, 2020

Dr. Robert Andrew Ogg , DO  
2066 Higby Dr.  
Stow, OH 44224

**File Number: 17182**

Dear Dr. Ogg:

Your application for Osteopathic Physician license has been processed. Your application is incomplete for the following reason(s):

Your answered Yes to Institution Discipline on the application. Please have the institution send us a letter explaining the circumstances of your discipline and probation.

We have not received official license verification for all licenses listed on your application. License verification must include the date of issuance, date of expiration, method by which you applied for licensure, and any documentation for all disciplinary action taken against the license. Request license verification from the following states: New York and Pennsylvania

You will need to complete your application by submitting what is requested above. Please include your **file number** when submitting additional documentation or correspondence to us.

We may request information, explanation, or documentation based on a review of the documentation you submit. You will receive additional correspondence if anything further is required.

You may follow the progress of your application online at <http://flhealthsource.gov/mqa-services>. Your application will expire one year after submission if all required documentation for licensure has not been received, per 456.013(1)(a), Florida Statutes.

Contact the Board office by email at [mqa.osteopath@flhealth.gov](mailto:mqa.osteopath@flhealth.gov) with additional questions or concerns.

Sincerely,

Jacqueline Clahar-Anderson  
Regulatory Specialist II  
Florida Board of Osteopathic Medicine

**Mission:**

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

June 5, 2020

Dr. Robert Andrew Ogg , DO  
2066 Higby Dr.  
Stow, OH 44224

**File Number: 17182**

Dear Dr. Ogg:

Your application for Osteopathic Physician license has been processed. Your application is incomplete for the following reason(s):

Your National Practitioner Data Bank (NPDB) report has not been received. You will need to request a self-query from the NPDB by visiting <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> or contact the NPDB at (800) 767-6732. You will need to submit your self-query to the Board office. The NPDB will not submit this document on your behalf.

Your Postgraduate Training Evaluation Form has not been received. Your program director will need to submit a complete Postgraduate Training Evaluation Form. A copy of the Postgraduate Training Evaluation Form can be found on our website at: <http://floridasosteopathicmedicine.gov/resources>.

Your American Osteopathic Association (AOA) profile has not been received. Your profile may be sent by visiting <http://www.aoprofiles.org>, or by contacting the AOA directly at (800) 621-1773.

NBOME exam results for the required COMLEX/COMVEX exam sections have not been received. COMLEX Level 1 and 2 are required, as well as one of the following: COMLEX Level 3 or the COMVEX. Other examinations (USMLE, FLEX) are not accepted.

Your scores must be requested directly from the National Board of Osteopathic Medical Examiners. Information about score requests can be found at [www.nbome.org](http://www.nbome.org). The NBOME can be reached by phone at 866.479.6828 or by email at [ClientServices@nbome.org](mailto:ClientServices@nbome.org) if you require assistance with requesting your scores.

Your Federation of State Medical Boards (FSMB) Physician Profile has not been received. Your Profile may be sent by visiting: <http://www.fsmb.org/PDC>.

We have not received an official transcript from your School of Osteopathic Medicine. You will need to request that your transcript be sent from your school directly to the Board office; we cannot accept transcripts submitted by applicants. An official transcript must include your dates of enrollment and graduation and list the degree conferred.

You indicated on your application that you are NICA exempt. Submit documentation proving that you are NICA exempt. A list of acceptable exemption documents can be found online at: [https://www.nica.com/nonprt\\_obgyns/exemptions.html](https://www.nica.com/nonprt_obgyns/exemptions.html)

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161 • FAX : (850)



We have not received official license verification for all licenses listed on your application. License verifications must include the date of issuance, date of expiration, method by which you applied for licensure, and any documentation for all disciplinary action taken against the license. Request license verifications from the following states: Ohio, New York and Both licenses in Pennsylvania.

We have not received your Livescan results. If you have already had your electronic fingerprinting completed, please allow 24-72 hours for receipt of your results. You can find more information on this process, including how to find a provider in your area and your ORI number, by visiting the Background Screening Website at <http://www.flhealthsource.gov/background-screening/>. Should your Criminal Background Check disclose an arrest record(s), you will need to provide documentation related to each criminal event revealed in your background, if you have not already done so. You can find a detailed description of documents that will be required by visiting the FAQs on the Background Screening Website (Click on 'General FAQs'). Note: Criminal History will be reviewed by the Background Screening Unit, not the Board Office. Please email all criminal history documents to [mqa.backgroundscreen@flhealth.gov](mailto:mqa.backgroundscreen@flhealth.gov). Any original certified documents must be mailed to the following address: Attn: Background Screening Unit Florida Department of Health 4052 Bald Cypress Way, Bin BSU-01 Tallahassee, FL, 32399.

You will need to complete your application by submitting what is requested above. Please include your **file number** when submitting additional documentation or correspondence to us.

We may request information, explanation, or documentation based on a review of the documentation you submit. You will receive additional correspondence if anything further is required.

You may follow the progress of your application online at <http://flhealthsource.gov/mqa-services>. Your application will expire one year after submission if all required documentation for licensure has not been received, per 456.013(1)(a), Florida Statutes.

Contact the Board office by email at [mqa.osteopath@flhealth.gov](mailto:mqa.osteopath@flhealth.gov) with additional questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline Clahar-Anderson". The signature is written in a cursive, flowing style.

Jacqueline Clahar-anderson  
Regulatory Specialist II  
Florida Board of Osteopathic Medicine

**From:** [Joel Rose](#)  
**To:** [Peace, Christa](#)  
**Subject:** Re: Please review application file RAO17182  
**Date:** Friday, July 10, 2020 1:37:37 PM  
**Attachments:** [Application Review Form -Osteo RAO17182 obert Andrew Ogg.docx](#)

---

---

**From:** "Peace, Christa" <Christa.Peace@flhealth.gov>  
**Date:** Friday, July 10, 2020 at 9:45 AM  
**To:** "jrose@jrosemed.com" <jrose@jrosemed.com>  
**Subject:** Please review application file RAO17182  
**Resent-From:** Proofpoint Essentials <do-not-reply@proofpointessentials.com>  
**Resent-To:** "jrose@jrosemed.com" <jrose@jrosemed.com>  
**Resent-Date:** Friday, July 10, 2020 at 9:37 AM

A link to review the password protected application file for Robert Andrew Ogg has been sent to you.

The file was sent to be because the applicant answered "yes" to the Institution Discipline question. Applicant provided an explanation and additional document concerning the discipline. *The applicant is applying for full licensure but is in a program.*

Please complete and return the attached review form.

The 90-days expire 10/8/2020.

Thank you in advance.

*Christa Peace*  
Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



**Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the **Healthiest State** in the Nation

**Values:** Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance

improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

---

***PLEASE NOTE:** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.*

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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---

July 29, 2020

Robert Andrew Ogg, D.O.  
9450 Poinciana Place #117  
Davie, FL 33324

File # 17182

Dear Dr. Ogg:

This letter concerns your application/evaluation of credentials received by the Florida Board of Osteopathic Medicine. Upon completion of the initial review of your application/credentials it has been determined your documents must be presented to the Board of Osteopathic Medicine for review and consideration at the next board meeting. You are required to attend the meeting.

Your file is being reviewed because you answered yes to the institution discipline question.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**

**Please join from your computer,  
tablet or smartphone.**

<https://global.gotomeeting.com/join/793180125>

**You can also dial in using your phone.**

**United States (Toll Free): 1-866-899-4679**

**Access Code: 793-180-125**

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board.** We appreciate your continued cooperation and assistance.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**Accredited Health Department**  
Public Health Accreditation Board

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

**From:** [Peace, Christa](#)  
**To:** ["Drrobertogg@gmail.com"](mailto:Drrobertogg@gmail.com)  
**Subject:** Board Notification-Ogg  
**Date:** Wednesday, July 29, 2020 2:08:01 PM  
**Attachments:** [Robert Ogg.pdf](#)

---

Greetings,

Your application will be presented at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. You are required to attend the meeting. Please see the attached correspondence.

Sincerely,

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



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---

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

DATE: July 21, 2020  
TO: Joel Rose, D.O.,  
Chair of Board of Osteopathic Medicine  
FROM: Christa Peace, Regulatory Specialist III  
RE: Gregory Avetisov, D.O.  
Osteopathic Physician  
File No: 16770

Completion Date: 7/21/2020

Next Board Meeting Date: 8/21/2020

ISSUE: Applicant answered “yes” to the Institution Discipline History question. The applicant provided an explanation.

---

Please review the following documents: **Application File**

- Approved with No Further Review by the Full Board
- Not Approved, Review by the Full Board
- Not Approved Board Appearance Required

*Joel B. Rose, DO*

Signature

*July 21, 2020*

Date

# FLORIDA | Board of *Osteopathic* Medicine

## APPLICATION SUMMARY

### **AVETISOV, GREGORY**

**Profession Code – 1901 File Number 16770**

**Document Received: 07/21/2020**

Dr. Avetisov selected YES to application question:

Have you ever had any staff privileges denied, suspended, revoked, modified, restricted, or placed on probation, or have you been asked to resign or take a temporary leave of absence or otherwise acted against by any facility?

Dr. Avetisov submitted a letter regarding the incident that occurred.

### **Supplemental Documents**

Application

Letter(s) from Applicant

Official Transcript

AOA Report

NPDB Report

FSMB Report

Postgraduate Training Evaluation

Correspondence

CONFIDENTIAL AND EXEMPT MATERIALS

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regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

## Moore, Dontae

---

**From:** Gregory Avetisov <gavetiso@nyit.edu>  
**Sent:** Tuesday, July 14, 2020 9:32 PM  
**To:** Moore, Dontae  
**Subject:** Re:

### Florida Board of Osteopathic Medicine

Dear Mr. Dante,

As I am applying for Osteopathic physician license from February 2020, one of the questions I answered "yeas "to a situation which I already described before. case with unsuccessful central line placement, which apparently never being officially recorded, except verbal warning and deep conversation with my senior resident and attending physician about all main points. Specifically, that I have to use each and every time Ultra Sound machine to visualized vessel and only then placed a line.

I acknowledge and take full responsibility from that point on, continue practicing evidence based medicine only.

At that time, it was emphasized and handled only verbally.

Today again I have sent via email and txt message to Mrs. Greer internal medicine coordinator at Merit Health Wesley and asked her "if there is any other documentation to support that case" which I described prior. I did not receive any documentation .

Thank You,  
Sincerely,  
Gregory Avetisov DO

On Tue, Jul 14, 2020 at 11:23 AM Moore, Dontae <[Dontae.Moore@flhealth.gov](mailto:Dontae.Moore@flhealth.gov)> wrote:

Dr. Avetisov you will need to obtain a statement from your resident coordinator stating the incident was handled verbally.

If not, we need a statement from you stating he was unable to obtain any documentation from resident coordinator.

This document can be emailed to me.

Best,

Dontae Moore

## Board Staff

Department of Health | Division of Medical Quality Assurance

Bureau of HCPR | Florida Board of Osteopathic Medicine (DM)

4042 Bald Cypress Way, Bin C-06

Tallahassee, FL 32399-3261

(850) 245-4161

[info@floridasosteopathicmedicine.gov](mailto:info@floridasosteopathicmedicine.gov)

[www.floridasosteopathicmedicine.gov](http://www.floridasosteopathicmedicine.gov)



**Mission:** To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

**Vision:** To be the healthiest state in the nation.

*Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure*

From Gregory Avetisov DO# File 16770

Dear Sir/Madam, as I am applying for the Medical license in the state of Florida explanation in regards of my probation .

During my PGY2 year at Merit Health Wesley, October 31, 2019 I was called into the Program Director office.

Before that I had all positive evaluations from attendings and peer reviews, however PD Dr.Thoppil stated that he received from "someone" complaining about you ,but i cannot show to you...he stated "that I was not a team player during my rotation, that I am only see positive without seeing negative" He asked me "How do you think you did your 3 month evaluation" my response was that I have completed which was request from me, in fact during my first 3 month I already had an offer from Jackson Health System Transplant Fellowship offer, which was really make for some reason my PD angry .However I had good feedback from Dr.Kosana, Dr. Messenger, Dr.Skarzynski, attending who did my evaluations. I signed every document. PD stated that I did less than 50%on my PGY2 in-service exam, my response was that I wasn't familiar with ACGME IM format, because I was coming from AOA Family Medicine, where I passed my PGY1 Inservice exam.

In any event, the Program Director stated that" I will assign a special mentor for you Dr, Grewal, who is going to follow your communication skills".

By the end of that first meeting I was really scared, and signed that document I also stated that "I believe my PD is doing everything to make me better physician"

Needless to say I only had 2 feedbacks from my special mentor Dr.Grewal, first during my ICU rotation he was just saying "Greg not everything is Cardiac related issues....." But did not provide constructive explanations as to what he really meant.

and second time when PD call him (Dr.Grewal) in December asked how am I doing ,placed him on speaker .He(Dr.Grewal) was saying that Greg slightly improving but he have to work more to get better"

I also requested from residency coordinator Mrs. Kathy Greer an official copy of that document which I signed on October 31 2019.

Thank You,

Sincerely,

Gregory Avetisov DO

---

**PRACTITIONER PROFILE**

---

Prepared for: Florida Board of Osteopathic Medicine As of Date:3/2/2020

---

**PRACTITIONER INFORMATION**

Name: Avetisov, Gregory A  
Alternate Name(s): Avetisov, Grigoriy A  
DOB: [REDACTED]  
Medical School: New York Institute of Technology College of Osteopathic Medicine  
Old Westbury, New York, UNITED STATES  
Year of Grad: 2017  
Degree Type: PA

---

**BOARD ACTIONS**

To date, there have been no actions reported to the FSMB

---

**NATIONAL PROVIDER IDENTIFIER (NPI)**

No NPI found.

---

**LICENSE HISTORY**

| Jurisdiction | License Number | Issue Date | Expiration Date | Last Updated |
|--------------|----------------|------------|-----------------|--------------|
| MISSOURI     | 2018037121     | 10/10/2018 | 01/31/2020      | 01/03/2020   |

---

**US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

No DEA found.

---

**PRACTITIONER PROFILE**

---

Prepared for: Florida Board of Osteopathic Medicine As of Date:3/2/2020  
Practitioner Name: Avetisov, Gregory A

---

**ABMS® CERTIFICATION HISTORY**

No ABMS Certifications found.

**AOA® CERTIFICATION HISTORY**

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.



142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: credentials@AOAprofiles.org

**Physician Name:** Gregory Avetisov, DO

**Address:** 16 Riviera Dr  
Hattiesburg, MS 39402-9801

**Work Phone:**

**Birth Date:**



**Self-Designated Major Practice Focus:** Family Medicine

**Self-Designated Minor Practice Focus:**

**AOA Membership Status:** Non-Member

*The following information was obtained from the original issuing source of the credential, also known as the primary source*

**Predoctoral Education:** NYIT College of Osteopathic Medicine  
Old Westbury NY

**Year of Graduation:** 2017

**Postdoctoral Education:** (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)

**Internship:**  
**Residency:** CEME/N Broward Hosp District - Family Medicine Residency  
Ft Lauderdale FL  
Program Closed: Jul 01, 2019

**Dates Attended:**  
**Dates Attended:** 07/01/2017 - 06/30/2018 Verified

*Please note: Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.*

**Residency:** Merit Health Wesley - Internal Medicine Residency  
Hattiesburg, MS

**Dates Attended:** 07/01/2019 - 06/30/2020

| Licenses: | State | Date Granted | Expiration Date | Status | Date Last Reported to the AOA | ** Contact Board for More Information |
|-----------|-------|--------------|-----------------|--------|-------------------------------|---------------------------------------|
|-----------|-------|--------------|-----------------|--------|-------------------------------|---------------------------------------|

*\*\* A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.*



142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org)

**Federal Drug Enforcement Administration:** None Reported  
**Please note:** Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.

**Former Name(s):**

**Please Note:**

The content of this Official Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on physicians. Appropriate use of this instrument in combination with your organizations documented credentialing policies and procedures meets the primary source requirements of the Healthcare Facilities Accreditation Program (HFAP/AAHHS); the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); The Joint Commission; URAC; DNV GL; and the National Association of Insurance Commissioners (NAIC). The National Committee for Quality Assurance (NCQA) recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.

If you find any discrepancies, please mark them on a copy of this report and email to the AOIA [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org). Thank you.

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appropriate board.

NATIONAL PRACTITIONER DATA BANK

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

5500000157278874

Process Date: 02/24/2020

Page: 1 of 1

**To:** AVETISOV, GREGORY ARKADY  
16 RIVIERA DR  
HATTIESBURG, MS 39402-9801

**From:** National Practitioner Data Bank  
**Re:** Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

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appropriate board.

Florida Board of Osteopathic Medicine  
4052 Bald Cypress Way, Bln #C-06  
Tallahassee, FL 32399-3256

POSTGRADUATE TRAINING EVALUATION FORM

Institution Name: BROWARD HEALTH MEDICAL CENTER  
Department: GRADUATE MEDICAL EDUCATION DEPARTMENT  
Address: 1600 SOUTH ANDREWS AVENUE, 3RD FLOOR  
City, State, Zip: FT. LAUDERDALE, FL 33314  
Phone Number: 954-712-6356

The doctor named below has applied for licensure in the State of Florida. Please complete the entire form and affix the hospital seal. If your hospital has no seal, please indicate such on this form.

NAME: GREGORY AVETISOV, D.O.

PLEASE VERIFY:

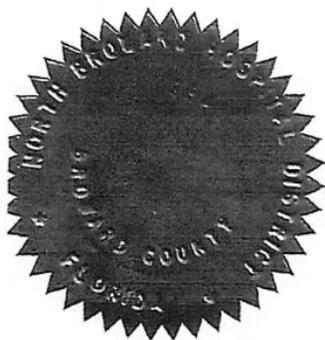
1. Dates attended (start and end): 07/01/2017 To: 6/30/2018
2. The levels completed under your purview:  Internship/PGY I  
 PGY II  PGY III  PGY IV  PGY V
3. Has the physician named above completed an AOA approved, 12 month, Rotating Internship? YES \_\_\_ NO /

OVERALL EVALUATION: If 3 is checked, please explain on a separate sheet.

1. \_\_\_ Outstanding 2. X Qualified/Competent 3. \_\_\_ Less than Satisfactory

Tye Ed Barber, DO  
Name of Program Director/Chair  
March 31, 2020  
Date

Tye Ed Barber, DO  
Signature



DH-MQA 1029, Revised 07/16  
64B15-12.003, F.A.C.



Broward Health Medical Center  
 Broward Health North  
 Broward Health Imperial Point  
 Broward Health Coral Springs  
 Chris Evert Children's Hospital  
 Broward Health Weston  
 Broward Health Community Health Services  
 Broward Health Physician Group  
 Broward Health International  
 Broward Health Urgent Care  
 Broward Health Foundation

May 16, 2019

To Whom It May Concern:

**RE: Gregory Avetisov, D.O. - Family Medicine Residency Program- PGY-1**

This is to advise you that Gregory Avetisov, D.O., is currently a resident at an AOA approved Family Medicine Residency Program at Broward Health Medical Center in association with Nova Southeastern University College of Osteopathic Medicine. Dr. Avetisov is training in our program from July 1, 2017 until June 30, 2018.

Below are his completed or in progress rotations:

Adult Inpatient (12 weeks)  
 Anesthesiology/Acute Critical Care (4 weeks)  
 Emergency Medicine (4 weeks)  
 Family Medicine Outpatient (4 weeks)  
 Gynecology (4 weeks)  
 Pediatrics Inpatient (4 weeks)  
 Psychiatry (4 weeks)  
 Scholarly (4 weeks)  
 Surgery (4 weeks)

Please note: Gregory Avetisov, D.O. left the Family Medicine Program in Good Standing.

Should you have any further questions, please contact me at (954) 712-6356.

Sincerely,

Tye Barber, D.O.,  
 Program Director, BHMC Family Medicine Residency  
[TBarber@browardhealth.org](mailto:TBarber@browardhealth.org)  
[Btye@nova.edu](mailto:Btye@nova.edu)  
 Phone: (954) 712-6356



Michael L. Parson  
Governor  
State of Missouri

Sarah Ledgerwood, Interim Division Director  
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of  
Commerce & Insurance  
Chlora Lindley-Myers, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard  
P.O. Box 4  
Jefferson City, MO 65102-0004  
573-751-0098  
573-751-3166 FAX  
800-735-2966 TTY Relay Missouri  
800-735-2466 Voice Relay Missouri

Connie Clarkston  
Executive Director  
healingarts@pr.mo.gov  
pr.mo.gov/healingarts

To:

Florida Board of Osteopathic Medicine  
4052 Bald Cypress Way, BIN #C06  
Tallahassee, FL 32399-1753

This is to certify that the records of the Missouri Board of Healing Arts indicate the following information regarding Gregory A Avetisov.

|                      |                     |
|----------------------|---------------------|
| LICENSE TYPE:        | Assistant Physician |
| LICENSE NUMBER:      | 2018037121          |
| DATE ISSUED:         | 10/10/2018          |
| STATUS:              | Active              |
| EXPIRATION DATE:     | 1/31/2021           |
| DISCIPLINARY ACTION: | None                |



*Melissa Brautigam*

Melissa Brautigam  
Verifications Clerk

06/04/2020

Date

Osteopathic Uni  
JUN 22 2020

This is the only form that will be used by the Missouri State Board of Registration for the Healing Arts for the purpose of license verification.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Ron DeSantis**

Governor

**Scott A. Rivkees, MD**  
State Surgeon General**Vision:** To be the Healthiest State in the Nation

February 21, 2020

Gregory Avetisov ,DO  
16 Riviera Drive  
Hattiesburg, MS 39402

**File Number: 16770**

Dear Dr. Avetisov:

Your application for Osteopathic Physician license has been processed. Your application is incomplete for the following reason(s):

Your National Practitioner Data Bank (NPDB) report has not been received. You will need to request a self-query from the NPDB by visiting <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> or contact the NPDB at (800) 767-6732. You will need to submit your self-query to the Board office. The NPDB will not submit this document on your behalf.

Your Postgraduate Training Evaluation Form has not been received. Your program director will need to submit a complete Postgraduate Training Evaluation Form. A copy of the Postgraduate Training Evaluation Form can be found on our website at: <http://floridasosteopathicmedicine.gov/resources>.

Missing data

NBOME exam results for the required COMLEX/COMVEX exam sections have not been received. COMLEX Level 1 and 2 are required, as well as one of the following: COMLEX Level 3 or the COMVEX. Other examinations (USMLE, FLEX) are not accepted.

Your scores must be requested directly from the National Board of Osteopathic Medical Examiners. Information about score requests can be found at [www.nbome.org](http://www.nbome.org). The NBOME can be reached by phone at 866.479.6828 or by email at [ClientServices@nbome.org](mailto:ClientServices@nbome.org) if you require assistance with requesting your scores.

Your American Osteopathic Association (AOA) profile has not been received. Your profile may be sent by visiting <http://www.aoprofiles.org>, or by contacting the AOA directly at (800) 621-1773.

Your Federation of State Medical Boards (FSMB) Physician Profile has not been received. Your Profile may be sent by visiting: <http://www.fsmb.org/PDC>.

Your COMLEX examination results were not received. You will need to request these results from the National Board of Medical Examiners (NBOME). Scores may be requested through the NBOME website at: <http://www.nbome.org>.

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161 • FAX : (850)



We have not received an official transcript from your School of Osteopathic Medicine. You will need to request that your transcript be sent from your school directly to the Board office; we cannot accept transcripts submitted by applicants. An official transcript must include your dates of enrollment and graduation and list the degree conferred.

We have not received official license verification for all licenses listed on your application. License verification's must include the date of issuance, date of expiration, method by which you applied for licensure, and any documentation for all disciplinary action taken against the license. Request license verification's from the following states: MISSOURI, MISSISSIPPI

You will need to complete your application by submitting what is requested above. Please include your **file number** when submitting additional documentation or correspondence to us.

We may request information, explanation, or documentation based on a review of the documentation you submit. You will receive additional correspondence if anything further is required.

You may follow the progress of your application online at <http://flhealthsource.gov/mqa-services>. Your application will expire one year after submission if all required documentation for licensure has not been received, per 456.013(1)(a), Florida Statutes.

Contact the Board office by email at [mqa.osteopath@flhealth.gov](mailto:mqa.osteopath@flhealth.gov) with additional questions or concerns.

Sincerely,



Dontae Moore  
Regulatory Specialist  
Florida Board of Osteopathic Medicine

**From:** [Peace, Christa](#)  
**To:** [Joel Rose](#)  
**Subject:** Peace, Christa shared "Gregory Avetisov" with you.  
**Date:** Tuesday, July 21, 2020 3:35:14 PM  
**Attachments:** [AttachedImage](#)  
[AttachedImage](#)  
[AttachedImage](#)

---

Please review application-applicant answered "yes" to the Institution Discipline History question. The applicant provided an explanation.



This link only works for the direct recipients of this message.



Gregory Avetisov

Open

 **Microsoft OneDrive**

Microsoft respects your privacy. To learn more, please read our [Privacy Statement](#).  
Microsoft Corporation, One Microsoft Way, Redmond, WA 98052

**From:** [Peace, Christa](#)  
**To:** ["Joel Rose"](#)  
**Subject:** Please review application file GA16770  
**Date:** Tuesday, July 21, 2020 3:35:17 PM  
**Attachments:** [Application Review Form -Osteo GA16670.docx](#)

---

A link to review the password protected application file for Gregory Avetisov has been sent to you.

The file was sent to be because the applicant answered "yes" to the Institution Discipline History question. The applicant provided an explanation.

Please complete and return the attached review form.

The 90-days expire 10/21/2020.

Thank you in advance.

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCPR  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



**Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the **Healthiest State** in the Nation

**Values:** Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

---

***PLEASE NOTE:** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.*

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

July 29, 2020

Gregory Avetisov, D.O.  
16 Riviera Drive  
Hattiesburg, MS 39402

File #16770

Dear Dr. Avetisov:

This letter concerns your application/evaluation of credentials received by the Florida Board of Osteopathic Medicine. Upon completion of the initial review of your application/credentials it has been determined your documents must be presented to the Board of Osteopathic Medicine for review and consideration at the next board meeting. You are required to attend the meeting.

Your file is being reviewed because you answered yes to the institution discipline question.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**

**Please join from your computer,  
tablet or smartphone.**

<https://global.gotomeeting.com/join/793180125>

**You can also dial in using your phone.**

**United States (Toll Free): 1-866-899-4679**

**Access Code: 793-180-125**

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board.** We appreciate your continued cooperation and assistance.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**Accredited Health Department**  
Public Health Accreditation Board

Sincerely,

*Christa Peace*

Christa Peace  
Regulatory Specialist III  
Board of Osteopathic Medicine

**From:** [Peace, Christa](#)  
**To:** ["gavetiso@nyit.edu"](mailto:gavetiso@nyit.edu)  
**Subject:** Board Notification-Avetisov  
**Date:** Wednesday, July 29, 2020 2:28:41 PM  
**Attachments:** [Gregory Acetisov.pdf](#)

---

Greetings,

Your application will be presented at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. You are required to attend the meeting. Please see the attached correspondence.

Sincerely,

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



**Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the **Healthiest State** in the Nation

**Values:** Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

---

***PLEASE NOTE:*** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

**From:** gavetiso@nyit.edu  
**To:** [Peace, Christa](#)  
**Subject:** Re: Board Notification-Avetisov  
**Date:** Wednesday, July 29, 2020 2:40:47 PM

---

Dear Mrs.Christa  
Thank You for your letter,I'll be following accordingly.  
Sincerely,  
Gregory Avetisov DO  
9169157708

Sent from my iPhone

On Jul 29, 2020, at 1:28 PM, Peace, Christa <Christa.Peace@flhealth.gov> wrote:

Greetings,

Your application will be presented at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. You are required to attend the meeting. Please see the attached correspondence.

Sincerely,

Christa Peace

Regulatory Specialist III

Department of Health/MQA/HCPR

Board of Acupuncture,

Board of Osteopathic Medicine,

Board of Speech-Language Pathology & Audiology

Direct Line (850) 617-1964

Direct Fax (850) 921-6184

Christa.peace@flhealth.gov <<mailto:Christa.peace@flhealth.gov>>

How am I communicating? Please contact my supervisor at Carol <<mailto:Kama.Monroe@flhealth.gov>> Taylor with any questions or concerns to comment on my customer service.

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---

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<Gregory Acetisov.pdf>

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

DATE: August 6, 2020  
TO: Joel Rose, D.O.,  
Chair of Board of Osteopathic Medicine  
FROM: Christa Peace, Regulatory Specialist III  
RE: Mahdi Taha, DO  
Osteopathic Physician  
File No: 17229

Completion Date: 8/4/20220

Next Board Meeting Date: 8/21/2020

ISSUE: Applicant received a “less than satisfactory” on his postgraduate training evaluation.

---

Please review the following documents: **Application File**

- Approved with No Further Review by the Full Board
- Not Approved, Review by the Full Board,
- Not Approved Board Appearance Required (Completed oncology fellowship)

*Joel B. Rose, DO*

\_\_\_\_\_  
Signature

*August 6, 2020*

\_\_\_\_\_  
Date

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-6141



**Accredited Health Department**  
Public Health Accreditation Board

# FLORIDA | Board of *Osteopathic* Medicine

## APPLICATION SUMMARY

### **TAHA, MAHDI**

**Profession Code – 1901 File Number 17229**

**Application Completion Date: 08/04/2020**

Dr. Taha 's Post Graduate training received a “less than satisfactory”.

#### **Supplemental Documents**

Application

Transcript

National Board of Osteopathic Medical Exams

Federation of State Medical Boards Report

Post Graduate Training Evaluation

AOA Profile

National Practitioner Data Bank Report (NPDB)

Board Certification

License Verifications

Georgia

Nevada

New Jersey

Oklahoma

Pennsylvania

Correspondence

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prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

**Physician Name:** Mahdi Taha, DO

**Address:** 50 Springwater Shrs  
 Newnan, GA 30265-3821

**Work Phone:** (908) 472-8072

**Birth Date:** [REDACTED]

**Self-Designated Major Practice Focus:** Internal Medicine

**Self-Designated Minor Practice Focus:**

**AOA Membership Status:** Non-Member

*The following information was obtained from the original issuing source of the credential, also known as the primary source*

**Predoctoral Education:** NYIT College of Osteopathic Medicine  
 Old Westbury NY

**Year of Graduation:** 2006

**Postdoctoral Education:** (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)

**Internship:** NYCOM/Union Hospital - Internship Training  
 Union NJ  
 Program Closed: Sep 20, 2007

**Dates Attended:** 06/20/2006 - 06/20/2007 Verified

**Residency:** St Barnabas Medical Center Allopathic - Internal Medicine Residency  
 Livingston NJ

**Dates Attended:** 07/01/2007 - 06/30/2008 Verified

**Residency:** St Barnabas Medical Center Allopathic - Internal Medicine Residency  
 Livingston NJ

**Dates Attended:** 07/01/2008 - 03/13/2009 Verified

**Residency:** OMECO/Oklahoma State University Medical Center - Internal Medicine Residency  
 Tulsa OK  
 (Formerly: Oklahoma State University Medical Center - Internal Medicine Residency )  
 Program Closed: Jun 01, 2018

**Dates Attended:** 07/01/2011 - 06/30/2012 Verified

**Fellowship:** OMECO/Oklahoma State University Medical Center - Oncology Fellowship  
 Tulsa OK  
 (Formerly: Oklahoma State University Medical Center - Oncology Residency )  
 Program Closed: Feb 17, 2017

**Dates Attended:** 07/01/2012 - 06/30/2013 Verified

**Fellowship:** OMECO/Oklahoma State University Medical Center - Oncology Fellowship  
 Tulsa OK  
 (Formerly: Oklahoma State University Medical Center - Oncology Residency )  
 Program Closed: Feb 17, 2017

**Dates Attended:** 07/01/2013 - 06/30/2014 Verified

**Please note:** Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.

**Residency:**

**Dates Attended:**

| Licenses: | State | Date Granted | Expiration Date | Status   | Date Last Reported to the AOA | ** Contact Board for More Information |
|-----------|-------|--------------|-----------------|----------|-------------------------------|---------------------------------------|
|           | GA    | 07/10/2014   | 02/29/2020      | Active   | 04/11/2019                    |                                       |
|           | NJ    | 06/30/2011   | 06/30/2013      | Inactive | 04/06/2020                    |                                       |
|           | NY    | 11/13/2008   | 01/31/2022      | Active   | 03/13/2020                    |                                       |
|           | OK    | 07/01/2011   | 06/30/2015      | Inactive | 07/18/2018                    |                                       |
|           | PA    | 03/15/2011   | 10/31/2012      | Inactive | 10/11/2017                    |                                       |

\*\* A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

**Osteopathic Specialty Board Certification(s):**

(Certification by one or more of the 18 AOA certifying boards as reported by the Bureau of Osteopathic Specialists.) Physicians holding time-limited board certification (those certifications with expiration dates) are required to participate in Osteopathic Continuous Certification (OCC) in order to maintain their AOA board certification. Physicians holding non-time-limited board certification (no expiration date) may voluntarily participate in OCC, but participation in OCC does not change their non-time-limited certification status. Please note that diplomate files will be closely monitored for compliance with OCC, and your organization will be automatically notified of any change of status. For more information on OCC, visit [www.osteopathic.org](http://www.osteopathic.org)

**American Osteopathic Board of:**

|                                     |                   |                    |            |                         |            |
|-------------------------------------|-------------------|--------------------|------------|-------------------------|------------|
| <b>General Certification(s) :</b>   | Internal Medicine | <b>Issue Date:</b> | 09/13/2012 | <b>Expiration Date:</b> | 12/31/2022 |
| <b>OCC Participating:</b>           | Yes               |                    |            |                         |            |
| <b>Subspecialty Certification :</b> | Oncology          | <b>Issue Date:</b> | 08/20/2016 | <b>Expiration Date:</b> | 31-Dec-26  |
| <b>OCC Participating:</b>           | Yes               |                    |            |                         |            |

**Federal Drug Enforcement Administration:**

As of 02/24/2019 Federal DEA registration is valid.

**Please note:** Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.

**Former Name(s):**

**Please Note:**

*The content of this Official Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on physicians. Appropriate use of this instrument in combination with your organizations documented credentialing policies and procedures meets the primary source requirements of the Healthcare Facilities Accreditation Program (HFAP/AAHHS); the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); The Joint Commission; URAC; DNV GL; and the National Association of Insurance Commissioners (NAIC). The National Committee for Quality Assurance (NCQA) recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.*

*If you find any discrepancies, please mark them on a copy of this report and email to the AOIA [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org). Thank you.*

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prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

P.O. Box 10832  
Chantilly, VA 20153-0832

<https://www.npdb.hrsa.gov>

5500000160930368

Process Date: 05/25/2020

Page: 1 of 1

**To:** TAHA, MAHDI

50 SPRINGWATER SHRS

NEWNAN, GA 30265-3821

**From:** National Practitioner Data Bank

**Re:** Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

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appropriate board.

Florida Board of Osteopathic Medicine  
4052 Bald Cypress Way, Bin #C-06  
Tallahassee, FL 32399-3256

POSTGRADUATE TRAINING EVALUATION FORM

Institution Name: Saint Barnabas Medical Center  
Department: Internal Medicine  
Address: 94 Old Short Hills Rd  
City, State, Zip: Livingston, NJ 07039  
Phone Number: 973-322-5000 Fax: 973-322-6241 Attn: Director Sunil Sapru M.D.

The doctor named below has applied for licensure in the State of Florida. Please complete the entire form and affix the hospital seal. If your hospital has no seal, please indicate such on this form.

NAME: Mahdi Taha DO D.O.B 02/12/1980

PLEASE VERIFY:

- 1. Dates attended (start and end):
- 2. The levels completed under your purview:  Internship/PGY I  PGY II  PGY III  PGY IV  PGY V
- 3. Has the physician named above completed an AOA approved, 12 month, Rotating Internship? YES \_\_\_ NO   
*The Internal Medicine program was ACGME approved.*

OVERALL EVALUATION: If 3 is checked, please explain on a separate sheet.

- 1. \_\_\_ Outstanding
- 2. \_\_\_ Qualified/Competent
- 3.  Less than Satisfactory

Sunil Sapru, MD  
Name of Program Director/Chair

*[Signature]*  
Signature

6/30/2020  
Date

AFFIX  
HOSPITAL  
SEAL

Massage Unit  
JUL 06 2020

**Stephen P. Zieniewicz, FACHE**

*President and Chief Executive Officer*

Florida Board of Osteopathic Medicine  
4052 Bald Cypress Way, Bin #C-06  
Tallahassee, FL, 32399-3256

June 30, 2020

Re: Mahdi Taha, D.O.

Dear Board members,

As requested this letter is a summary of Dr. Mahdi Taha's residency training at Saint Barnabas Medical Center (SBMC) and should provide a more detailed explanation for the following questions of the post graduate training form as requested:

Dr. Taha satisfactorily completed his PGY1 year at Union Hospital from July 2006 to June 2007. After Union Hospital closed, he transferred to SBMC to complete his residency. As a PGY2 his performance evaluations ranged from satisfactory to unsatisfactory. During his PGY2 year he was placed on probation for several months due to issues of professionalism and clinical competence. He had issues with absenteeism and gave conflicting excuses for this. Following is a quote from an email sent by one of his supervising attending regarding his clinical performance:

“Personally, I was very disappointed in his performance during the week I worked with him. It honestly took me two days before I realized he was the senior resident as he was basically invisible during rounds. The team that week was poorly organized to the point that I had to sit them down and lecture them about their patient care responsibilities after they mismanaged a patient. I feel this was a direct reflection of his poor performance as a senior medical resident. I was even more astonished to read his progress notes on the weekend when one of the interns had the day off. The notes showed absolutely no thought process and were frankly embarrassing. I feel very bad about being this harsh but I hope you realize that I usually give the residents high marks (to a fault). I think Dr. Taha is a very pleasant individual on a personal level but I would have great reservation on having him complete an Internal Medicine residency if he does not demonstrate dramatic improvement in both his work ethic and medicine knowledge.”

During his PGY3 year his academic and clinical performance varied and included satisfactory, marginal, and unsatisfactory evaluations. Again questions were raised about his professionalism. The faculty felt he had lied on several occasions. Following are communications from two different faculty members regarding Dr. Taha:

94 Old Short Hills Road  
Livingston, NJ 07039

**973.322.5000**

[www.barnabashealth.org](http://www.barnabashealth.org)

“On Thursday, July 31, 2008 at 4:00PM, Dr. Mahdi Taha approached me in the Intensive Care Unit to tell me that he had just had a meeting with Dr. Panush. Dr. Taha added that he had told Dr. Panush, during the meeting, that his rotation with the ICU team during the month of July had been extremely valuable, and that ‘the Intensivists are great.’ The next morning I discovered that Dr. Panush had been out-of-state and that such a meeting could not have taken place.”

“I bring these issues to your attention as they are quite disturbing and speak to Dr. Taha's integrity, reliability and professionalism and I am not confident that I can trust patients to his care given this experience.”

The housestaff competence committee sought to understand his repeated irregular behavior and requested that he seek professional evaluation. In December 2008, he was assessed by a psychiatrist through the Professional Assistance Program (PAP) of New Jersey. As summary of this evaluation follows:

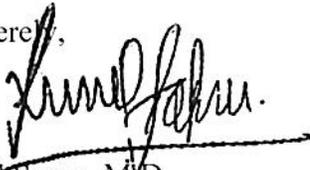
“A comprehensive interview and evaluation was performed, and according to his report, he did not meet any DSM-IV-TR criteria for any substance used disorder or any significant Axis I psychopathology....., however...there may be some interpersonal issue that could be addressed through some general consulting....the PAP agree that he is not a safety risk for patients.

In February he was reinstated into the program. In early March several incidents once again brought Dr. Taha's professionalism into question. The institutional information technology department found that he had accessed the electronic health records using a different physician's access information. Additionally, he left the hospital prior to the completion of his scheduled duties. He then gave conflicting reasons for doing so. The housestaff committee was investigating these issues when, on March 13, 2009, Dr. Taha resigned from the program for reason of personal and family difficulties.

Credit received for training:

PGY1—12 months at Union Hospital  
PGY2—12 months at SBMC  
PGY3—5 months at SBMC

Sincerely,



Sunil Sapru, M.D.  
Program Director, Internal Medicine

# Georgia Composite Medical Board

**Executive Director**  
LaSharn Hughes, MBA

**Deputy Director**  
Lisa R. Norris, MPH



**Chairperson**  
Gretchen Collins, MD

**Vice Chairperson**  
Barby Simmons, DO

2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913  
[www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

May 26, 2020

RE: **Mahdi Taha**

TO WHOM IT MAY CONCERN:

This is to certify that the above has been issued a **Physician** license by the Georgia Medical Board.

It is further certified that:

The license number is **72488** and was issued on **July 10, 2014**

The current license status is **Active**

The license expiration date is **February 28, 2022**.

**Board Actions** A review of public records indicates that no public board orders have been docketed.

Certified this day Tuesday, 26 May, 2020

Sincerely,

LaSharn Hughes  
Executive Director

LLH/



Ronald Hedger, D.O.  
*President*  
Paul Mausling, D.O.  
*Vice President*  
Samir Pancholi, D.O.  
*Secretary/Treasurer*  
Ricardo Almaguer, D.O.  
*Member*  
C. Dean Milne, D.O.  
*Member*  
Swadeep Nigam, MSc, MBA  
*Public Member*  
Carla Perlotto  
*Public Member*

NEVADA STATE  
BOARD OF OSTEOPATHIC MEDICINE  
2275 Corporate Circle, Suite 210  
Henderson, NV 89074  
Ph. 702-732-2147 Fax: 702-732-2079  
[www.bom.nv.gov](http://www.bom.nv.gov)

Sandra Reed, MPA  
*Executive Director*

July 13, 2020

This is to certify that a standard search of the available records of the Nevada State Board of Osteopathic Medicine indicates the following:

Mahdi Taha, DO is fully licensed to practice Osteopathic Medicine in the State of Nevada.

His/Her License Number is: TL1010  
Issue Date: April 12, 2011  
Expiration Date: October 12, 2011  
License Status: Expired

His/Her license is in good standing and currently in compliance with all applicable Nevada laws (including NRS Chapter 633 and NAC Chapter 633) with no history of formal disciplinary action taken by the Board. Current investigations or history of dismissed complaints/investigations are confidential per NRS 633.611. However, any actions leading to formal complaints adjudicated by the Board are a matter of public record.

A handwritten signature in black ink, appearing to read "TS", written over a faint circular stamp.

Tammy Sine  
Licensing Specialist

OSTEOPATHIC UNIT

JUL 17 2020

RECEIVED



**Oklahoma Osteopathic Board of Examiners**  
**4848 N. Lincoln Blvd., Suite 100**  
**Oklahoma City, OK 73105**  
[www.osboe.ok.gov](http://www.osboe.ok.gov)

Date: July 14, 2020

### **License Verification**

PHYSICIAN: Mahdi Taha, D.O.  
LICENSE NUMBER: 5122  
LICENSE STATUS: Inactive  
GRANTED: 07/01/2011  
EXPIRATION DATE: 06/30/2015  
DISCIPLINARY ACTION: No

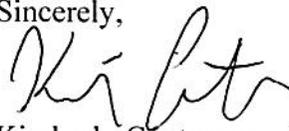
To Whom It May Concern:

This is to certify that the above-mentioned doctor was a licensed physician licensed by the Oklahoma State Board of Osteopathic Examiners.

Dr. Taha was in good standing with the board at the time of licensure.



Sincerely,

  
Kimberly Contreras  
Licensing Specialist

OSTEOPATHIC UNI  
JUL 20 2020  
RECEIVED



**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

**P. O. Box 2649**

**Harrisburg, PA 17105-2649**

**07/31/2020**

**License Information**

MAHDI TAHA

BOCA RATON, Florida 33428

Board/Commission: State Board of Osteopathic Medicine

Status Effective Date: 11/02/2012

LicenseType: Osteopathic Physician and Surgeon

Issue Date: 03/15/2011

Specialty Type:

Expiration Date: 10/31/2012

License Number: OS015527

Last Renewal:

Status: Inactive

**Disciplinary Action Details**

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

June 23, 2020

Mahdi Taha , DO  
4371 Veronica S Shoemaker Blvd  
Fort Myers, FL 33916

**File Number: 17229**

Dear Dr. Taha:

Your application for Osteopathic Physician license has been processed. Your application is incomplete for the following reason(s):

Your Postgraduate Training Evaluation Form has not been received. Your program director will need to submit a complete Postgraduate Training Evaluation Form. A copy of the Postgraduate Training Evaluation Form can be found on our website at: <http://floridasosteopathicmedicine.gov/resources>.

Your American Osteopathic Association (AOA) profile has not been received. Your profile may be sent by visiting <http://www.aoprofiles.org>, or by contacting the AOA directly at (800) 621-1773.

We have not received an official transcript from your School of Osteopathic Medicine. You will need to request that your transcript be sent from your school directly to the Board office; we cannot accept transcripts submitted by applicants. An official transcript must include your dates of enrollment and graduation and list the degree conferred.

We have not received official license verification for all licenses listed on your application. License verification's must include the date of issuance, date of expiration, method by which you applied for licensure, and any documentation for all disciplinary action taken against the license. Request license verifications from the following states: Georgia, Nevada, New Jersey, New York, Oklahoma, Pennsylvania.

You will need to complete your application by submitting what is requested above. Please include your **file number** when submitting additional documentation or correspondence to us.

We may request information, explanation, or documentation based on a review of the documentation you submit. You will receive additional correspondence if anything further is required.

You may follow the progress of your application online at <http://flhealthsource.gov/mqa-services>. Your application will expire one year after submission if all required documentation for licensure has not been received, per 456.013(1)(a), Florida Statutes.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161 • FAX : (850)



Contact the Board office by email at [mqa.osteopath@flhealth.gov](mailto:mqa.osteopath@flhealth.gov) with additional questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline Clahar-Anderson". The signature is written in a cursive, flowing style.

Jacqueline Clahar-anderson  
Regulatory Specialist II  
Florida Board of Osteopathic Medicine

**From:** [Joel Rose](#)  
**To:** [Peace, Christa](#)  
**Subject:** Re: Please review application file #17229 Taha  
**Date:** Thursday, August 6, 2020 12:45:43 PM  
**Attachments:** [Application Review Form -Osteo-Taha17229 Mahdi Tara.docx](#)

---

---

**From:** "Peace, Christa" <Christa.Peace@flhealth.gov>  
**Date:** Thursday, August 6, 2020 at 11:51 AM  
**To:** "jrose@jrosem.com" <jrose@jrosem.com>  
**Subject:** Please review application file #17229 Taha  
**Resent-From:** Proofpoint Essentials <do-not-reply@proofpointessentials.com>  
**Resent-To:** "jrose@jrosem.com" <jrose@jrosem.com>  
**Resent-Date:** Thursday, August 6, 2020 at 11:39 AM

A link to review the password protected application file for Mahdi Tara has been sent to you.

The file was sent to be because the applicant received a "less than satisfactory" on his postgraduate training evaluation.

Please complete and return the attached review form.

The 90-days expire 11/4/2020.

Thank you in advance.

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
[Christa.peace@flhealth.gov](mailto:Christa.peace@flhealth.gov)

*How am I communicating? Please contact my supervisor at [Carol Taylor](#) with any questions or concerns to comment on my customer service.*



**Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** To be the **Healthiest State** in the Nation

**Values:** Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance

improvement.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

---

***PLEASE NOTE:** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.*

**From:** [Peace, Christa](#)  
**To:** ["Joel Rose"](#)  
**Subject:** Please review application file #17229 Taha  
**Date:** Thursday, August 6, 2020 11:39:00 AM  
**Attachments:** [Application Review Form -Osteo-Taha17229.docx](#)

---

A link to review the password protected application file for Mahdi Tara has been sent to you.

The file was sent to be because the applicant received a "less than satisfactory" on his postgraduate training evaluation.

Please complete and return the attached review form.

The 90-days expire 11/4/2020.

Thank you in advance.

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCP  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
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---

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**From:** [Peace, Christa](#)  
**To:** [Joel Rose](#)  
**Subject:** Peace, Christa shared "Mahdi Taha" with you.  
**Date:** Thursday, August 6, 2020 11:38:59 AM  
**Attachments:** [AttachedImage](#)  
[AttachedImage](#)  
[AttachedImage](#)

---

Please review application-applicant received a "less than satisfactory" on his postgraduate training evaluation.



This link only works for the direct recipients of this message.



Mahdi Taha

Open

 **Microsoft OneDrive**

Microsoft respects your privacy. To learn more, please read our [Privacy Statement](#).  
Microsoft Corporation, One Microsoft Way, Redmond, WA 98052

**Mission:**

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

August 7, 2020

Mahdi Taha, D.O.  
4371 Veronica S Shoemaker Blvd.  
Fort Myers, FL 33916

File #17229

Dear Dr. Taha:

This letter concerns your application/evaluation of credentials received by the Florida Board of Osteopathic Medicine. Upon completion of the initial review of your application/credentials it has been determined your documents must be presented to the Board of Osteopathic Medicine for review and consideration at the next board meeting. You are required to attend the meeting.

Your file is being reviewed because you received a “less than satisfactory” on your postgraduate training evaluation.

The meeting is scheduled to take place at:

**9:00 a.m., Friday, August 21, 2020**

**Please join from your computer,  
tablet or smartphone.**

<https://global.gotomeeting.com/join/793180125>

**You can also dial in using your phone.**

**United States (Toll Free): 1-866-899-4679**

**Access Code: 793-180-125**

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board.** We appreciate your continued cooperation and assistance.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

If you have any questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256  
PHONE: (850) 245-4161



**Accredited Health Department**  
Public Health Accreditation Board

Sincerely,

*Christa Peace*

Christa Peace

Regulatory Specialist III

Board of Osteopathic Medicine

**From:** [Peace, Christa](#)  
**To:** ["drtahado@gmail.com"](mailto:drtahado@gmail.com)  
**Subject:** Board Notification-Taha  
**Date:** Friday, August 7, 2020 1:54:56 PM  
**Attachments:** [Mahdi Taha.pdf](#)

---

Greetings,

Your application will be presented at the August 21, 2020, Board of Osteopathic Medicine video/teleconference meeting. You are required to attend the meeting. Please see the attached correspondence.

Sincerely,

*Christa Peace*

Regulatory Specialist III  
Department of Health/MQA/HCPH  
Board of Acupuncture,  
Board of Osteopathic Medicine,  
Board of Speech-Language Pathology & Audiology  
Direct Line (850) 617-1964  
Direct Fax (850) 921-6184  
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EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be  
furnished.—

10)(a)All patient records obtained by the department and any other documents  
maintained by the department which identify the patient by name are confidential and exempt  
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate  
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The  
records shall not be available to the public as part of the record of investigation for and  
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prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

## Groot, Laura H

---

**From:** Carissa Summa <doc2skin@aol.com>  
**Sent:** Wednesday, July 8, 2020 10:59 AM  
**To:** zzzz Feedback, MQA\_Background Screening  
**Subject:** BACKGROUND CHECK \*EXPONGEMENT ORDER\*  
**Attachments:** exponge DUI.pdf

Please see attached expongement for the DUI noted on background check.

Thank you

Carissa Summa  
Osteopathic Application  
File #16310

COURT OF COMMON PLEAS OF LACKAWANNA COUNTY, PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA

-VS-

Carissa Summa

17-CR-1503

ORDER

AND NOW, this 6th day of August, 2018, based upon Petitioner's successful completion of the ARD Program, the charges relative to the above-captioned case are DISMISSED AND the Petition to Expunge is GRANTED. Pursuant to Pa. R. Crim. P. 790, the following information is provided:

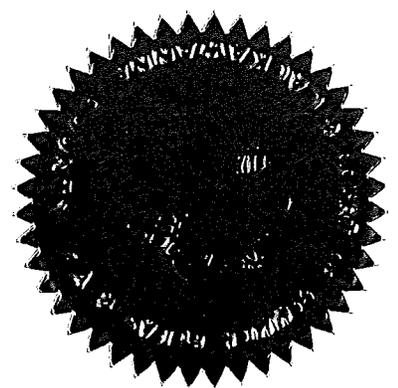
- (a) Petitioner: Carissa Summa
1 Bay Club Drive. Apt 9L, Bayside NY 11360
Date of Birth: 08/25/1974
SSN: 084-56-1571
(b) Judge who heard case: Judge Vito P. Geroulo
Lackawanna County Courthouse, 200 N. Washington Ave., Scranton, PA 18503
(c) Affiant: Ptlm. Thomas Errigo,
Scott Township Police Department, R.D. 1, Box 457, Olyphant, PA 18447
(d) Common Pleas Docket #: 2017-CR-1503
(e) OTN: X-041329-1
MDJ Docket #: CR-0000101-2017
District Court #: 45-3-03
(f) Date on complaint: 01/30/2017 Date of Arrest: 08/12/2016
(g) Charges: DUI: Gen Imp, Reckless Drivig
(h) Disposition: Defendant was placed on the ARD Program for a period of 6 months.
Fines, costs or restitution fully satisfied: YES X NO
(i) Reason(s) for Expungement: Successful Completion of ARD Program.
(j) Criminal justice agencies upon which the Clerk of Courts shall serve a certified copy of this Order:

MAURI B. KELLY
LACKAWANNA COUNTY
2018 AUG - 8 A 10:19
CLERKS OF JUDICIAL
RECORDS CRIMINAL
DIVISION

Scott Twp. P.D.
Probation Department
M.D.J. 45-3-03
Central Court
District Attorney

Attorney for Defendant
Sheriff's Office
PA State Police-Central Rep.
AOPC
Lacka. Co. Prison
F.B.I.

[Handwritten signature]



COURT OF COMMON PLEAS OF LACKAWANNA COUNTY, PENNSYLVANIA

COMMONWEALTH OF  
PENNSYLVANIA

VS.

CARISSA SUMMA

17-CR-1503

PETITION TO EXPUNGE PURSUANT TO SUCCESSFUL COMPLETION OF  
THE ACCELERATED REHABILITATIVE DISPOSITION PROGRAM

**AND NOW**, comes **Carissa Summa**, Petitioner in the above-captioned case, and respectfully represents that on or about **August 12, 2016** she was arrested by the **Pennsylvania State Police** and was charged with **DUI: Gen Imp and Reckless Driving**.

Petitioner was admitted into the ARD Program on **December 6, 2017** and was placed on probation for a period of **6 months**. Petitioner requests that the charge(s) pending in the above-captioned case be expunged since she has successfully completed all of the requirements of the ARD Program.



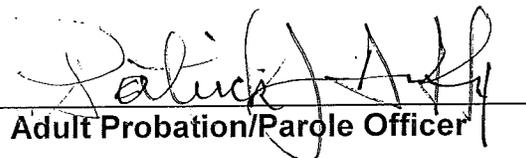
\_\_\_\_\_  
**John Petorak, Esq.**  
**Attorney for Petitioner**

---

**PROBATION CERTIFICATION**

I hereby certify that **Carissa Summa** has satisfactorily completed the program prescribed for her which was supervised by the Lackawanna County Adult Probation Office.

By:

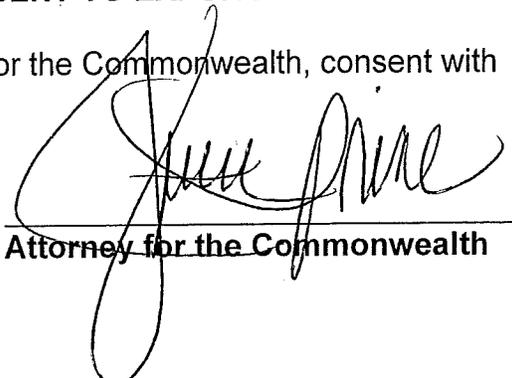


\_\_\_\_\_  
**Adult Probation/Parole Officer**

---

**COMMONWEALTH CONSENT TO EXPUNGE**

I,  Attorney for the Commonwealth, consent with Petitioner's request to expunge his record.



\_\_\_\_\_  
**Attorney for the Commonwealth**

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---

**PRACTITIONER PROFILE**

---

Prepared for: Florida Board of Osteopathic Medicine As of Date:8/23/2019

---

**PRACTITIONER INFORMATION**

Name: Summa, Carissa Ane  
Alternate Name(s): Summa, Carissa Anne  
DOB: [REDACTED]  
Medical School: New York Institute of Technology College of Osteopathic Medicine  
Old Westbury, New York, UNITED STATES  
Year of Grad: 2002  
Degree Type: DO  
NPI: 1376614669

---

**BOARD ACTIONS**

Reporting Entity: New York State Board for Medicine  
Date of Order: 3/9/2016  
Effective Date: 3/8/2016  
Action(s): SURRENDER OF MEDICAL LICENSE  
This temporary suspension action is not disciplinary in nature.  
Basis: Not Applicable

---

**LICENSE HISTORY**

| Jurisdiction  | License Number | Issue Date | Expiration Date | Last Updated |
|---------------|----------------|------------|-----------------|--------------|
| FLORIDA OSTEO | 9893           | 07/19/2006 | 03/31/2008      | 08/09/2013   |
| FLORIDA OSTEO | OS9893         | 07/19/2006 | 03/31/2010      | 08/09/2013   |
| NEW YORK      | 233878         | 09/03/2004 | 07/31/2016      | 08/21/2019   |

**PRACTITIONER PROFILE**

Prepared for: Florida Board of Osteopathic Medicine As of Date:8/23/2019  
 Practitioner Name: Summa, Carissa Ane

**ABMS® CERTIFICATION HISTORY**

No ABMS Certifications found.

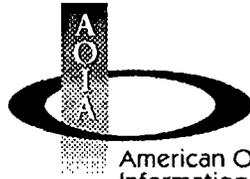
**AOA® CERTIFICATION HISTORY**

Member Board: Dermatology  
 Specialty Description: Dermatology  
 Certification Type: Primary  
 OCC Participating: No  
 OCC Required: Yes

| Status   | Certification Issue Date | Certification End Date | Recertification Issue Date | Recertification End Date | Last Reported |
|----------|--------------------------|------------------------|----------------------------|--------------------------|---------------|
| Cert Exp | 11/01/2006               | 12/31/2016             |                            |                          | 04/14/2018    |

*This AOA Specialty Board Certification information may not be used for primary credentials verification to commercial organizations, such as hospitals, hospital medical staffs, managed care plans, or other entities without the express prior written consent of the AOA.*

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.



American Osteopathic  
Information Association

OFFICIAL OSTEOPATHIC PHYSICIAN PROFILE REPORT

142 E. Ontario Street Chicago, Illinois 60611-2864

800-621-1773 EXTENSION 8145 FAX 312-202-8445

ELECTRONIC MAIL: credentials@ostcotech.org

Physician Name and Address:

Carissa Summa, DO ✓  
1613 Mohawk St  
Utica, NY 13501-5215

Report Valid Only For Requesting Organization:

Phone:  
Birthdate:

Major Professional Activity: Unknown

Self-Designated Major Practice Focus:

Self-Designated Minor Practice Focus:

AOA Membership Status: Member

*The following information was obtained from the original issuing source of the credential, also known as the primary source*

Predoctoral Education: New York College of Osteopathic Medicine Old Westbury, NY Year of Graduation: 2002 ✓

Postdoctoral Education: (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)

- Internship: NYCOM/Nassau University Medical Center - Internship Training, East Meadow, NY Dates Attended: 07/01/2002 -- 06/30/2003 Verified ✓
- Residency: St Barnabas Hospital - Dermatology Residency, Bronx, NY Dates Attended: 07/01/2003 -- 06/30/2004 Verified ✓  
Program Closed: Jul 01, 2004
- Residency: NYCOM/New York United Hospital Medical Center - Dermatology Residency, Port Ch Dates Attended: 07/01/2004 -- 02/28/2005 Verified ✓  
Program Closed: Mar 01, 2005
- Residency: NYCOM/Lutheran Medical Center - Dermatology Residency, Brooklyn, NY Dates Attended: 07/01/2005 -- 06/30/2006 ✓

Please note: Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.

Residency: Dates Attended:

OSTEOPATHIC UNIT  
05 MAY 16 AM 11:31



American Osteopathic  
Information Association

# OFFICIAL OSTEOPATHIC PHYSICIAN PROFILE REPORT

142 E. Ontario Street Chicago, Illinois 60611-2864

800-621-1773 EXTENSION 8145 FAX 312-202-8445

ELECTRONIC MAIL: [credentials@osteotech.org](mailto:credentials@osteotech.org)

| License(s)<br>State | Date<br>Granted: | Expiration<br>Date | Status | Date Last Reported<br>to the AOA | ** Contact Board for<br>More Information |
|---------------------|------------------|--------------------|--------|----------------------------------|------------------------------------------|
| ✓ NY                | 09/03/2004       | 08/31/2006         | Active | 02/28/2006                       | /                                        |

\*\* A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

**Osteopathic Specialty Board Certification(s):** (Certification by one or more of the 18 AOA certifying boards as reported by the Bureau of Osteopathic Specialists and meeting all current requirements for maintaining certification status.)

**General Certification(s):**

**Issue Date:**

**Expiration Date:**

**Certification(s) of Special Qualifications:**

**Issue Date:**

**Expiration Date:**

**Certification(s) of Added Qualifications:**

**Issue Date:**

**Expiration Date:**

**Certification by member board(s) of the American Board of Medical Specialties® (ABMS):** (The AOIA Official Osteopathic Physician Profile Report has been designated by the ABMS as an Official Display Agent and provides this primary source data on the organization's behalf.)

**Date**

**Expiration**

**Date Last Reported**

**Granted:**

**Date:**

**to the AOA**

**Primary Board(s):**

**Certificates of Added/Special Qualifications:**

**AOA Accredited Continuing Medical Education:** CME is not required for this physician.

*Please note: The AOA reports CME for AOA members only.*

**Federal Drug Enforcement Administration:** None Reported

*Please note: Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.*



## OFFICIAL OSTEOPATHIC PHYSICIAN PROFILE REPORT

142 E. Ontario Street Chicago, Illinois 60611-2864

800-621-1773 EXTENSION 8145 FAX 312-202-8445

ELECTRONIC MAIL: [credentials@osteotech.org](mailto:credentials@osteotech.org)

**Federal Sanctions(s):**

To date, there have been no Medicare/Medicaid, DEA, or health education loan sanctions reported to the AOA by the DHHS. As of 12/31/97 there have been no sanctions reported to the AOA by any branch of the U.S. military, the Veterans Administration, or the US Public Health Service.

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*The following is historical biographical information obtained from various sources*

---

**Former Name(s):**

Carissa Summa

*Please Note: The content of this Official Osteopathic Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on osteopathic physicians. Appropriate use of this instrument, in combination with your organization's documented credentialing policies and procedures would meet the primary source requirements of the: American Osteopathic Association Healthcare Facilities Accreditation Program; Joint Commission on Accreditation of Healthcare Organizations; the American Accreditation Healthcare Commission, Inc.; and the National Association of Insurance Commissioners. The National Committee for Quality Assurance recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.*

*If you note any discrepancies, please mark them on a copy of this report and return to the AOIA at the address above. Thank you.*

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prosecution in disciplinary proceedings made available to the public by the department or the  
appropriate board.

August 13, 2019

Dr. Carissa Summa  
22 Chestnut Hills  
New Harford, NY 13413

Re: Carissa Summa

To Whom It May Concern:

This is to acknowledge receipt of your verification request on behalf of Dr. Carissa Summa. According to our records, Dr. Summa was a Resident in the dermatology program from 2/28/2005 – 6/30/2005 (PGY-3) and from 7/1/2005 – 6/30/2006 (Chief Resident). The residency training program was completed at NYU Langone – Brooklyn formerly Lutheran Medical Center at 150 55<sup>th</sup> Street, Brooklyn NY 11220.

Sincerely,

A handwritten signature in black ink, appearing to read "Diana Calderon Ngui".

Diana Calderon Ngui  
Administrative Coordinator  
NYU Langone Health  
Office of Graduate Medical Education

3604344

Florida Board of Osteopathic Medicine  
4052 Bald Cypress Way, Bin #C-06  
Tallahassee, FL 32399-3256

POSTGRADUATE TRAINING EVALUATION FORM

Institution Name: NYU Langone Health  
Department: GRADUATE MEDICAL EDUCATION  
Address: 545 FIRST AVE  
City, State, Zip: NEW YORK NY 10016  
Phone Number: 212-263-5506

The doctor named below has applied for licensure in the State of Florida. Please complete the entire form and affix the hospital seal. If your hospital has no seal, please indicate such on this form.

NAME: CARRISSA ANNE SUMMA DO

PLEASE VERIFY:

- 1. Dates attended (start and end): 7/1/2005 - 6/30/2006
- 2. The levels completed under your purview:  Internship/PGY I  PGY II  PGY III  PGY IV  PGY V
- 3. Has the physician named above completed an AOA approved, 12 month, Rotating Internship? YES  NO  NA

OVERALL EVALUATION: If 3 is checked, please explain on a separate sheet.

1.  Outstanding 2.  Qualified/Competent 3.  Less than Satisfactory

MICHAEL M. AMBRASINO, M.D.  
Name of Program Director/Chair  
D/O 9/3/19  
Date

[Signature]  
Signature

AFFIX  
HOSPITAL  
SEAL

OSTEOPATHIC UNIT

SEP 09 2019

RECEIVED



Department of Health

CARISSA ANNE SUMMA

License Number: OS9893

*Data As Of 8/6/2020*

|                                        |                                              |
|----------------------------------------|----------------------------------------------|
| <b>Profession</b>                      | Osteopathic Physician                        |
| <b>License</b>                         | OS9893                                       |
| <b>License Status</b>                  | NULL AND VOID/<br>Dispensing<br>Practitioner |
| <b>Qualifications</b>                  |                                              |
| <b>License Expiration<br/>Date</b>     | 3/31/2010                                    |
| <b>License Original Issue<br/>Date</b> | 07/19/2006                                   |

**Address of Record**

If further information is needed, please contact the Department of Health at (850) 488-0595.

|                                                                                                      |    |
|------------------------------------------------------------------------------------------------------|----|
| <b>Controlled Substance<br/>Prescriber (for the<br/>Treatment of Chronic<br/>Non-malignant Pain)</b> | No |
| <b>Discipline on File</b>                                                                            | No |
| <b>Public Complaint</b>                                                                              | No |

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.



16310

3608774

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
DIVISION OF PROFESSIONAL LICENSING SERVICES  
89 WASHINGTON AVENUE  
ALBANY, NEW YORK 12234

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, SUMMA CARISSA ANNE was issued license/certificate number 233878 for the practice of MEDICINE on 09/03/2004.

Our records also indicate the following information:  
Date of birth: 08/25/1974  
School attended: NY COLLEGE OF OSTEO MED  
Date of graduation: 05/20/02  
Degree earned: DO

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

| DATE  | FLEX1 | NBME1 | USML1 | NBME2 | FLEX2 | USML2 | NBME3 | USML3 | OTHER |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 06/03 |       |       |       |       |       |       | 0000P |       | OSTEO |
| 03/01 |       |       |       | 0000P |       |       |       |       |       |
| 06/99 |       | 0000P |       |       |       |       |       |       |       |

EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: NO Last reg period ended: 07/31/16  
Address: 1078 OAKS DRIVE

FRANKLIN SQUARE NY 11010-0000

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Audrey Bell, Education Program Assistant 1, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Education Program Assistant 1 of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL



*Audrey Bell*  
09/04/19  
Education Program Assistant 1

Osteopathic Unit  
SEP 10 2019

16310



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

OFFICE OF THE PROFESSIONS  
DIVISION OF PROFESSIONAL LICENSING SERVICES  
Public Information Unit  
Tel. (518) 474-3817 EXT: 330  
Fax (518) 473-0578  
E-mail: DPLSDSU@NYSED.GOV

STATE OF NEW YORK )

SS:

COUNTY OF ALBANY )

In accordance with the **Civil Practice Law and Rules Article 45, Rule 4540**, I, Audrey Bell, Education Program Assistant 1 in the Division of Professional Licensing Services of the New York State Education Department, have caused this certificate to be prepared. I further state that I have legal custody of the official records of the Division of Professional Licensing Services and I attest that **CARISSA ANNE SUMMA** is the holder of a license to practice **MEDICINE** license number 233878 issued 09/03/2004. These records indicate that on 03/08/2016 the New York State Department of Health took disciplinary action against the license. For further information, please call the NYS Dept. of Health at (518) 402-0836 or write to:

New York State Health Department  
O.P.M.C.  
River Center  
150 Broadway, Suite 355  
Menands, NY 12204

Or:

View the NYS Department of Health website at:  
[www.health.ny.gov/professionals/doctors/conduct](http://www.health.ny.gov/professionals/doctors/conduct)

Witness my hand and the seal of the New York State Education Department this 4 September, 2019.



*Audrey Bell*

Audrey Bell, Education Program Assistant 1  
Professional Licensing Services

DATED  
09/04/2019

Osteopathic Unit  
SEP 10 2019

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**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

July 8, 2020

**\*Confidential\***

Carissa Anne Summa  
22 Chestnut Hills  
New Hartford, NY 13413

Profession Code: 1901  
File Number: 16310

Dear Applicant:

The Department received your criminal history results. This letter is to acknowledge receipt of those results and does not replace anything requested in the application deficiency letter.

Enclosed (by mail only) is a copy of your criminal history report. This document is confidential and may not be used for any purpose other than your personal review. If you choose to return your criminal history report it will become public record. You are required to provide documentation for each item highlighted in the report.

Items required for each highlighted offense:

- Self-Explanation – a letter written in your own words that describe the circumstances surrounding each offense; including date, city, state, charges and final outcome.
- Court Dispositions/Sentencing – documentation from the county Clerk of Courts in the jurisdiction (state/county) in which the offense(s) occurred, including disposition/final outcome and sentencing (showing what was ordered, examples: probation, fines, etc.). You may be able to obtain this online through the clerk of court website. NOTE: Have all alias/maiden names included in the search.
- Arrest Report(s) – a copy of the arrest report for each offense. If you are unable to obtain a copy from the Clerk of Court, you can request a copy from the arresting agency.
- Probation/Parole, PTI Letters and/or Release (If applicable) – proof that you completed all court ordered probation/parole, PTI (Pre-trial intervention) or jail time ordered. This documentation must be issued by the probation office, Department of Corrections or the jail and must include the start date and termination date of your probation or supervised release.
- Receipt of Payment (If applicable) – proof that all fines, restitution, or other court costs have been paid in full for each offense. This documentation can be obtained from the Clerk of Court in the county in which the offense occurred and must include the date in which the payment/completion of the sanction was satisfied.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Background Screening Unit  
4052 Bald Cypress Way, BSU-01 • Tallahassee, FL 32399-3260  
PHONE: (850) 488-0595 • FAX : (850) 617-6290



If you are unable to produce the information required above, a letter (on letterhead) from the Clerk of Court within the jurisdiction of the offense is required and must state the reason the document is not available. NOTE: Have all alias/maiden names included in the search.

The Department will not be able to complete the review process of your application until the requested documentation is received.

Please return a copy of this letter along with all requested documents to [mqa.backgroundscreen@flhealth.gov](mailto:mqa.backgroundscreen@flhealth.gov), fax (850) 617-6290 or mail:

Background Screening Unit  
Attn: Laura Groot  
Florida Department of Health  
4052 Bald Cypress Way, Bin BSU - 01  
Tallahassee, FL 32399-3260

For any additional questions please visit our website at <http://www.flhealthsource.gov/background-screening/>.

Sincerely,

*Laura Groot*  
Laura Groot  
Government Analyst I

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**MQA Reports**  
**New License Report for 1901 : Osteopathic Physician**  
**5/ 1/2020 - 7/31/2020**

Sort Order: Original License Date

Page 1 of 20

Processed: 7/31/2020 5:02:44PM

| Rank | Lic Nbr | Issue Dte  | Org / Last   | Frst Nme     | Mid Nme   | Sfx | Birth Date | EDU Provider | EDU Institution | PL Address | PL Location |
|------|---------|------------|--------------|--------------|-----------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 16739   | 05/01/2020 | Oliveto      | Sydni        | Lauren    |     |            |              |                 |            |             |
| OS   | 16740   | 05/01/2020 | Joseph       | Nikki        |           |     |            |              |                 |            |             |
| OS   | 16741   | 05/01/2020 | Rhodes       | Andrew       | Brice     |     |            |              |                 |            |             |
| OS   | 16742   | 05/01/2020 | Tehranchi    | Leah         |           |     |            |              |                 |            |             |
| OS   | 16743   | 05/04/2020 | Pedersen     | Daniel       | Alan      |     |            |              |                 |            |             |
| OS   | 16744   | 05/04/2020 | Powers       | Stanlyn      | Christine |     |            |              |                 |            |             |
| OS   | 16745   | 05/04/2020 | Le           | Cuong<br>Kim |           |     |            |              |                 |            |             |
| OS   | 16746   | 05/04/2020 | Strittmatter | Madeline     |           |     |            |              |                 |            |             |
| OS   | 16747   | 05/04/2020 | Patel        | Trushil      |           |     |            |              |                 |            |             |
| OS   | 16748   | 05/04/2020 | Banks        | Lashathan    | E         |     |            |              |                 |            |             |
| OS   | 16749   | 05/04/2020 | Wong         | Christina    | Marie     |     |            |              |                 |            |             |
| OS   | 16750   | 05/04/2020 | Nathan       | Kirsten      | Alexandra |     |            |              |                 |            |             |
| OS   | 16751   | 05/05/2020 | Johnson      | Duane        | Pearce    |     |            |              |                 |            |             |
| OS   | 16752   | 05/06/2020 | Rana         | Zaid         |           |     |            |              |                 |            |             |
| OS   | 16753   | 05/06/2020 | Guirguis     | Marina       |           |     |            |              |                 |            |             |
| OS   | 16754   | 05/06/2020 | Ritter       | Jody         |           |     |            |              |                 |            |             |

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|------|---------|------------|---------------|-----------|----------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 16755   | 05/06/2020 | Patel         | Hina      |          |     |            |              |                 |            |             |
| OS   | 16756   | 05/07/2020 | Mershon       | Lynn      | Decker   |     |            |              |                 |            |             |
| OS   | 16757   | 05/07/2020 | Cabrera Haber | Luis      | A.       |     |            |              |                 |            |             |
| OS   | 16758   | 05/07/2020 | High          | Alexandra | K        |     |            |              |                 |            |             |
| OS   | 16759   | 05/08/2020 | Maguire       | Joseph    | James    |     |            |              |                 |            |             |
| OS   | 16760   | 05/08/2020 | Tolliver      | Jennifer  | Lane     |     |            |              |                 |            |             |
| OS   | 16761   | 05/08/2020 | Gagula-Latham | Ivana     |          |     |            |              |                 |            |             |
| OS   | 16762   | 05/11/2020 | Galler        | Blake     | Ryan     |     |            |              |                 |            |             |
| OS   | 16763   | 05/12/2020 | Brinkman      | Mark      | Nicholas | Do  |            |              |                 |            |             |
| OS   | 16764   | 05/13/2020 | Barry         | Julia     |          |     |            |              |                 |            |             |
| OS   | 16765   | 05/13/2020 | Brink         | Ryan      | Mitchell |     |            |              |                 |            |             |
| OS   | 16766   | 05/13/2020 | Soofian       | Mohsen    |          |     |            |              |                 |            |             |
| OS   | 16767   | 05/13/2020 | Wheat         | Michael   |          |     |            |              |                 |            |             |
| OS   | 16768   | 05/14/2020 | Hyder         | Zeshan    |          |     |            |              |                 |            |             |
| OS   | 16769   | 05/14/2020 | Friedman      | Morris    | Samuel   |     |            |              |                 |            |             |
| OS   | 16770   | 05/14/2020 | Koshel        | Christine | K.       |     |            |              |                 |            |             |
| OS   | 16771   | 05/15/2020 | Kahkeshani    | Kourosh   |          |     |            |              |                 |            |             |
| OS   | 16772   | 05/15/2020 | Crystal       | Elie      |          |     |            |              |                 |            |             |

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|------|---------|------------|-------------|----------|---------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 16773   | 05/15/2020 | Emmet       | Emily    | Lais    |     |            |              |                 |            |             |
| OS   | 16774   | 05/15/2020 | Distin      | James    | L       |     |            |              |                 |            |             |
| OS   | 16775   | 05/15/2020 | Gerasymchuk | Liliya   |         |     |            |              |                 |            |             |
| OS   | 16776   | 05/15/2020 | Byrd        | Carl     | Lester  | III |            |              |                 |            |             |
| OS   | 16777   | 05/15/2020 | Stephenson  | James    | Devin   |     |            |              |                 |            |             |
| OS   | 16778   | 05/15/2020 | Mckenzie    | Corissa  |         |     |            |              |                 |            |             |
| OS   | 16779   | 05/15/2020 | Sherrod     | Kyle     | Tyler   |     |            |              |                 |            |             |
| OS   | 16780   | 05/15/2020 | Pola        | Lisette  |         |     |            |              |                 |            |             |
| OS   | 16781   | 05/15/2020 | Wilson      | Amy      | Lynn    |     |            |              |                 |            |             |
| OS   | 16782   | 05/15/2020 | Abadin      | Andre    | Armando |     |            |              |                 |            |             |
| OS   | 16783   | 05/15/2020 | Love        | Joseph   | David   |     |            |              |                 |            |             |
| OS   | 16784   | 05/15/2020 | Jindia      | Lauren   | Alexis  |     |            |              |                 |            |             |
| OS   | 16785   | 05/15/2020 | Marburger   | Nicholas | Paul    |     |            |              |                 |            |             |
| OS   | 16786   | 05/15/2020 | Bhairo      | Sunil    |         |     |            |              |                 |            |             |
| OS   | 16787   | 05/15/2020 | Carranza    | Michael  | Andres  |     |            |              |                 |            |             |
| OS   | 16788   | 05/15/2020 | Lindbergh   | Evan     | Joseph  |     |            |              |                 |            |             |
| OS   | 16789   | 05/15/2020 | Christensen | Justin   | Monroe  |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------------|----------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 16790   | 05/15/2020 | Ellis      | Kenyanita       |          |     |            |              |                 |            |             |
| OS   | 16791   | 05/15/2020 | Rivas      | Ana             | Maria    |     |            |              |                 |            |             |
| OS   | 16792   | 05/15/2020 | Kann       | Taylor          | Camille  |     |            |              |                 |            |             |
| OS   | 16793   | 05/15/2020 | Bedner     | Ashley          |          |     |            |              |                 |            |             |
| OS   | 16794   | 05/15/2020 | Ritch      | Matthew         |          |     |            |              |                 |            |             |
| OS   | 16795   | 05/15/2020 | Johnson    | Racheal         |          |     |            |              |                 |            |             |
| OS   | 16796   | 05/15/2020 | Murphy     | Christoph<br>er | Ryan     |     |            |              |                 |            |             |
| OS   | 16797   | 05/15/2020 | Bodnar     | John            | Michael  |     |            |              |                 |            |             |
| OS   | 16798   | 05/15/2020 | Mcalister  | Nicholas        | William  |     |            |              |                 |            |             |
| OS   | 16799   | 05/15/2020 | Mosley     | Joseph          |          |     |            |              |                 |            |             |
| OS   | 16800   | 05/15/2020 | Vishnagara | Raj             |          |     |            |              |                 |            | D.O         |
| OS   | 16801   | 05/15/2020 | Allen      | Lauren          | Patricia |     |            |              |                 |            |             |
| OS   | 16802   | 05/15/2020 | Barker     | Lee             |          |     |            |              |                 |            |             |
| OS   | 16803   | 05/15/2020 | Ross       | Nicole          | Amanda   |     |            |              |                 |            |             |
| OS   | 16804   | 05/15/2020 | Marsiglia  | Paul            | Anthony  |     |            |              |                 |            |             |
| OS   | 16805   | 05/15/2020 | Martin     | Darby           |          |     |            |              |                 |            |             |

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|------|---------|------------|------------|---------------|------------------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 16806   | 05/15/2020 | Savage     | Rosemary      | A                |     |            |              |                 |            |             |
| OS   | 16807   | 05/15/2020 | Huffman    | Kristy        | Michelle         |     |            |              |                 |            |             |
| OS   | 16808   | 05/15/2020 | George     | Jerin         |                  |     |            |              |                 |            |             |
| OS   | 16809   | 05/15/2020 | Shelley    | Patrisha      | Marie            |     |            |              |                 |            |             |
| OS   | 16810   | 05/15/2020 | Buchanan   | Lynn          |                  |     |            |              |                 |            |             |
| OS   | 16811   | 05/15/2020 | Johnson    | Mark          | James            |     |            |              |                 |            |             |
| OS   | 16812   | 05/15/2020 | Kurta      | Anastasia     | Olegovna         |     |            |              |                 |            |             |
| OS   | 16813   | 05/15/2020 | Smith      | Jacquelyn     | Rae              |     |            |              |                 |            |             |
| OS   | 16814   | 05/15/2020 | Little     | Andrew        |                  | Do  |            |              |                 |            |             |
| OS   | 16815   | 05/15/2020 | Ulbrandt   | Alison        | Lynn<br>Brantley |     |            |              |                 |            |             |
| OS   | 16816   | 05/15/2020 | Newcomer   | Zachary       |                  |     |            |              |                 |            |             |
| OS   | 16817   | 05/15/2020 | Begley     | Patrick       |                  |     |            |              |                 |            |             |
| OS   | 16818   | 05/15/2020 | Edwards    | Andrea        |                  |     |            |              |                 |            |             |
| OS   | 16819   | 05/15/2020 | Bhatt      | Ashmit        | Deo              |     |            |              |                 |            |             |
| OS   | 16820   | 05/15/2020 | Boland     | Annemari<br>e | Jin              |     |            |              |                 |            |             |
| OS   | 16821   | 05/15/2020 | Lambert    | Nicholas      | Francis          |     |            |              |                 |            |             |
| OS   | 16822   | 05/16/2020 | Trillo     | Alyson        | Elizabeth        |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------------|-----------------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 16823   | 05/16/2020 | Blay       | Charles         | Joseph          |     |            |              |                 |            |             |
| OS   | 16824   | 05/16/2020 | Hansen     | Allyson         | Paige           |     |            |              |                 |            |             |
| OS   | 16825   | 05/16/2020 | Skettini   | Julia           | R               |     |            |              |                 |            |             |
| OS   | 16826   | 05/16/2020 | Bakos      | Matthew         |                 |     |            |              |                 |            |             |
| OS   | 16827   | 05/16/2020 | Piette     | Scott           | Douglas         |     |            |              |                 |            |             |
| OS   | 16828   | 05/19/2020 | Rogers     | Roger           | Warren          |     |            |              |                 |            |             |
| OS   | 16829   | 05/19/2020 | Van Etten  | Christoph<br>er | James           |     |            |              |                 |            |             |
| OS   | 16830   | 05/20/2020 | Miller     | Ian             | C               |     |            |              |                 |            |             |
| OS   | 16831   | 05/20/2020 | Mcgeary    | Ryan            | Christoph<br>er |     |            |              |                 |            |             |
| OS   | 16832   | 05/20/2020 | Schlachter | Jeffrey         | Lewis           |     |            |              |                 |            |             |
| OS   | 16833   | 05/21/2020 | Rus        | Szymon          |                 |     |            |              |                 |            |             |
| OS   | 16834   | 05/21/2020 | Oettel     | David           | James           |     |            |              |                 |            |             |
| OS   | 16835   | 05/21/2020 | Novack     | Craig           | Phillip         |     |            |              |                 |            |             |
| OS   | 16836   | 05/22/2020 | Hlavaty    | Haley           | Danielle        |     |            |              |                 |            |             |
| OS   | 16837   | 05/25/2020 | Murri      | Jason           |                 |     |            |              |                 |            |             |
| OS   | 16838   | 05/26/2020 | Bolling    | Taryn           |                 |     |            |              |                 |            |             |
| OS   | 16839   | 05/26/2020 | Vinson     | Anthony         |                 |     |            |              |                 |            |             |
| OS   | 16840   | 05/26/2020 | Liang      | I-Chi           |                 |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------|----------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 16841   | 05/26/2020 | Rizo       | Josue     | Miguel   |     |            |              |                 |            |             |
| OS   | 16842   | 05/26/2020 | Zaleski    | Ryan      | Michael  |     |            |              |                 |            |             |
| OS   | 16843   | 05/27/2020 | Mccloskey  | Pamela    | Kay      |     |            |              |                 |            |             |
| OS   | 16844   | 05/27/2020 | Abernathy  | Jennifer  | Kathleen |     |            |              |                 |            |             |
| OS   | 16845   | 05/27/2020 | Haider     | Joseph    | I        |     |            |              |                 |            |             |
| OS   | 16846   | 05/28/2020 | Mccarty    | Taylor    | Kasee    |     |            |              |                 |            |             |
| OS   | 16847   | 05/28/2020 | Gayne      | Bryan     | Thomas   |     |            |              |                 |            |             |
| OS   | 16848   | 05/29/2020 | Wright     | Lauren    | Meredith |     |            |              |                 |            |             |
| OS   | 16849   | 05/29/2020 | Bell       | Mia       | Monet    |     |            |              |                 |            |             |
| OS   | 16850   | 06/01/2020 | Grasso     | Salvatore | Steven   |     |            |              |                 |            |             |
| OS   | 16851   | 06/01/2020 | Bartoli    | Monica    |          |     |            |              |                 |            |             |
| OS   | 16852   | 06/02/2020 | Howard     | Scott     | Allyn    |     |            |              |                 |            |             |
| OS   | 16853   | 06/03/2020 | Friedman   | Lauren    |          |     |            |              |                 |            |             |
| OS   | 16854   | 06/03/2020 | Sharak     | Nazar     |          |     |            |              |                 |            |             |
| OS   | 16855   | 06/04/2020 | Civil      | Wilco     |          |     |            |              |                 |            |             |
| OS   | 16856   | 06/04/2020 | Lake       | Alexander | David    |     |            |              |                 |            |             |
| OS   | 16857   | 06/08/2020 | Aghazarian | Gary      | Sarkis   |     |            |              |                 |            |             |
| OS   | 16858   | 06/08/2020 | Balogh     | Cathy     | A        |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------|---------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 16859   | 06/08/2020 | Deyoung    | Adam      | Michael |     |            |              |                 |            |             |
| OS   | 16860   | 06/08/2020 | Manganello | Rebecca   |         |     |            |              |                 |            |             |
| OS   | 16861   | 06/09/2020 | Perez      | Gloria    |         |     |            |              |                 |            |             |
| OS   | 16862   | 06/09/2020 | Cosgrave   | Cory      | Gunn    |     |            |              |                 |            |             |
| OS   | 16863   | 06/09/2020 | Smedley    | Crystal   |         |     |            |              |                 |            |             |
| OS   | 16864   | 06/09/2020 | Buttermore | Alexander | Biggs   |     |            |              |                 |            |             |
| OS   | 16865   | 06/09/2020 | Kannen     | Jeffrey   |         |     |            |              |                 |            |             |
| OS   | 16866   | 06/09/2020 | Brooks     | Ryan      |         |     |            |              |                 |            |             |
| OS   | 16867   | 06/09/2020 | Hunter     | Mitchell  | Lee     |     |            |              |                 |            |             |
| OS   | 16868   | 06/09/2020 | Hawkins    | Jennifer  | Maxine  |     |            |              |                 |            |             |
| OS   | 16869   | 06/09/2020 | Pimputkar  | Gouri     | Ravin   |     |            |              |                 |            |             |
| OS   | 16870   | 06/09/2020 | Stone      | Patrick   | Jon     |     |            |              |                 |            |             |
| OS   | 16871   | 06/10/2020 | Mohr       | David     |         |     |            |              |                 |            |             |
| OS   | 16872   | 06/10/2020 | Yero       | Naomi     | Marie   |     |            |              |                 |            |             |
| OS   | 16873   | 06/11/2020 | Barnes     | Jeffrey   | George  |     |            |              |                 |            |             |
| OS   | 16874   | 06/11/2020 | Phillips   | James     | Dolphe  | Jr  |            |              |                 |            |             |
| OS   | 16875   | 06/11/2020 | Stagg      | Michael   |         |     |            |              |                 |            |             |
| OS   | 16876   | 06/11/2020 | Fleisher   | Jillian   | Beth    |     |            |              |                 |            |             |

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|------|---------|------------|------------------------|-----------|-----------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 16877   | 06/11/2020 | Mullins                | Nathan    | Craig     |     |            |              |                 |            |             |
| OS   | 16878   | 06/12/2020 | Young                  | Gabrielle | Chase     |     |            |              |                 |            |             |
| OS   | 16879   | 06/12/2020 | Guzman                 | John      | Dimas     |     |            |              |                 |            |             |
| OS   | 16880   | 06/12/2020 | Gouthman               | Roberto   |           | Jr  |            |              |                 |            |             |
| OS   | 16881   | 06/12/2020 | Braunlich              | Katherine | Weber     |     |            |              |                 |            |             |
| OS   | 16882   | 06/12/2020 | Donald                 | Ashleyrae |           |     |            |              |                 |            |             |
| OS   | 16883   | 06/15/2020 | Fessler                | Patrick   | Francis   |     |            |              |                 |            |             |
| OS   | 16884   | 06/15/2020 | Chan                   | Addison   | Chi-Kit   |     |            |              |                 |            |             |
| OS   | 16885   | 06/15/2020 | Biesman                | Abel      | Eugene    |     |            |              |                 |            |             |
| OS   | 16886   | 06/16/2020 | Parish                 | Don       |           |     |            |              |                 |            |             |
| OS   | 16887   | 06/16/2020 | Cucchi                 | Anthony   | P.        |     |            |              |                 |            |             |
| OS   | 16888   | 06/16/2020 | Richardson             | Stephen   |           |     |            |              |                 |            |             |
| OS   | 16889   | 06/16/2020 | Blythe                 | Joseph    | Robert    |     |            |              |                 |            |             |
| OS   | 16890   | 06/16/2020 | Urion                  | Franklin  | August    |     |            |              |                 |            |             |
| OS   | 16891   | 06/17/2020 | Grundt                 | Brian     | Jeffrey   |     |            |              |                 |            |             |
| OS   | 16892   | 06/17/2020 | Pecotte De<br>Gonzalez | Brenda    | Christine |     |            |              |                 |            |             |
| OS   | 16893   | 06/18/2020 | Suresh                 | Pratibaa  | Vrinda    |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------|----------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 16894   | 06/18/2020 | Asbridge   | Sarah     | E        |     |            |              |                 |            |             |
| OS   | 16895   | 06/18/2020 | Morrad     | Shogofa   |          |     |            |              |                 |            |             |
| OS   | 16896   | 06/19/2020 | Balakhaneh | Babak     |          |     |            |              |                 |            |             |
| OS   | 16897   | 06/21/2020 | Baba       | Samer     | Jad      |     |            |              |                 |            |             |
| OS   | 16898   | 06/21/2020 | Brown      | Danielle  |          |     |            |              |                 |            |             |
| OS   | 16899   | 06/21/2020 | Buzalewski | Jarrod    |          |     |            |              |                 |            |             |
| OS   | 16900   | 06/21/2020 | Chitty     | Alexandra |          |     |            |              |                 |            |             |
| OS   | 16901   | 06/21/2020 | Cuervo     | Janelle   | Leah     |     |            |              |                 |            |             |
| OS   | 16902   | 06/21/2020 | Davison    | Nancy     | Rachael  |     |            |              |                 |            |             |
| OS   | 16903   | 06/21/2020 | Fink       | Bryan     | Patrick  |     |            |              |                 |            |             |
| OS   | 16904   | 06/21/2020 | Gomez      | Carrie    |          |     |            |              |                 |            |             |
| OS   | 16905   | 06/21/2020 | Hotz       | Adam      | Matros   |     |            |              |                 |            |             |
| OS   | 16906   | 06/21/2020 | Jennings   | Karsten   | Goh      |     |            |              |                 |            |             |
| OS   | 16907   | 06/21/2020 | Katz       | Alexis    | Dater    |     |            |              |                 |            |             |
| OS   | 16908   | 06/21/2020 | Khan       | Sana      |          |     |            |              |                 |            |             |
| OS   | 16909   | 06/21/2020 | Kilts      | Toni      | Picerno  |     |            |              |                 |            |             |
| OS   | 16910   | 06/21/2020 | Kumaev     | Boris     | Bulat    |     |            |              |                 |            |             |
| OS   | 16911   | 06/21/2020 | Lahtenmaa  | Heidi     | Marjaana |     |            |              |                 |            |             |

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| OS   | 16912   | 06/21/2020 | Layton     | Evan     | Lee           |     |            |              |                 |            |             |
| OS   | 16913   | 06/21/2020 | Ledbetter  | Alex     | Wray          |     |            |              |                 |            |             |
| OS   | 16914   | 06/21/2020 | Mccarty    | Stela    |               |     |            |              |                 |            |             |
| OS   | 16915   | 06/21/2020 | Mcdevitt   | Emily    | Christine     |     |            |              |                 |            |             |
| OS   | 16916   | 06/21/2020 | Naik       | Dhaval   | Kishorlal     |     |            |              |                 |            |             |
| OS   | 16917   | 06/21/2020 | Nielson    | Brett    | Ronald        |     |            |              |                 |            |             |
| OS   | 16918   | 06/21/2020 | Pacha      | Faris    | Hussein       |     |            |              |                 |            |             |
| OS   | 16919   | 06/21/2020 | Patel      | Hamel    | Jagdish       |     |            |              |                 |            |             |
| OS   | 16920   | 06/21/2020 | Patel      | Kishan   | Mohanbha<br>i |     |            |              |                 |            |             |
| OS   | 16921   | 06/21/2020 | Peterson   | Aseem    |               |     |            |              |                 |            |             |
| OS   | 16922   | 06/21/2020 | Rao        | Chethan  | Krishna       |     |            |              |                 |            |             |
| OS   | 16923   | 06/21/2020 | Saghir     | Hussein  | Ali           |     |            |              |                 |            |             |
| OS   | 16924   | 06/21/2020 | Saggio     | Joseph   | Andrew        |     |            |              |                 |            |             |
| OS   | 16925   | 06/21/2020 | Schack     | Rose     | Lena          |     |            |              |                 |            |             |
| OS   | 16926   | 06/21/2020 | Tyner      | Trevor   | James         |     |            |              |                 |            |             |
| OS   | 16927   | 06/21/2020 | Wardan     | Unnati   |               |     |            |              |                 |            |             |
| OS   | 16928   | 06/22/2020 | St Prix    | Kerlan   |               |     |            |              |                 |            |             |

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| OS   | 16929   | 06/22/2020 | Bernett        | Courtney        | Nicole  |     |            |              |                 |            |             |
| OS   | 16930   | 06/22/2020 | Perry          | Christoph<br>er | Michael |     |            |              |                 |            |             |
| OS   | 16931   | 06/22/2020 | Schmieder      | Shawn           | Jude    |     |            |              |                 |            |             |
| OS   | 16932   | 06/22/2020 | Lung           | Joshua          | D       |     |            |              |                 |            |             |
| OS   | 16933   | 06/23/2020 | Skipper        | Adam            | Paul    |     |            |              |                 |            |             |
| OS   | 16934   | 06/23/2020 | Itani          | Reem            |         |     |            |              |                 |            |             |
| OS   | 16935   | 06/23/2020 | Alegria        | Angie           | Marie   |     |            |              |                 |            |             |
| OS   | 16936   | 06/23/2020 | Fowler         | Oliver          |         |     |            |              |                 |            |             |
| OS   | 16937   | 06/23/2020 | Delacruz       | Andrea          | Faye    | Do  |            |              |                 |            |             |
| OS   | 16938   | 06/23/2020 | Nickol         | Jennifer        | Lynn    |     |            |              |                 |            |             |
| OS   | 16939   | 06/23/2020 | Arnold         | Abram           | Sidney  |     |            |              |                 |            |             |
| OS   | 16940   | 06/23/2020 | Scholten       | Christoph<br>er | Cannon  |     |            |              |                 |            |             |
| OS   | 16941   | 06/23/2020 | Bardowell      | Allison         | Leslian |     |            |              |                 |            |             |
| OS   | 16942   | 06/23/2020 | Soberano       | Matthew         | Santos  |     |            |              |                 |            |             |
| OS   | 16943   | 06/23/2020 | Welner         | Lindsey         | Amy     |     |            |              |                 |            |             |
| OS   | 16944   | 06/23/2020 | Shapiro-Wright | Hilary          | Michele |     |            |              |                 |            |             |
| OS   | 16945   | 06/23/2020 | Taboada        | Claudia         |         |     |            |              |                 |            |             |
| OS   | 16946   | 06/23/2020 | Timmons        | Colleen         |         |     |            |              |                 |            |             |
| OS   | 16947   | 06/24/2020 | Patel          | Rhumit          |         |     |            |              |                 |            |             |

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| OS   | 16948   | 06/24/2020 | Scholl     | Robert       | Matthias |     |            |              |                 |            |             |
| OS   | 16949   | 06/24/2020 | Afonso     | Tania        |          |     |            |              |                 |            |             |
| OS   | 16950   | 06/24/2020 | Khosla     | Karan        | Rai      |     |            |              |                 |            |             |
| OS   | 16951   | 06/24/2020 | Martinez   | Lauren       | Cherry   |     |            |              |                 |            |             |
| OS   | 16952   | 06/24/2020 | Khalid     | Yaser        |          |     |            |              |                 |            |             |
| OS   | 16953   | 06/25/2020 | Fisher     | Elizabeth    | Anne     |     |            |              |                 |            |             |
| OS   | 16954   | 06/25/2020 | Kiczek     | Matthew      |          |     |            |              |                 |            |             |
| OS   | 16955   | 06/25/2020 | Simon      | Tiffany      | Nicole   |     |            |              |                 |            |             |
| OS   | 16956   | 06/25/2020 | Mujahid    | Rehan        |          |     |            |              |                 |            |             |
| OS   | 16957   | 06/25/2020 | Sternberg  | Catherine    |          |     |            |              |                 |            |             |
| OS   | 16958   | 06/25/2020 | Javaid     | Muhamma<br>d |          |     |            |              |                 |            |             |
| OS   | 16959   | 06/25/2020 | Guzik      | Ryan         | Mitchell |     |            |              |                 |            |             |
| OS   | 16960   | 06/25/2020 | Schmidt    | John         |          |     |            |              |                 |            |             |
| OS   | 16961   | 06/26/2020 | Merritt    | Lindsey      |          |     |            |              |                 |            |             |
| OS   | 16962   | 06/26/2020 | Sand       | Robert       | Ian      |     |            |              |                 |            |             |
| OS   | 16963   | 06/26/2020 | Gonzalez   | Christine    | Renee    |     |            |              |                 |            |             |
| OS   | 16964   | 06/26/2020 | Kosubevsky | Benjamin     |          |     |            |              |                 |            |             |
| OS   | 16965   | 06/26/2020 | Parrish    | Bradley      | Parker   |     |            |              |                 |            |             |

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| OS   | 16966   | 06/29/2020 | Yoon       | Jung<br>Whan |         |     |            |              |                 |            |             |
| OS   | 16967   | 06/29/2020 | Hyde       | Russell      | William |     |            |              |                 |            |             |
| OS   | 16968   | 06/29/2020 | Ekobena    | Jermaine     |         |     |            |              |                 |            |             |
| OS   | 16969   | 06/29/2020 | Cherian    | Leslie       |         |     |            |              |                 |            |             |
| OS   | 16970   | 06/29/2020 | Hyzy       | Matthew      | William |     |            |              |                 |            |             |
| OS   | 16971   | 06/29/2020 | Mudon      | Kelly        | Alena   |     |            |              |                 |            |             |
| OS   | 16972   | 06/30/2020 | Groton     | Jessica      | Huyen   |     |            |              |                 |            |             |
| OS   | 16973   | 06/30/2020 | Bolduc     | Jamie        |         |     |            |              |                 |            |             |
| OS   | 16974   | 06/30/2020 | Steele     | Raymond      | Lachlan |     |            |              |                 |            |             |
| OS   | 16975   | 07/01/2020 | Kowalski   | Scott        | M       |     |            |              |                 |            |             |
| OS   | 16976   | 07/01/2020 | Usmani     | Hassan       | Farooq  |     |            |              |                 |            |             |
| OS   | 16977   | 07/01/2020 | Fahs       | Abraham      |         |     |            |              |                 |            |             |
| OS   | 16978   | 07/01/2020 | Schmitz    | Tyler        | Jordan  |     |            |              |                 |            |             |
| OS   | 16979   | 07/02/2020 | Rupasov    | Andrey       |         |     |            |              |                 |            |             |
| OS   | 16980   | 07/02/2020 | Parks      | Shaina       |         |     |            |              |                 |            |             |
| OS   | 16981   | 07/02/2020 | Mammino    | Jason        | Ryan    |     |            |              |                 |            |             |

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|------|---------|------------|----------------------|--------------|-----------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 16982   | 07/02/2020 | Heath                | Daniel       | Sullivan  |     |            |              |                 |            |             |
| OS   | 16983   | 07/02/2020 | Delgado<br>Hardegree | Lauren       | Ashley    |     |            |              |                 |            |             |
| OS   | 16984   | 07/02/2020 | Randoll              | Thomas       |           |     |            |              |                 |            |             |
| OS   | 16985   | 07/03/2020 | Price                | Eleanor      | Grant     |     |            |              |                 |            |             |
| OS   | 16986   | 07/03/2020 | Goldgrab             | David        |           |     |            |              |                 |            |             |
| OS   | 16987   | 07/05/2020 | Covert               | Brandon      | Wade      |     |            |              |                 |            |             |
| OS   | 16988   | 07/06/2020 | Conforti             | John         |           |     |            |              |                 |            |             |
| OS   | 16989   | 07/07/2020 | Pritchette           | Louella      | A         |     |            |              |                 |            |             |
| OS   | 16990   | 07/07/2020 | Edmiston             | Mary-Ellen   | Adele     |     |            |              |                 |            |             |
| OS   | 16991   | 07/07/2020 | Khan                 | Muhamma<br>d |           |     |            |              |                 |            |             |
| OS   | 16992   | 07/07/2020 | Peterfy              | Ryan         | Joseph    |     |            |              |                 |            |             |
| OS   | 16993   | 07/07/2020 | Ilyas                | Muneeb       |           |     |            |              |                 |            |             |
| OS   | 16994   | 07/07/2020 | Heckendorn           | Jason        | Andrew    |     |            |              |                 |            |             |
| OS   | 16995   | 07/08/2020 | Benovic              | Nicole       | Elizabeth |     |            |              |                 |            |             |
| OS   | 16996   | 07/09/2020 | Myers                | Kirk         | Vincent   |     |            |              |                 |            |             |

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|------|---------|------------|------------|------------|----------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 16997   | 07/09/2020 | Gantan     | Elizabeth  | Fernande | z   |            |              |                 |            |             |
| OS   | 16998   | 07/09/2020 | Adame      | John       | David    |     |            |              |                 |            |             |
| OS   | 16999   | 07/09/2020 | Burca      | Tiffany    |          |     |            |              |                 |            |             |
| OS   | 17000   | 07/09/2020 | Pham       | Donald     |          |     |            |              |                 |            |             |
| OS   | 17001   | 07/10/2020 | Orada      | Romer      | Bismonte |     |            |              |                 |            |             |
| OS   | 17002   | 07/10/2020 | Morgan     | Timothy    | Lee      |     |            |              |                 |            |             |
| OS   | 17003   | 07/10/2020 | Dusseault  | Sonya      |          |     |            |              |                 |            |             |
| OS   | 17004   | 07/10/2020 | Bishawi    | Maram      | Mousa    |     |            |              |                 |            |             |
| OS   | 17005   | 07/13/2020 | Lim        | David      | Sun      |     |            |              |                 |            |             |
| OS   | 17006   | 07/13/2020 | Strobl     | Gary       | Michael  | Jr  |            |              |                 |            |             |
| OS   | 17007   | 07/13/2020 | Elliott    | Sean       |          |     |            |              |                 |            |             |
| OS   | 17008   | 07/13/2020 | Ortiz      | Jonathan   |          |     |            |              |                 |            |             |
| OS   | 17009   | 07/14/2020 | Pierce     | Charles    | Alan     |     |            |              |                 |            |             |
| OS   | 17010   | 07/14/2020 | Hakim      | Bradley    | Richard  |     |            |              |                 |            |             |
| OS   | 17011   | 07/14/2020 | Morris     | Heidi      | Ann      | Do  |            |              |                 |            |             |
| OS   | 17012   | 07/14/2020 | Nguyen     | Christelle | Thi      |     |            |              |                 |            |             |
| OS   | 17013   | 07/14/2020 | Daher      | Dian       | Krystle  |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------|-----------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 17014   | 07/14/2020 | Napuri     | Jessica   |           |     |            |              |                 |            |             |
| OS   | 17015   | 07/14/2020 | French     | Travis    | Dustin    |     |            |              |                 |            |             |
| OS   | 17016   | 07/14/2020 | Ekladios   | Justine   |           |     |            |              |                 |            |             |
| OS   | 17017   | 07/15/2020 | Soni       | Abha      |           |     |            |              |                 |            |             |
| OS   | 17018   | 07/15/2020 | Mccarver   | Jeremy    | Lawrence  |     |            |              |                 |            |             |
| OS   | 17019   | 07/15/2020 | Henderson  | Matthew   | Brandon   |     |            |              |                 |            |             |
| OS   | 17020   | 07/15/2020 | Leibowitz  | Todd      |           |     |            |              |                 |            |             |
| OS   | 17021   | 07/15/2020 | Leclair    | Caitlin   | Elizabeth | Do  |            |              |                 |            |             |
| OS   | 17022   | 07/15/2020 | Yeykal     | Elsie     |           |     |            |              |                 |            |             |
| OS   | 17023   | 07/16/2020 | Talanga    | Mario     |           |     |            |              |                 |            |             |
| OS   | 17024   | 07/16/2020 | Mcmanus    | Kayla     | Ryan      |     |            |              |                 |            |             |
| OS   | 17025   | 07/16/2020 | Peaden     | Taylen    | Clay      |     |            |              |                 |            |             |
| OS   | 17026   | 07/17/2020 | Kim        | Jane      | Saemi     |     |            |              |                 |            |             |
| OS   | 17027   | 07/17/2020 | Son        | Phillip   |           |     |            |              |                 |            |             |
| OS   | 17028   | 07/17/2020 | Patel      | Ashis     | Mukesh    |     |            |              |                 |            |             |
| OS   | 17029   | 07/17/2020 | Gresh      | Renee     | Catherine |     |            |              |                 |            |             |
| OS   | 17030   | 07/17/2020 | Yang       | Calvin    |           |     |            |              |                 |            |             |
| OS   | 17031   | 07/20/2020 | Thomas     | Stephanie | A         |     |            |              |                 |            |             |
| OS   | 17032   | 07/20/2020 | Gober      | Joslyn    |           |     |            |              |                 |            |             |

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|------|---------|------------|------------|----------|----------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 17033   | 07/20/2020 | Lynde      | Jennifer | Michelle |     |            |              |                 |            |             |
| OS   | 17034   | 07/20/2020 | Bhojwani   | Amit     | Narain   |     |            |              |                 |            |             |
| OS   | 17035   | 07/20/2020 | Lim        | Jerome   | Miranda  |     |            |              |                 |            |             |
| OS   | 17036   | 07/20/2020 | Kaveeshvar | Hirsh    |          |     |            |              |                 |            |             |
| OS   | 17037   | 07/21/2020 | Alam       | Zenith   | H        |     |            |              |                 |            |             |
| OS   | 17038   | 07/21/2020 | Sturgill   | Mark     | Eugene   |     |            |              |                 |            |             |
| OS   | 17039   | 07/21/2020 | Mathews    | Nisha    |          |     |            |              |                 |            |             |
| OS   | 17040   | 07/21/2020 | Grudsky    | Felix    |          |     |            |              |                 |            |             |
| OS   | 17041   | 07/21/2020 | Crasto     | David    | Walton   | Jr. |            |              |                 |            |             |
| OS   | 17042   | 07/21/2020 | Paulson    | Margaret | R        |     |            |              |                 |            |             |
| OS   | 17043   | 07/21/2020 | Guevara    | Jack     | Albert   |     |            |              |                 |            |             |
| OS   | 17044   | 07/22/2020 | Adelman    | Dean     | Barry    |     |            |              |                 |            |             |
| OS   | 17045   | 07/22/2020 | Ronchi     | Mark     | George   |     |            |              |                 |            |             |
| OS   | 17046   | 07/22/2020 | Webster    | Douglas  | Peter    |     |            |              |                 |            |             |
| OS   | 17047   | 07/22/2020 | Staggs     | Russell  |          |     |            |              |                 |            |             |
| OS   | 17048   | 07/22/2020 | Thompson   | Michelle | Lynn     |     |            |              |                 |            |             |
| OS   | 17049   | 07/22/2020 | Hall       | Ryan     |          |     |            |              |                 |            |             |
| OS   | 17050   | 07/23/2020 | Poirier    | Jonathan |          |     |            |              |                 |            |             |

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|------|---------|------------|------------|---------------------|------------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 17051   | 07/24/2020 | Awan       | Tariq               | M          |     |            |              |                 |            |             |
| OS   | 17052   | 07/24/2020 | Milano     | Zachary             | Scott      |     |            |              |                 |            |             |
| OS   | 17053   | 07/27/2020 | Hughes     | Roger               | Avon       | Do  |            |              |                 |            |             |
| OS   | 17054   | 07/28/2020 | Cobau      | Daniel              | Karabedian |     |            |              |                 |            |             |
| OS   | 17055   | 07/28/2020 | Sherman    | Wayne               | Darryl     |     |            |              |                 |            |             |
| OS   | 17056   | 07/28/2020 | Carr       | Michaelee           | Marie      |     |            |              |                 |            |             |
| OS   | 17057   | 07/29/2020 | Kurtz      | Jason               | Matthew    |     |            |              |                 |            |             |
| OS   | 17058   | 07/29/2020 | Zeidan     | Rita                |            |     |            |              |                 |            |             |
| OS   | 17059   | 07/29/2020 | Dines      | Jacob               | T.         |     |            |              |                 |            |             |
| OS   | 17060   | 07/29/2020 | Perry      | Ryan                | Michael    |     |            |              |                 |            |             |
| OS   | 17061   | 07/29/2020 | Cole       | Corey               |            |     |            |              |                 |            |             |
| OS   | 17062   | 07/30/2020 | Barone     | Anthony             |            |     |            |              |                 |            |             |
| OS   | 17063   | 07/30/2020 | Skopis     | Maria               |            |     |            |              |                 |            |             |
| OS   | 17064   | 07/30/2020 | Minter     | Stephanie           | Lee        |     |            |              |                 |            |             |
| OS   | 17065   | 07/30/2020 | Fox        | Yitzak              |            |     |            |              |                 |            |             |
| OS   | 17066   | 07/30/2020 | Bauer      | Paulina<br>Tran Anh | Tran       |     |            |              |                 |            |             |
| OS   | 17067   | 07/30/2020 | Goyal      | Siddarth            |            |     |            |              |                 |            |             |

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|------|---------|------------|------------|----------|---------|-----|------------|--------------|-----------------|------------|-------------|
| OS   | 17068   | 07/31/2020 | Zijlstra   | Peter    | Steven  |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------|---------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 6956    | 05/01/2020 | Jawaid     | Mehrin    |         |     |            |              |                 |            |             |
| UO   | 6957    | 05/01/2020 | Klein      | Daniel    |         |     |            |              |                 |            |             |
| UO   | 6958    | 05/05/2020 | Hepler     | Casper    |         |     |            |              |                 |            |             |
| UO   | 6959    | 05/06/2020 | Zaki       | Mariann   | Samy    |     |            |              |                 |            |             |
| UO   | 6960    | 05/06/2020 | Chaudhry   | Mohammad  | Talha   |     |            |              |                 |            |             |
| UO   | 6961    | 05/07/2020 | Engle      | Derek     | Evans   |     |            |              |                 |            |             |
| UO   | 6962    | 05/08/2020 | Torrente   | Natalie   | A       |     |            |              |                 |            |             |
| UO   | 6963    | 05/08/2020 | White      | Leon      | Ray     |     |            |              |                 |            |             |
| UO   | 6964    | 05/08/2020 | Ahmad      | Usman     |         | Do  |            |              |                 |            |             |
| UO   | 6965    | 05/11/2020 | Ngo        | Thu       |         |     |            |              |                 |            |             |
| UO   | 6966    | 05/11/2020 | Burns      | Katherine |         |     |            |              |                 |            |             |
| UO   | 6967    | 05/11/2020 | Cooper     | Joshua    | Adam    |     |            |              |                 |            |             |
| UO   | 6968    | 05/11/2020 | Moraes     | Bruno     |         |     |            |              |                 |            |             |
| UO   | 6969    | 05/12/2020 | Nguyen     | Johnny    | Lee     |     |            |              |                 |            |             |
| UO   | 6970    | 05/12/2020 | Pham       | Tin       | Thanh   |     |            |              |                 |            |             |
| UO   | 6971    | 05/12/2020 | Hargrove   | Amanda    | Denise  |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------|---------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 6972    | 05/13/2020 | Deloso     | Eric      | Phillip |     |            |              |                 |            |             |
| UO   | 6973    | 05/13/2020 | Akridge    | Allison   | Mcneil  |     |            |              |                 |            |             |
| UO   | 6974    | 05/13/2020 | Sangha     | Dildeep   |         |     |            |              |                 |            |             |
| UO   | 6975    | 05/14/2020 | Choudhury  | Tahsin    | N/A     | Mr. |            |              |                 |            |             |
| UO   | 6976    | 05/14/2020 | Garbar     | Veronica  |         |     |            |              |                 |            |             |
| UO   | 6977    | 05/14/2020 | Rollins    | Kalei     | Marie   |     |            |              |                 |            |             |
| UO   | 6978    | 05/14/2020 | Schadt     | Samuel    |         |     |            |              |                 |            |             |
| UO   | 6979    | 05/14/2020 | Wise       | Shelby    | Robert  |     |            |              |                 |            |             |
| UO   | 6980    | 05/15/2020 | Leclerc    | Michael   |         |     |            |              |                 |            |             |
| UO   | 6981    | 05/15/2020 | Ullger     | Cory      | James   |     |            |              |                 |            |             |
| UO   | 6982    | 05/18/2020 | Whiteside  | Zachary   | Cole    |     |            |              |                 |            |             |
| UO   | 6983    | 05/18/2020 | Aldakkour  | Jamie Lee |         |     |            |              |                 |            |             |
| UO   | 6984    | 05/18/2020 | Bhuller    | Sidra     | Batool  |     |            |              |                 |            |             |
| UO   | 6985    | 05/18/2020 | Chang      | David     |         |     |            |              |                 |            |             |

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|------|---------|------------|------------|---------------|----------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 6986    | 05/18/2020 | Jacksi     | Nawzad        | Nazar    |     |            |              |                 |            |             |
| UO   | 6987    | 05/18/2020 | Kazmi      | Rabiya        | Fatima   |     |            |              |                 |            |             |
| UO   | 6988    | 05/18/2020 | Korenblit  | Vladislav     |          |     |            |              |                 |            |             |
| UO   | 6989    | 05/18/2020 | Lamour     | Daniella      |          |     |            |              |                 |            |             |
| UO   | 6990    | 05/18/2020 | Lettman    | Madhumit<br>a |          |     |            |              |                 |            |             |
| UO   | 6991    | 05/18/2020 | Rahal      | Sara          |          |     |            |              |                 |            |             |
| UO   | 6992    | 05/18/2020 | Simon      | Joshini       |          |     |            |              |                 |            |             |
| UO   | 6993    | 05/18/2020 | Tohidi     | Hossein       | N/A      |     |            |              |                 |            |             |
| UO   | 6994    | 05/18/2020 | Vermilyea  | Heather       |          |     |            |              |                 |            |             |
| UO   | 6995    | 05/19/2020 | Ambur      | Austin        | Boe      |     |            |              |                 |            |             |
| UO   | 6996    | 05/19/2020 | Ashar      | Khizar        |          |     |            |              |                 |            |             |
| UO   | 6997    | 05/19/2020 | Boyette    | Lydia         | Caroline |     |            |              |                 |            |             |
| UO   | 6998    | 05/19/2020 | Hopper     | Olivia        | Mae      |     |            |              |                 |            |             |
| UO   | 6999    | 05/19/2020 | Voirin     | Connor        | James    |     |            |              |                 |            |             |

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|------|---------|------------|-------------|-----------|---------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7000    | 05/19/2020 | Lola        | Michelle  |         |     |            |              |                 |            |             |
| UO   | 7001    | 05/19/2020 | Samal       | Akanksha  |         |     |            |              |                 |            |             |
| UO   | 7002    | 05/19/2020 | Shamrock    | Keith     | Hayden  |     |            |              |                 |            |             |
| UO   | 7003    | 05/19/2020 | Sohn        | Jessica   | Rachel  |     |            |              |                 |            |             |
| UO   | 7004    | 05/19/2020 | Stewart     | Michael   | Joseph  |     |            |              |                 |            |             |
| UO   | 7005    | 05/19/2020 | Wren        | Luke      | Austin  |     |            |              |                 |            |             |
| UO   | 7006    | 05/20/2020 | Bindernagel | Richard   | George  | Jr. |            |              |                 |            |             |
| UO   | 7007    | 05/20/2020 | Soni        | Anish     |         |     |            |              |                 |            |             |
| UO   | 7008    | 05/20/2020 | Abreut      | George    | Manny   |     |            |              |                 |            |             |
| UO   | 7009    | 05/20/2020 | Legenbauer  | Alexander | Stefan  |     |            |              |                 |            |             |
| UO   | 7010    | 05/20/2020 | Edge        | Lauren    |         |     |            |              |                 |            |             |
| UO   | 7011    | 05/21/2020 | Spiros      | Julianne  | Carroll |     |            |              |                 |            |             |
| UO   | 7012    | 05/21/2020 | Collazo     | Alexander | Andre   |     |            |              |                 |            |             |
| UO   | 7013    | 05/21/2020 | Howard      | Evan      |         |     |            |              |                 |            |             |
| UO   | 7014    | 05/21/2020 | Lampley     | Peyton    |         |     |            |              |                 |            |             |

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|------|---------|------------|-------------|---------------|----------------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7015    | 05/21/2020 | Lo          | Alexander     |                |     |            |              |                 |            |             |
| UO   | 7016    | 05/21/2020 | Patel       | Neal          | Ashok          |     |            |              |                 |            |             |
| UO   | 7017    | 05/21/2020 | Posada      | Matthew       |                |     |            |              |                 |            |             |
| UO   | 7018    | 05/21/2020 | Raj         | Reeja         |                |     |            |              |                 |            |             |
| UO   | 7019    | 05/21/2020 | Stanchina   | Michele       | Dana<br>Henner |     |            |              |                 |            |             |
| UO   | 7020    | 05/21/2020 | Wasserstrom | Briana        | Erin           |     |            |              |                 |            |             |
| UO   | 7021    | 05/21/2020 | Bindernagel | Constanc<br>e |                |     |            |              |                 |            |             |
| UO   | 7022    | 05/21/2020 | Appleford   | Colin         |                |     |            |              |                 |            |             |
| UO   | 7023    | 05/21/2020 | Brewster    | Nathan        |                |     |            |              |                 |            |             |
| UO   | 7024    | 05/21/2020 | Cavallari   | Cristiana     |                |     |            |              |                 |            |             |
| UO   | 7025    | 05/21/2020 | Jensen      | Soren         | Lind           |     |            |              |                 |            |             |
| UO   | 7026    | 05/22/2020 | Bialick     | Steven        |                |     |            |              |                 |            |             |
| UO   | 7027    | 05/26/2020 | Kou         | Aretha        |                |     |            |              |                 |            |             |
| UO   | 7028    | 05/26/2020 | Alishaev    | Zahava        |                |     |            |              |                 |            |             |

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|------|---------|------------|------------|---------------|------------------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7029    | 05/26/2020 | Baker      | Hillary       |                  |     |            |              |                 |            |             |
| UO   | 7030    | 05/26/2020 | Brahs      | Allyson       | Brooke           |     |            |              |                 |            |             |
| UO   | 7031    | 05/26/2020 | Bullington | Joshua        | Thomas           |     |            |              |                 |            |             |
| UO   | 7032    | 05/26/2020 | D'Silva    | Laverne       |                  |     |            |              |                 |            |             |
| UO   | 7033    | 05/26/2020 | Derr       | Alexandra     |                  |     |            |              |                 |            |             |
| UO   | 7034    | 05/26/2020 | Desai      | Raj           | Jagdishku<br>mar |     |            |              |                 |            |             |
| UO   | 7035    | 05/26/2020 | Dzierzak   | Ellen         |                  |     |            |              |                 |            |             |
| UO   | 7036    | 05/26/2020 | Gillette   | Austin        | Jeffrey          |     |            |              |                 |            |             |
| UO   | 7037    | 05/26/2020 | Hemrich    | Megan         | Anne             |     |            |              |                 |            |             |
| UO   | 7038    | 05/26/2020 | Hirsch     | Eytan         |                  |     |            |              |                 |            |             |
| UO   | 7039    | 05/26/2020 | Hossain    | Muhaimee<br>n | Shagir           |     |            |              |                 |            |             |
| UO   | 7040    | 05/27/2020 | Lindsay    | William       | Buchanan         |     |            |              |                 |            |             |
| UO   | 7041    | 05/27/2020 | Rashid     | Umar          |                  |     |            |              |                 |            |             |
| UO   | 7042    | 05/27/2020 | Miu        | Renee         | Yin Shen         |     |            |              |                 |            |             |
| UO   | 7043    | 05/27/2020 | Qureshi    | Zaeem         | Ahmed            |     |            |              |                 |            |             |
| UO   | 7044    | 05/27/2020 | Rausch     | Douglas       |                  |     |            |              |                 |            |             |
| UO   | 7045    | 05/27/2020 | Ricchiuti  | Lauren        |                  |     |            |              |                 |            |             |

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|------|---------|------------|------------|----------|-----------------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7046    | 05/27/2020 | Rizvi      | Hassnain |                 |     |            |              |                 |            |             |
| UO   | 7047    | 05/27/2020 | Ryan       | David    | Zachary         |     |            |              |                 |            |             |
| UO   | 7048    | 05/27/2020 | Sorensen   | Matthew  | Doyle           |     |            |              |                 |            |             |
| UO   | 7049    | 05/27/2020 | Sowell     | Landon   |                 |     |            |              |                 |            |             |
| UO   | 7050    | 05/28/2020 | Lawrence   | Caryn    | Diane           |     |            |              |                 |            |             |
| UO   | 7051    | 05/28/2020 | Canhasi    | Andi     |                 |     |            |              |                 |            |             |
| UO   | 7052    | 05/28/2020 | Aine       | Daniel   | Christoph<br>er |     |            |              |                 |            |             |
| UO   | 7053    | 05/28/2020 | Ball       | Jordan   |                 |     |            |              |                 |            |             |
| UO   | 7054    | 05/28/2020 | Blackstone | Olivia   | Charlotte       |     |            |              |                 |            |             |
| UO   | 7055    | 05/28/2020 | Bromwell   | Jennifer | Fernande<br>s   |     |            |              |                 |            |             |
| UO   | 7056    | 05/28/2020 | Garza      | Hector   |                 |     |            |              |                 |            |             |
| UO   | 7057    | 05/28/2020 | Hadaegh    | Miad     |                 |     |            |              |                 |            |             |
| UO   | 7058    | 05/28/2020 | Phillips   | Carroll  | Niles           | II  |            |              |                 |            |             |
| UO   | 7059    | 05/28/2020 | Hickey     | Collin   |                 |     |            |              |                 |            |             |
| UO   | 7060    | 05/28/2020 | Ihde       | Benjamin | Thomas          |     |            |              |                 |            |             |

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|------|---------|------------|---------------|----------|----------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7061    | 05/28/2020 | Jacobs        | Adam     | Joshua   |     |            |              |                 |            |             |
| UO   | 7062    | 05/28/2020 | Jacques       | Anna     | Maria    |     |            |              |                 |            |             |
| UO   | 7063    | 05/28/2020 | Jones         | John     | Michael  | Jr  |            |              |                 |            |             |
| UO   | 7064    | 05/28/2020 | Joseph        | Christy  | Mary     |     |            |              |                 |            |             |
| UO   | 7065    | 05/28/2020 | Kay           | Sae-In   | Samantha |     |            |              |                 |            |             |
| UO   | 7066    | 05/28/2020 | Lawn          | Cecilia  | Grace    |     |            |              |                 |            |             |
| UO   | 7067    | 05/28/2020 | Mayo          | Meagan   |          |     |            |              |                 |            |             |
| UO   | 7068    | 05/28/2020 | Payami        | Amena    |          |     |            |              |                 |            |             |
| UO   | 7069    | 05/28/2020 | Steward       | Kaitlyn  |          |     |            |              |                 |            |             |
| UO   | 7070    | 05/28/2020 | Surachaicharn | Nuntida  |          |     |            |              |                 |            |             |
| UO   | 7071    | 05/28/2020 | Topfer        | Jacob    |          |     |            |              |                 |            |             |
| UO   | 7072    | 05/28/2020 | Tran          | Quoc     | Vinh     |     |            |              |                 |            |             |
| UO   | 7073    | 05/28/2020 | Tran          | Steven   |          |     |            |              |                 |            |             |
| UO   | 7074    | 05/28/2020 | Valladares    | Juan     | Andres   |     |            |              |                 |            |             |
| UO   | 7075    | 05/28/2020 | Underhill     | Alec     | Colby    |     |            |              |                 |            |             |
| UO   | 7076    | 05/28/2020 | Walo          | Richard  |          | Jr  |            |              |                 |            |             |
| UO   | 7077    | 05/29/2020 | Kapaniris     | John     |          |     |            |              |                 |            |             |
| UO   | 7078    | 05/29/2020 | Kurup         | Ajay     | Raj      |     |            |              |                 |            |             |

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|------|---------|------------|--------------|-----------|-----------|------|------------|--------------|-----------------|------------|-------------|
| UO   | 7079    | 05/29/2020 | Garakani     | Roya      |           |      |            |              |                 |            |             |
| UO   | 7080    | 05/29/2020 | Israel       | Ron       |           |      |            |              |                 |            |             |
| UO   | 7081    | 05/29/2020 | Pinotti      | James     | Anthony   | York |            |              |                 |            |             |
| UO   | 7082    | 05/29/2020 | Raval        | Yash      | Bhavin    |      |            |              |                 |            |             |
| UO   | 7083    | 05/29/2020 | Finnegan     | Jack      | Armstrong |      |            |              |                 |            |             |
| UO   | 7084    | 05/29/2020 | Linder       | Darcie    | Ariel     |      |            |              |                 |            |             |
| UO   | 7085    | 05/29/2020 | Khanna       | Anuj      |           |      |            |              |                 |            |             |
| UO   | 7086    | 05/29/2020 | Cone         | Katherine | Olivia    |      |            |              |                 |            |             |
| UO   | 7087    | 05/29/2020 | Padilla      | Efrain    |           |      |            |              |                 |            |             |
| UO   | 7088    | 05/29/2020 | Nielson      | Jaron     | Richard   |      |            |              |                 |            |             |
| UO   | 7089    | 06/01/2020 | Sethi        | Vikas     | Shiv      |      |            |              |                 |            |             |
| UO   | 7090    | 06/01/2020 | Figaro       | Rachel    |           |      |            |              |                 |            |             |
| UO   | 7091    | 06/01/2020 | Lafnitzegger | Andrea    |           |      |            |              |                 |            |             |
| UO   | 7092    | 06/01/2020 | Leal         | James     |           |      |            |              |                 |            |             |
| UO   | 7093    | 06/01/2020 | Lindblad     | Geoffrey  |           |      |            |              |                 |            |             |
| UO   | 7094    | 06/01/2020 | Little       | Yvette    | Escalante |      |            |              |                 |            |             |
| UO   | 7095    | 06/01/2020 | Mahgerefteh  | Jacklyn   |           |      |            |              |                 |            |             |

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|------|---------|------------|------------|--------------|----------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7096    | 06/01/2020 | Mcgill     | Megan        | Arielle  |     |            |              |                 |            |             |
| UO   | 7097    | 06/01/2020 | Mulla      | Madhurya     | Pavani   |     |            |              |                 |            |             |
| UO   | 7098    | 06/01/2020 | Nichols    | Matthew      | David    |     |            |              |                 |            |             |
| UO   | 7099    | 06/01/2020 | Nosal      | Rebecca      | Susanne  |     |            |              |                 |            |             |
| UO   | 7100    | 06/01/2020 | Oye        | Melissa      | T        |     |            |              |                 |            |             |
| UO   | 7101    | 06/01/2020 | Pandya     | Divya        | Abhijit  |     |            |              |                 |            |             |
| UO   | 7102    | 06/01/2020 | Patel      | Shaorinkumar |          |     |            |              |                 |            |             |
| UO   | 7103    | 06/01/2020 | Patel      | Vandan       |          |     |            |              |                 |            |             |
| UO   | 7104    | 06/01/2020 | Pearson    | Ryan         | John     |     |            |              |                 |            |             |
| UO   | 7105    | 06/01/2020 | Reissig    | Jacob        | Ryan     |     |            |              |                 |            |             |
| UO   | 7106    | 06/01/2020 | Rho        | Andrew       | Chanyang |     |            |              |                 |            |             |

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|------|---------|------------|------------|-------------|----------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7107    | 06/01/2020 | Rodriguez  | Esteban     |          |     |            |              |                 |            |             |
| UO   | 7108    | 06/01/2020 | Rodriguez  | Raul        | Humberto |     |            |              |                 |            |             |
| UO   | 7109    | 06/01/2020 | Snider     | Shane       | Britton  |     |            |              |                 |            |             |
| UO   | 7110    | 06/01/2020 | Martin     | John        | Tyler    |     |            |              |                 |            |             |
| UO   | 7111    | 06/02/2020 | Ruchti     | Tyler       |          |     |            |              |                 |            |             |
| UO   | 7112    | 06/02/2020 | Memon      | Mohammad    | Bilal    |     |            |              |                 |            |             |
| UO   | 7113    | 06/02/2020 | Ibe        | Tochukwu    | Adaobi   |     |            |              |                 |            |             |
| UO   | 7114    | 06/02/2020 | Grabois    | Evan        | Parker   |     |            |              |                 |            |             |
| UO   | 7115    | 06/02/2020 | Kar        | Jeena       | April    |     |            |              |                 |            |             |
| UO   | 7116    | 06/02/2020 | Herrera    | Danay       |          |     |            |              |                 |            |             |
| UO   | 7117    | 06/02/2020 | Leclercq   | Farah       |          |     |            |              |                 |            |             |
| UO   | 7118    | 06/02/2020 | Alonso     | Shawn       | Michael  |     |            |              |                 |            |             |
| UO   | 7119    | 06/02/2020 | Shah       | Aalok       |          |     |            |              |                 |            |             |
| UO   | 7120    | 06/02/2020 | Afraz      | Sadaf       |          |     |            |              |                 |            |             |
| UO   | 7121    | 06/02/2020 | Mcgowan    | Brendan     |          |     |            |              |                 |            |             |
| UO   | 7122    | 06/02/2020 | Konkel     | Christopher | W        |     |            |              |                 |            |             |
| UO   | 7123    | 06/03/2020 | Tucker     | Andrew      |          |     |            |              |                 |            |             |

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|------|---------|------------|-------------------|-----------|---------------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7124    | 06/03/2020 | Boateng           | Bernard   | Nana<br>Adjei |     |            |              |                 |            |             |
| UO   | 7125    | 06/03/2020 | Martello          | Gabriel   |               |     |            |              |                 |            |             |
| UO   | 7126    | 06/03/2020 | Samiratedu        | Michael   | Mehmet        |     |            |              |                 |            |             |
| UO   | 7127    | 06/03/2020 | Convissar         | Jacob     |               |     |            |              |                 |            |             |
| UO   | 7128    | 06/03/2020 | Patel             | Megha     | Vinayak       | Do  |            |              |                 |            |             |
| UO   | 7129    | 06/03/2020 | Zaidi             | Zara      |               |     |            |              |                 |            |             |
| UO   | 7130    | 06/03/2020 | Islam             | Raiyan    |               |     |            |              |                 |            |             |
| UO   | 7131    | 06/04/2020 | Finley            | Katherine | Elizabeth     |     |            |              |                 |            |             |
| UO   | 7132    | 06/04/2020 | Abdalla           | Beshoy    | Ishak         |     |            |              |                 |            |             |
| UO   | 7133    | 06/04/2020 | Smith             | Kelsey    | Anne          |     |            |              |                 |            |             |
| UO   | 7134    | 06/04/2020 | Nelson            | Emily     | Rose          |     |            |              |                 |            |             |
| UO   | 7135    | 06/04/2020 | Gines             | Paulina   |               |     |            |              |                 |            |             |
| UO   | 7136    | 06/04/2020 | Hawatmeh          | Faris     | Ziad          |     |            |              |                 |            |             |
| UO   | 7137    | 06/04/2020 | Khan              | Uzair     |               |     |            |              |                 |            |             |
| UO   | 7138    | 06/05/2020 | Bueno<br>Gonzalez | Dian      |               |     |            |              |                 |            |             |

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|------|---------|------------|------------------|--------------|-----------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7139    | 06/05/2020 | Harris           | Cole         |           |     |            |              |                 |            |             |
| UO   | 7140    | 06/05/2020 | Alvarez          | Janelle      | Alexandra |     |            |              |                 |            |             |
| UO   | 7141    | 06/05/2020 | Cottrell         | Benjamin     | James     |     |            |              |                 |            |             |
| UO   | 7142    | 06/05/2020 | Alley            | Lisa         | Michelle  |     |            |              |                 |            |             |
| UO   | 7143    | 06/05/2020 | Bralts           | Duncan       |           |     |            |              |                 |            |             |
| UO   | 7144    | 06/05/2020 | Bruno            | Tony         | Wayne     |     |            |              |                 |            |             |
| UO   | 7145    | 06/05/2020 | Carr             | Diane        | Marie     |     |            |              |                 |            |             |
| UO   | 7146    | 06/05/2020 | Sakalian         | Philip       | Alan      | Jr. |            |              |                 |            |             |
| UO   | 7147    | 06/05/2020 | Coplin           | Dillon       |           |     |            |              |                 |            |             |
| UO   | 7148    | 06/05/2020 | Cuzzi            | Mario        | Joseph    | III |            |              |                 |            |             |
| UO   | 7149    | 06/05/2020 | Damalos          | Stamatis     |           |     |            |              |                 |            |             |
| UO   | 7150    | 06/05/2020 | Dangond<br>Gomez | Juan         | Manuel    |     |            |              |                 |            |             |
| UO   | 7151    | 06/05/2020 | Delzoppo         | Michael      |           |     |            |              |                 |            |             |
| UO   | 7152    | 06/05/2020 | Dlewati          | Mohamma<br>d | Mostafa   |     |            |              |                 |            |             |
| UO   | 7153    | 06/05/2020 | Erfurth          | Jacob        |           |     |            |              |                 |            |             |

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|------|---------|------------|------------|----------|----------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7154    | 06/05/2020 | Eskildsen  | Dane     | Edward   |     |            |              |                 |            |             |
| UO   | 7155    | 06/05/2020 | Ferretti   | Leo      | Berman   |     |            |              |                 |            |             |
| UO   | 7156    | 06/05/2020 | Fredericks | Thomas   |          |     |            |              |                 |            |             |
| UO   | 7157    | 06/05/2020 | Gureasko   | Hank     | Allen    |     |            |              |                 |            |             |
| UO   | 7158    | 06/05/2020 | Heron      | Kenoviah | Petrona  |     |            |              |                 |            |             |
| UO   | 7159    | 06/05/2020 | Huang      | Qitan    |          |     |            |              |                 |            |             |
| UO   | 7160    | 06/05/2020 | Kajan      | Dana     | Amina    |     |            |              |                 |            |             |
| UO   | 7161    | 06/05/2020 | Kim        | Yong Min |          |     |            |              |                 |            |             |
| UO   | 7162    | 06/05/2020 | Kimsey     | Justin   | Nicholas |     |            |              |                 |            |             |
| UO   | 7163    | 06/05/2020 | Kuzma      | Candace  | Marie    |     |            |              |                 |            |             |
| UO   | 7164    | 06/05/2020 | Lewis      | Lance    | David    |     |            |              |                 |            |             |
| UO   | 7165    | 06/05/2020 | Malik      | Bobby    | Rajesh   |     |            |              |                 |            |             |
| UO   | 7166    | 06/05/2020 | Naugher    | Kirk     | Cameron  |     |            |              |                 |            |             |
| UO   | 7167    | 06/08/2020 | Issever    | David    | Yaron    |     |            |              |                 |            |             |
| UO   | 7168    | 06/08/2020 | Crawford   | Burke    |          |     |            |              |                 |            |             |
| UO   | 7169    | 06/08/2020 | Jananeh    | Sara     |          |     |            |              |                 |            |             |

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|------|---------|------------|----------------|-----------|----------------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7170    | 06/08/2020 | Jorgenson      | Dana      | Marie          |     |            |              |                 |            |             |
| UO   | 7171    | 06/08/2020 | Ceresnie       | Marissa   | Shayna         |     |            |              |                 |            |             |
| UO   | 7172    | 06/08/2020 | Kilian         | Alicia    | Linda          |     |            |              |                 |            |             |
| UO   | 7173    | 06/08/2020 | Kennedy        | Olivia    | Ann            |     |            |              |                 |            |             |
| UO   | 7174    | 06/08/2020 | Barreiro Sacco | Susana    |                |     |            |              |                 |            |             |
| UO   | 7175    | 06/08/2020 | Luu            | Nhi       | Yen            |     |            |              |                 |            |             |
| UO   | 7176    | 06/08/2020 | Marsh          | Timothy   | Carr           |     |            |              |                 |            |             |
| UO   | 7177    | 06/08/2020 | Mcgovern       | Heather   | G              |     |            |              |                 |            |             |
| UO   | 7178    | 06/08/2020 | Rybolt         | Lauren    | Elizabeth      |     |            |              |                 |            |             |
| UO   | 7179    | 06/08/2020 | Sarmiento      | Khulan    | Zulkhuu        |     |            |              |                 |            |             |
| UO   | 7180    | 06/08/2020 | Shlansky       | Branden   | Scott          |     |            |              |                 |            |             |
| UO   | 7181    | 06/08/2020 | Suddreth       | Hannah    | Evangelin<br>e |     |            |              |                 |            |             |
| UO   | 7182    | 06/08/2020 | Hadri          | Wissam    |                |     |            |              |                 |            |             |
| UO   | 7183    | 06/08/2020 | Michael        | Mary      |                |     |            |              |                 |            |             |
| UO   | 7184    | 06/08/2020 | Meyerson       | Gabriella |                |     |            |              |                 |            |             |
| UO   | 7185    | 06/08/2020 | Poloska        | Tea       |                |     |            |              |                 |            |             |
| UO   | 7186    | 06/08/2020 | Fahad          | Ameen     |                |     |            |              |                 |            |             |
| UO   | 7187    | 06/08/2020 | Baker          | Michelle  | Sk             |     |            |              |                 |            |             |
| UO   | 7188    | 06/08/2020 | Brodil         | Zachery   | Edward         |     |            |              |                 |            |             |

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|------|---------|------------|------------|-------------------|-----------------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7189    | 06/08/2020 | Bullock    | Olivia            | Michelle        |     |            |              |                 |            |             |
| UO   | 7190    | 06/08/2020 | Liu        | Michael           | Ted             |     |            |              |                 |            |             |
| UO   | 7191    | 06/08/2020 | Craven     | Amanda            | Nicole          |     |            |              |                 |            |             |
| UO   | 7192    | 06/08/2020 | Dutmers    | Jennifer          | Lee             |     |            |              |                 |            |             |
| UO   | 7193    | 06/09/2020 | Abergel    | David             | Andrew          |     |            |              |                 |            |             |
| UO   | 7194    | 06/09/2020 | Bogus      | Tyler             |                 |     |            |              |                 |            |             |
| UO   | 7195    | 06/09/2020 | Enciso     | Juan              |                 |     |            |              |                 |            |             |
| UO   | 7196    | 06/09/2020 | Fromm      | James             | Michael<br>Dean |     |            |              |                 |            |             |
| UO   | 7197    | 06/09/2020 | Gustafson  | Christoph<br>er   | Bradley         |     |            |              |                 |            |             |
| UO   | 7198    | 06/09/2020 | Huynh      | Kevin             |                 |     |            |              |                 |            |             |
| UO   | 7199    | 06/09/2020 | Supupramai | Peach             |                 |     |            |              |                 |            |             |
| UO   | 7200    | 06/09/2020 | Zenner     | Danielle          |                 |     |            |              |                 |            |             |
| UO   | 7201    | 06/09/2020 | Fox        | Michael           |                 |     |            |              |                 |            |             |
| UO   | 7202    | 06/09/2020 | Patel      | Nishil            | T.              |     |            |              |                 |            |             |
| UO   | 7203    | 06/09/2020 | Hemmings   | Jodian            | Rosemari<br>e   |     |            |              |                 |            |             |
| UO   | 7204    | 06/09/2020 | Consing    | Kirsten<br>Nicole | Zaldarriag<br>a |     |            |              |                 |            |             |
| UO   | 7205    | 06/10/2020 | Granger    | Daryl             | Keith           | II  |            |              |                 |            |             |

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|------|---------|------------|--------------|----------------|------------------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7206    | 06/10/2020 | Mathew       | Reshmi         |                  |     |            |              |                 |            |             |
| UO   | 7207    | 06/10/2020 | Von Harten   | Ernest<br>Carl | Frederick        | IV  |            |              |                 |            |             |
| UO   | 7208    | 06/10/2020 | Santiesteban | Liliam         | Rocio            |     |            |              |                 |            |             |
| UO   | 7209    | 06/10/2020 | Hopkins      | Christina      | Lynn             |     |            |              |                 |            |             |
| UO   | 7210    | 06/10/2020 | Plante       | Jeffrey        | Mark             |     |            |              |                 |            |             |
| UO   | 7211    | 06/10/2020 | Rivero       | Andrea         | Virginia         |     |            |              |                 |            |             |
| UO   | 7212    | 06/10/2020 | Cuenant      | Lauren         | Michelle<br>Jean |     |            |              |                 |            |             |
| UO   | 7213    | 06/10/2020 | Moises       | Melanie        | Bettina          |     |            |              |                 |            |             |
| UO   | 7214    | 06/10/2020 | Pham         | Dianna         |                  |     |            |              |                 |            |             |
| UO   | 7215    | 06/10/2020 | Patel        | Natasha        | Rajiv            |     |            |              |                 |            |             |
| UO   | 7216    | 06/10/2020 | Somesan      | Gurumaya<br>n  |                  |     |            |              |                 |            |             |
| UO   | 7217    | 06/10/2020 | Warren       | Kevin          | Taylor           |     |            |              |                 |            |             |
| UO   | 7218    | 06/10/2020 | Ko           | Shing          |                  |     |            |              |                 |            |             |
| UO   | 7219    | 06/10/2020 | Abreu        | Glenda         | R.               |     |            |              |                 |            |             |
| UO   | 7220    | 06/10/2020 | Davis        | Autumn         | Lee              |     |            |              |                 |            |             |
| UO   | 7221    | 06/10/2020 | Ramsay       | Joshua         | Gordon           |     |            |              |                 |            |             |

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|------|---------|------------|-------------|-----------|----------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7222    | 06/11/2020 | Stafford    | Justin    | Andrew   | D.O |            |              |                 |            |             |
| UO   | 7223    | 06/11/2020 | Raymond     | Alyson    |          |     |            |              |                 |            |             |
| UO   | 7224    | 06/11/2020 | Witte       | Michael   | Colin    |     |            |              |                 |            |             |
| UO   | 7225    | 06/11/2020 | Schmalzer   | Hillary   |          |     |            |              |                 |            |             |
| UO   | 7226    | 06/11/2020 | Hua         | Jennifer  | Dorothy  |     |            |              |                 |            |             |
| UO   | 7227    | 06/11/2020 | Pereira     | Aline     | Manella  |     |            |              |                 |            |             |
| UO   | 7228    | 06/11/2020 | Saunders    | Skyler    | Taylor   |     |            |              |                 |            |             |
| UO   | 7229    | 06/11/2020 | Rider       | Justin    |          |     |            |              |                 |            |             |
| UO   | 7230    | 06/11/2020 | Yousefzadeh | Michelle  | Leora    |     |            |              |                 |            |             |
| UO   | 7231    | 06/11/2020 | Grabois     | Spencer   | Austin   |     |            |              |                 |            |             |
| UO   | 7232    | 06/11/2020 | Bracco      | Taylor    | Jade     |     |            |              |                 |            |             |
| UO   | 7233    | 06/11/2020 | Mohabir     | Shannon   | Naresh   |     |            |              |                 |            |             |
| UO   | 7234    | 06/11/2020 | Shah        | Sunny     | Prakash  |     |            |              |                 |            |             |
| UO   | 7235    | 06/11/2020 | Gabrielian  | Jessica   | Isabelle |     |            |              |                 |            |             |
| UO   | 7236    | 06/11/2020 | Kirk        | David     | Andrew   |     |            |              |                 |            |             |
| UO   | 7237    | 06/11/2020 | Pham        | Binh      | Nguyen   |     |            |              |                 |            |             |
| UO   | 7238    | 06/11/2020 | Mordach     | Vladislav |          | Dr. |            |              |                 |            |             |

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|------|---------|------------|--------------|-------------|-----------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7239    | 06/11/2020 | Lee          | Jennifer    |           |     |            |              |                 |            |             |
| UO   | 7240    | 06/11/2020 | Casey        | Derek       | Jake      |     |            |              |                 |            |             |
| UO   | 7241    | 06/11/2020 | Slack        | Rachel      | Lea       |     |            |              |                 |            |             |
| UO   | 7242    | 06/11/2020 | Mosco-Guzman | Jose        |           |     |            |              |                 |            |             |
| UO   | 7243    | 06/11/2020 | Jacob        | Jeffy       |           |     |            |              |                 |            |             |
| UO   | 7244    | 06/11/2020 | Master       | Raza        | Ali       |     |            |              |                 |            |             |
| UO   | 7245    | 06/11/2020 | Mcdonald     | Nicholas    | Anthony   |     |            |              |                 |            |             |
| UO   | 7246    | 06/11/2020 | Prashad      | Adesh       |           |     |            |              |                 |            |             |
| UO   | 7247    | 06/12/2020 | Adler        | Benjamin    | Daniel    |     |            |              |                 |            |             |
| UO   | 7248    | 06/12/2020 | Duke         | Christopher | Thomas    |     |            |              |                 |            |             |
| UO   | 7249    | 06/12/2020 | Garrett      | Peter       | Ferguson  |     |            |              |                 |            |             |
| UO   | 7250    | 06/12/2020 | Lafata       | Maygen      | Lyn       |     |            |              |                 |            |             |
| UO   | 7251    | 06/12/2020 | Mills        | Matthew     | Frederick |     |            |              |                 |            |             |
| UO   | 7252    | 06/12/2020 | Nazar        | Bridget     | Shirin    |     |            |              |                 |            |             |
| UO   | 7253    | 06/12/2020 | Ramos        | Carrie      | Ann       |     |            |              |                 |            |             |
| UO   | 7254    | 06/12/2020 | Harley       | Lilas       | Dorothy   |     |            |              |                 |            |             |
| UO   | 7255    | 06/12/2020 | Adorno       | Andrew      | F         |     |            |              |                 |            |             |
| UO   | 7256    | 06/12/2020 | Ahmed        | Zohair      |           |     |            |              |                 |            |             |

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|------|---------|------------|--------------|-----------|---------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7257    | 06/12/2020 | Alden        | Ashley    | Jane    |     |            |              |                 |            |             |
| UO   | 7258    | 06/12/2020 | Baroudi      | Brittany  |         |     |            |              |                 |            |             |
| UO   | 7259    | 06/12/2020 | Berthet      | Benjamin  |         |     |            |              |                 |            |             |
| UO   | 7260    | 06/12/2020 | Burstiner    | Logan     |         |     |            |              |                 |            |             |
| UO   | 7261    | 06/12/2020 | Cohen        | Jonas     |         |     |            |              |                 |            |             |
| UO   | 7262    | 06/12/2020 | Dalloul      | Anas      |         |     |            |              |                 |            |             |
| UO   | 7263    | 06/12/2020 | Persaud      | Rajinder  |         |     |            |              |                 |            |             |
| UO   | 7264    | 06/12/2020 | Vedantam     | Shyam     |         |     |            |              |                 |            |             |
| UO   | 7265    | 06/12/2020 | Lopez        | Christine |         |     |            |              |                 |            |             |
| UO   | 7266    | 06/15/2020 | Reese        | Robyn     | Lee     |     |            |              |                 |            |             |
| UO   | 7267    | 06/15/2020 | Abdelmohsen  | Amr       | Samy    |     |            |              |                 |            |             |
| UO   | 7268    | 06/15/2020 | Campbell     | Jaclyn    |         |     |            |              |                 |            |             |
| UO   | 7269    | 06/15/2020 | Halprin      | Julia     | Lyn     |     |            |              |                 |            |             |
| UO   | 7270    | 06/15/2020 | Saunders     | Nzingha   |         |     |            |              |                 |            |             |
| UO   | 7271    | 06/15/2020 | Tierrablanca | Sergio    |         |     |            |              |                 |            |             |
| UO   | 7272    | 06/15/2020 | Horowitz     | Alex      | Jagoda  |     |            |              |                 |            |             |
| UO   | 7273    | 06/15/2020 | Pack         | Steven    |         |     |            |              |                 |            |             |

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|------|---------|------------|------------|----------|-----------------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7274    | 06/15/2020 | Ellis      | Kaela    |                 |     |            |              |                 |            |             |
| UO   | 7275    | 06/15/2020 | Michael    | Sean     |                 |     |            |              |                 |            |             |
| UO   | 7276    | 06/15/2020 | Walsh      | Martin   | John            |     |            |              |                 |            |             |
| UO   | 7277    | 06/15/2020 | Johnson    | Sherry   |                 |     |            |              |                 |            |             |
| UO   | 7278    | 06/15/2020 | Holland    | Micheal  | Christoph<br>er |     |            |              |                 |            |             |
| UO   | 7279    | 06/15/2020 | Patel      | Neil     | Sunil           |     |            |              |                 |            |             |
| UO   | 7280    | 06/15/2020 | Jennings   | Ian      | Parker          |     |            |              |                 |            |             |
| UO   | 7281    | 06/15/2020 | Nedresky   | Daniel   |                 |     |            |              |                 |            |             |
| UO   | 7282    | 06/15/2020 | Bloom      | Alec     |                 |     |            |              |                 |            |             |
| UO   | 7283    | 06/15/2020 | Tang       | Kelly    | Chia-I          |     |            |              |                 |            |             |
| UO   | 7284    | 06/15/2020 | Morris     | Anthony  | John            |     |            |              |                 |            |             |
| UO   | 7285    | 06/15/2020 | Federico   | Ashton   |                 |     |            |              |                 |            |             |
| UO   | 7286    | 06/15/2020 | Spelman    | Megan    | Elizabeth       |     |            |              |                 |            |             |
| UO   | 7287    | 06/15/2020 | Baloach    | Abuzar   |                 |     |            |              |                 |            |             |
| UO   | 7288    | 06/15/2020 | Pavlik     | Joshua   |                 |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------|---------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7289    | 06/15/2020 | Cianci     | Hannah    |         |     |            |              |                 |            |             |
| UO   | 7290    | 06/15/2020 | Lowther    | Amy       |         |     |            |              |                 |            |             |
| UO   | 7291    | 06/15/2020 | Graziano   | Leigh     |         |     |            |              |                 |            |             |
| UO   | 7292    | 06/15/2020 | Pacholec   | Kevin     |         |     |            |              |                 |            |             |
| UO   | 7293    | 06/15/2020 | Stroh      | Adam      |         |     |            |              |                 |            |             |
| UO   | 7294    | 06/15/2020 | Apicella   | Matthew   | Enrique |     |            |              |                 |            |             |
| UO   | 7295    | 06/15/2020 | Razdan     | Nandini   |         |     |            |              |                 |            |             |
| UO   | 7296    | 06/15/2020 | Sharad     | Deepika   |         |     |            |              |                 |            |             |
| UO   | 7297    | 06/15/2020 | Cheney     | Casey     | Ray     |     |            |              |                 |            |             |
| UO   | 7298    | 06/15/2020 | Lins       | Gabriela  |         |     |            |              |                 |            |             |
| UO   | 7299    | 06/15/2020 | Besser     | Alexander |         |     |            |              |                 |            |             |
| UO   | 7300    | 06/15/2020 | Diaz       | Lorenzo   | Joaquin |     |            |              |                 |            |             |
| UO   | 7301    | 06/15/2020 | Panthagani | Anyonya   |         |     |            |              |                 |            |             |
| UO   | 7302    | 06/15/2020 | Cintron    | Daniel    |         | Jr. |            |              |                 |            |             |
| UO   | 7303    | 06/15/2020 | Yaras      | Rebecca   |         |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------|---------------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7304    | 06/16/2020 | Fravor     | Lauren    |               |     |            |              |                 |            |             |
| UO   | 7305    | 06/16/2020 | Devito     | Paul      |               |     |            |              |                 |            |             |
| UO   | 7306    | 06/16/2020 | Kahn       | Cameron   |               |     |            |              |                 |            |             |
| UO   | 7307    | 06/16/2020 | Fersch     | Mark      |               |     |            |              |                 |            |             |
| UO   | 7308    | 06/16/2020 | Stone      | Michael   | Richard       |     |            |              |                 |            |             |
| UO   | 7309    | 06/16/2020 | Hawthorne  | Chelsea   | Rae           |     |            |              |                 |            |             |
| UO   | 7310    | 06/16/2020 | Haggert    | Cassandra | Christine     |     |            |              |                 |            |             |
| UO   | 7311    | 06/16/2020 | Ettel Iii  | George    | Leonard       | III |            |              |                 |            |             |
| UO   | 7312    | 06/16/2020 | Stiven     | Mirsha    |               |     |            |              |                 |            |             |
| UO   | 7313    | 06/16/2020 | Alvarado   | Hannah    | Belle         |     |            |              |                 |            |             |
| UO   | 7314    | 06/16/2020 | Bolduc     | James     | Lawrence      |     |            |              |                 |            |             |
| UO   | 7315    | 06/16/2020 | Chandler   | Zachary   |               |     |            |              |                 |            |             |
| UO   | 7316    | 06/16/2020 | Esan       | Daniel    | Oluwadar<br>e |     |            |              |                 |            |             |
| UO   | 7317    | 06/16/2020 | Fasano     | Michael   |               |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------------|-----------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7318    | 06/16/2020 | Henning    | Ashley          |           |     |            |              |                 |            |             |
| UO   | 7319    | 06/16/2020 | Howell     | Alexander       | Nathaniel |     |            |              |                 |            |             |
| UO   | 7320    | 06/16/2020 | Vargas     | Paula           | Marcela   |     |            |              |                 |            |             |
| UO   | 7321    | 06/16/2020 | Lee        | Jennifer        | Haejoo    |     |            |              |                 |            |             |
| UO   | 7322    | 06/16/2020 | Millis     | Christoph<br>er | Evan      |     |            |              |                 |            |             |
| UO   | 7323    | 06/16/2020 | Mohamed    | Eslam           |           |     |            |              |                 |            |             |
| UO   | 7324    | 06/16/2020 | Nelson     | Denise          |           |     |            |              |                 |            |             |
| UO   | 7325    | 06/16/2020 | Nezwek     | Trevor          | Andrew    |     |            |              |                 |            |             |
| UO   | 7326    | 06/17/2020 | Osorio     | Luis            | Guillermo |     |            |              |                 |            |             |
| UO   | 7327    | 06/17/2020 | Mamun      | Noushad         |           |     |            |              |                 |            |             |
| UO   | 7328    | 06/17/2020 | Boparai    | Vikram          | Singh     |     |            |              |                 |            |             |
| UO   | 7329    | 06/17/2020 | Hubert     | James           | A         |     |            |              |                 |            |             |
| UO   | 7330    | 06/17/2020 | Konchan    | Courtney        | Leah      |     |            |              |                 |            |             |
| UO   | 7331    | 06/17/2020 | Oswald     | Adam            | Michael   |     |            |              |                 |            |             |
| UO   | 7332    | 06/17/2020 | Phang-Lyn  | Simone          |           |     |            |              |                 |            |             |

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|------|---------|------------|------------|----------------|----------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7333    | 06/17/2020 | Qaisi      | Kareem         |          |     |            |              |                 |            |             |
| UO   | 7334    | 06/17/2020 | Sasser     | Joseph         |          |     |            |              |                 |            |             |
| UO   | 7335    | 06/17/2020 | Martin     | Natalia        |          |     |            |              |                 |            |             |
| UO   | 7336    | 06/17/2020 | Schloss    | Michael        | G        |     |            |              |                 |            |             |
| UO   | 7337    | 06/17/2020 | Schuneman  | Lily           |          |     |            |              |                 |            |             |
| UO   | 7338    | 06/17/2020 | Singh      | Rohini         |          |     |            |              |                 |            |             |
| UO   | 7339    | 06/17/2020 | Tedrowe    | Michelle       | Ann      |     |            |              |                 |            |             |
| UO   | 7340    | 06/17/2020 | Vollant    | Michael        |          |     |            |              |                 |            |             |
| UO   | 7341    | 06/17/2020 | Wood       | Beatrice       | Felicia  |     |            |              |                 |            |             |
| UO   | 7342    | 06/17/2020 | Wood       | Davis          | Andrew   |     |            |              |                 |            |             |
| UO   | 7343    | 06/17/2020 | Bott       | Angela         |          |     |            |              |                 |            |             |
| UO   | 7344    | 06/17/2020 | Patel      | Parth          | S        |     |            |              |                 |            |             |
| UO   | 7345    | 06/17/2020 | Tamboli    | Cyrus          | Hoshedar |     |            |              |                 |            |             |
| UO   | 7346    | 06/17/2020 | Nielsen    | Kyle           | Arthur   |     |            |              |                 |            |             |
| UO   | 7347    | 06/17/2020 | Molfetto   | Gianfranc<br>o |          |     |            |              |                 |            |             |

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|------|---------|------------|--------------|-------------|-----------|-----|------------|------------------------------------------|-----------------|-----------------|----------------------------|
| UO   | 7348    | 06/17/2020 | Heflin       | Benjamin    | David     |     |            |                                          |                 |                 |                            |
| UO   | 7349    | 06/17/2020 | Tentler      | Kristen     |           |     |            |                                          |                 |                 |                            |
| UO   | 7350    | 06/17/2020 | Trower       | Christopher | Austin    |     |            |                                          |                 |                 |                            |
| UO   | 7351    | 06/17/2020 | Saggio       | Michael     | David     |     |            |                                          |                 |                 |                            |
| UO   | 7352    | 06/17/2020 | Epps         | Michael     | Ray       | Jr. |            |                                          |                 |                 |                            |
| UO   | 7353    | 06/17/2020 | Finer        | Christa     | Michelle  |     |            |                                          |                 |                 |                            |
| UO   | 7354    | 06/17/2020 | Yuvaraj      | Yaswanraj   |           |     |            |                                          |                 |                 |                            |
| UO   | 7355    | 06/17/2020 | Ellico       | Trevor      | James     |     |            |                                          |                 |                 |                            |
| UO   | 7356    | 06/17/2020 | Nuthulaganti | Swetha      |           |     |            |                                          |                 |                 |                            |
| UO   | 7357    | 06/17/2020 | Gunderson    | Carly       | Anne      |     |            |                                          |                 |                 |                            |
| UO   | 7358    | 06/17/2020 | Nguyen       | Brian       |           |     |            |                                          |                 |                 |                            |
| UO   | 7359    | 06/18/2020 | Sharma       | Radhika     |           |     |            |                                          |                 |                 |                            |
| UO   | 7360    | 06/18/2020 | Lee-Norris   | Alexandria  | Josephine |     |            |                                          |                 |                 |                            |
| UO   | 7361    | 06/18/2020 | Coultas      | Ryan        | Douglas   |     |            |                                          |                 |                 |                            |
| UO   | 7362    | 06/18/2020 | Fischer      | Jacob       | Anthony   |     | 11/26/1991 | Western Univ Of Health Sciences Collegeo |                 | 6500 38TH AVE N | Saint Petersburg, FL 33710 |

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|------|---------|------------|-------------|----------|-----------|-----|------------|-----------------------|-----------------|-------------|-------------|
| UO   | 7363    | 06/18/2020 | Zachariah   | Arun     |           |     |            |                       |                 |             |             |
| UO   | 7364    | 06/18/2020 | Rogers      | Everett  | David     |     |            |                       |                 |             |             |
| UO   | 7365    | 06/18/2020 | Desyatnikov | Oleg     | Vadimovic | h   |            |                       |                 |             |             |
| UO   | 7366    | 06/18/2020 | Dupuy       | Ashleigh | Dugas     |     |            |                       |                 |             |             |
| UO   | 7367    | 06/18/2020 | Sicner      | Brian    |           |     |            |                       |                 |             |             |
| UO   | 7368    | 06/18/2020 | Nguyen      | Justin   | Ngoc      |     |            |                       |                 |             |             |
| UO   | 7369    | 06/18/2020 | Klein       | Denise   |           |     |            |                       |                 |             |             |
| UO   | 7370    | 06/18/2020 | Hong        | Hannah   |           |     |            |                       |                 |             |             |
| UO   | 7371    | 06/18/2020 | Hardison    | Haille   | Alexandra |     |            |                       |                 |             |             |
| UO   | 7372    | 06/18/2020 | Mathew      | Jenny    | Susan     |     |            |                       |                 |             |             |
| UO   | 7373    | 06/18/2020 | Mcleroy     | Joseph   | Jennings  |     |            |                       |                 |             |             |
| UO   | 7374    | 06/19/2020 | Carroll     | Breana   | Marie     |     |            |                       |                 |             |             |
| UO   | 7375    | 06/19/2020 | Bellur      | Sabita   |           |     |            |                       |                 |             |             |
| UO   | 7376    | 06/19/2020 | Thakkar     | Karan    |           |     |            |                       |                 |             |             |
| UO   | 7377    | 06/19/2020 | Acosta      | Daniel   | Alejandro |     |            |                       |                 |             |             |
| UO   | 7378    | 06/19/2020 | Altman      | Kyle     |           |     |            |                       |                 |             |             |
|      |         |            |             |          |           |     |            | U of Osteopathic Medi |                 | Cortez Blvd | 34613       |

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|------|---------|------------|--------------------|-----------|---------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7379    | 06/19/2020 | Benny              | Silpa     |         |     |            |              |                 |            |             |
| UO   | 7380    | 06/19/2020 | Kapoor             | Neel      | Singh   |     |            |              |                 |            |             |
| UO   | 7381    | 06/19/2020 | Razzaq             | Mohammad  | Hassan  |     |            |              |                 |            |             |
| UO   | 7382    | 06/22/2020 | Kirk               | Arielle   | C       |     |            |              |                 |            |             |
| UO   | 7383    | 06/22/2020 | Tran               | Anthony   |         |     |            |              |                 |            |             |
| UO   | 7384    | 06/22/2020 | Rasmussen Grabavoy | Nicholas  | Glenn   |     |            |              |                 |            |             |
| UO   | 7385    | 06/22/2020 | Alla               | Martin    |         |     |            |              |                 |            |             |
| UO   | 7386    | 06/22/2020 | Abidi              | Zain      | Ali     |     |            |              |                 |            |             |
| UO   | 7387    | 06/22/2020 | Hira               | Kashif    |         |     |            |              |                 |            |             |
| UO   | 7388    | 06/22/2020 | Johnson            | Gabrielle | Sade    |     |            |              |                 |            |             |
| UO   | 7389    | 06/22/2020 | Patel              | Deep      |         |     |            |              |                 |            |             |
| UO   | 7390    | 06/22/2020 | Willinger          | Andrew    | Charles |     |            |              |                 |            |             |
| UO   | 7391    | 06/22/2020 | Zhang              | Zhao      |         |     |            |              |                 |            |             |
| UO   | 7392    | 06/23/2020 | Tolani             | Renuka    |         |     |            |              |                 |            |             |
| UO   | 7393    | 06/23/2020 | Kim                | Paul      |         |     |            |              |                 |            |             |
| UO   | 7394    | 06/23/2020 | Uppal              | Paven     |         |     |            |              |                 |            | D.C.        |
| UO   | 7395    | 06/23/2020 | Woo                | Charl     | Hwan    |     |            |              |                 |            |             |
| UO   | 7396    | 06/23/2020 | Marlow             | Meridith  |         |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------|------------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7397    | 06/23/2020 | Silcox     | James     | Matthew    |     |            |              |                 |            |             |
| UO   | 7398    | 06/23/2020 | Amirianfar | Edwin     |            |     |            |              |                 |            |             |
| UO   | 7399    | 06/23/2020 | Hsu        | Frank     | Chia-Tang  |     |            |              |                 |            |             |
| UO   | 7400    | 06/23/2020 | Awad       | Ahmed     | Medhat     |     |            |              |                 |            |             |
| UO   | 7401    | 06/23/2020 | Tran       | Martin    | Quang Minh |     |            |              |                 |            |             |
| UO   | 7402    | 06/24/2020 | Pasos      | Julio     |            |     |            |              |                 |            |             |
| UO   | 7403    | 06/24/2020 | Liou       | Catherine | April      |     |            |              |                 |            |             |
| UO   | 7404    | 06/24/2020 | Sadhwani   | Shaan     | Deepak     |     |            |              |                 |            |             |
| UO   | 7405    | 06/24/2020 | Herman     | Jared     |            |     |            |              |                 |            |             |
| UO   | 7406    | 06/24/2020 | Patel      | Sankalp   | P          |     |            |              |                 |            |             |
| UO   | 7407    | 06/24/2020 | Montalvo   | Allyson   | Heatwole   |     |            |              |                 |            |             |
| UO   | 7408    | 06/24/2020 | Patel      | Kaajal    | Shodhan    |     |            |              |                 |            |             |
| UO   | 7409    | 06/25/2020 | Jordan     | Iza       | Nadine     |     |            |              |                 |            |             |
| UO   | 7410    | 06/25/2020 | Wilhelm    | Matthew   | David      |     |            |              |                 |            |             |
| UO   | 7411    | 06/25/2020 | Sims       | Michelle  | Lea        |     |            |              |                 |            |             |

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|------|---------|------------|------------|---------------|-----------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7412    | 06/26/2020 | Ramsamooj  | Shivan        |           |     |            |              |                 |            |             |
| UO   | 7413    | 06/26/2020 | Silva      | Guadalup<br>e |           |     |            |              |                 |            |             |
| UO   | 7414    | 06/26/2020 | Arce       | Johanna       | Stephanie |     |            |              |                 |            |             |
| UO   | 7415    | 06/26/2020 | Nunez      | Jorge         | Esteban   |     |            |              |                 |            |             |
| UO   | 7416    | 06/26/2020 | Hardy      | Alexander     | Carson    |     |            |              |                 |            |             |
| UO   | 7417    | 06/26/2020 | Philipps   | Shannon       | Marie     |     |            |              |                 |            |             |
| UO   | 7418    | 06/26/2020 | Murdoch    | Jarod         |           |     |            |              |                 |            |             |
| UO   | 7419    | 06/26/2020 | Nowlin     | Morgan        | Lee       |     |            |              |                 |            |             |
| UO   | 7420    | 06/26/2020 | Serrat     | Alejandro     |           |     |            |              |                 |            |             |
| UO   | 7421    | 06/29/2020 | Shukla     | Raj           |           |     |            |              |                 |            |             |
| UO   | 7422    | 06/29/2020 | Giza       | Jennifer      |           |     |            |              |                 |            |             |
| UO   | 7423    | 06/29/2020 | Davenport  | Stephanie     | Lee       |     |            |              |                 |            |             |
| UO   | 7424    | 06/29/2020 | Mercel     | Alexandra     |           |     |            |              |                 |            |             |
| UO   | 7425    | 06/30/2020 | Patel      | Shivani       | Dinesh    |     |            |              |                 |            |             |
| UO   | 7426    | 06/30/2020 | Wan        | Jonathan      |           |     |            |              |                 |            |             |

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|------|---------|------------|------------|-----------------|--------------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7427    | 07/01/2020 | Woodburn   | Christine       | Janet        |     |            |              |                 |            |             |
| UO   | 7428    | 07/01/2020 | Powell     | Haley           | Alexa        |     |            |              |                 |            |             |
| UO   | 7429    | 07/01/2020 | Miller     | Morgan          | Anne         |     |            |              |                 |            |             |
| UO   | 7430    | 07/01/2020 | Findlay    | Ryan            | Norman       |     |            |              |                 |            |             |
| UO   | 7431    | 07/01/2020 | Sharma     | Reshma          |              |     |            |              |                 |            |             |
| UO   | 7432    | 07/01/2020 | Bhullar    | Haryashp<br>al  |              |     |            |              |                 |            |             |
| UO   | 7433    | 07/01/2020 | Robak      | Tiffany         | Ann          |     |            |              |                 |            |             |
| UO   | 7434    | 07/01/2020 | Bowles     | Theodore        | A            |     |            |              |                 |            |             |
| UO   | 7435    | 07/02/2020 | Salim      | Ahmed           | Hasan        |     |            |              |                 |            |             |
| UO   | 7436    | 07/08/2020 | Goodwin    | Glenn           |              |     |            |              |                 |            |             |
| UO   | 7437    | 07/08/2020 | Ulhaque    | Abid            | Muhamma<br>d |     |            |              |                 |            |             |
| UO   | 7438    | 07/09/2020 | Dean       | Spencer         |              |     |            |              |                 |            |             |
| UO   | 7439    | 07/09/2020 | Gandel     | Brian           | Adam         |     |            |              |                 |            |             |
| UO   | 7440    | 07/09/2020 | Frantzis   | Alexander       |              |     |            |              |                 |            |             |
| UO   | 7441    | 07/09/2020 | Mirza      | Abdul-Sa<br>mad |              |     |            |              |                 |            |             |
| UO   | 7442    | 07/10/2020 | Sanwal     | Chandra         | Prakash      |     |            |              |                 |            |             |

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|------|---------|------------|------------|----------|---------|-----|------------|--------------|-----------------|------------|-------------|
| UO   | 7443    | 07/21/2020 | Loman      | Jazmine  | Nicole  |     |            |              |                 |            |             |
| UO   | 7444    | 07/22/2020 | Ogg        | Robert   | Andrew  |     |            |              |                 |            |             |

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|------|---------|------------|--------------|----------|---------|-----|------------|--------------|-----------------|------------|-------------|
| OSEV | 113     | 05/08/2020 | Stecker      | Brett    | S       |     |            |              |                 |            |             |
| OSEV | 114     | 05/08/2020 | Rosenthal    | Marnie   | E       |     |            |              |                 |            |             |
| OSEV | 115     | 05/22/2020 | Angarone     | Michael  |         |     |            |              |                 |            |             |
| OSEV | 116     | 05/22/2020 | Polverino    | Edwin    | J       |     |            |              |                 |            |             |
| OSEV | 117     | 06/15/2020 | Hahalyak     | Michael  | Peter   | Do  |            |              |                 |            |             |
| OSEV | 118     | 06/23/2020 | Cichon       | Mark     | E       |     |            |              |                 |            |             |
| OSEV | 119     | 07/02/2020 | Takhtehchian | Kurosh   |         |     |            |              |                 |            |             |

Total Records: 7

| KEY_NAME                      | FILE_NBR | LIC_NBR | PROF | RANK | RANK_DESC      | LIC_STATUS   | EXPIRE_DATE | LIC_ISSUE_DATE | APPLC_DATE | APPROVED_DATE   | XACT_CODE |
|-------------------------------|----------|---------|------|------|----------------|--------------|-------------|----------------|------------|-----------------|-----------|
| ABDUL-RAHIM, AHMAD ANAS       | 5939     | 5708    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2017      | 3/18/2020  | 4/24/2020 1:43  | 2021      |
| ABELLO, ALLEN AUSTIN-MANINGAS | 6430     | 6066    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 4/9/2020   | 4/26/2020 20:47 | 2021      |
| ABOUTAYEH, MAROUN ELI         | 6228     | 6226    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 3/12/2020  | 4/1/2020 21:22  | 2021      |
| ABREU, ADRIAN JOSEPH          | 6181     | 6145    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 5/13/2020  | 7/6/2020 14:33  | 2021      |
| ADAME, JOHN DAVID             | 6383     | 6147    | 1902 | UO   | Osteo Resident | 60 - Null An | 6/30/2021   | 6/22/2018      | 6/21/2020  | 6/25/2020 8:40  | 2021      |
| ADAMITIS, ANTHONY E           | 7101     | 6879    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2019      | 5/13/2020  | 5/18/2020 8:37  | 2021      |
| ADASHEK, JACOB JAY            | 6684     | 6522    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 3/4/2020   | 4/6/2020 13:39  | 2021      |
| AGHEMO, KRISTOPHER            | 6856     | 6869    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/24/2019      | 4/22/2020  | 6/17/2020 16:25 | 2021      |
| AHMAD, MOHAMMAD FAZLE         | 6757     | 6423    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/24/2019      | 4/27/2020  | 5/19/2020 16:03 | 2021      |
| AIELLO, MICHAEL ROCCO         | 6974     | 6788    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2019      | 3/5/2020   | 3/25/2020 11:41 | 2021      |
| AIRAPETOV, ROBERT             | 6187     | 6124    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2018      | 2/17/2020  | 6/4/2020 11:39  | 2021      |
| AJIB, FAYEZ                   | 6979     | 6856    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/24/2019      | 6/18/2020  | 6/24/2020 8:44  | 2021      |
| AKSELRUD, ELIZABETH           | 6618     | 6428    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/28/2019      | 4/1/2020   | 4/15/2020 17:15 | 2021      |
| ALAM, ZENITH H                | 5977     | 5475    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2017      | 5/27/2020  | 5/28/2020 21:34 | 2021      |
| ALBRECHT, NATHAN MONTOYA      | 6841     | 6429    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/28/2019      | 2/26/2020  | 3/2/2020 15:13  | 2021      |
| ALBU, IONUT                   | 6928     | 6651    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 4/28/2020  | 5/27/2020 9:54  | 2021      |
| ALI, ARROJ                    | 6834     | 6416    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/23/2019      | 3/16/2020  | 4/24/2020 1:24  | 2021      |
| ALI, SHAUN EUGENE             | 7108     | 6863    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/24/2019      | 4/9/2020   | 4/26/2020 22:55 | 2021      |
| ALLEN, CHELSEA NEVADA         | 6911     | 6407    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/22/2019      | 2/26/2020  | 3/2/2020 11:31  | 2021      |
| ALMAZAN, ANGELICA NAGRAMPA    | 7122     | 6791    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2019      | 3/24/2020  | 4/23/2020 17:48 | 2021      |
| ALMENDARES, DEREK             | 6957     | 6653    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 3/13/2020  | 4/20/2020 14:09 | 2021      |
| ALMUZAINI, YOUSSEF            | 6357     | 5926    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2018       | 4/13/2020  | 4/15/2020 10:23 | 2021      |
| ALONSO, MILEYDIS              | 6807     | 6664    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 3/15/2020  | 4/1/2020 22:52  | 2021      |
| ALSTON, TRUDY-ANN CAMELLE     | 6115     | 6249    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 6/18/2020  | 6/22/2020 17:40 | 2021      |
| ALTMANN, STEFANIE LYNN        | 6733     | 6375    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/6/2019       | 4/15/2020  | 4/24/2020 11:09 | 2021      |
| ALVAREZ, ADOLFO ALEXANDER     | 6879     | 6475    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2019      | 2/19/2020  | 2/21/2020 8:57  | 2021      |
| ALVAREZ, ANNABELLE SORAYA     | 6956     | 6901    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/2/2019       | 3/14/2020  | 5/6/2020 9:28   | 2021      |
| ALVAREZ, GEORGE ERNESTO       | 6272     | 6007    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/15/2018      | 3/6/2020   | 4/16/2020 23:44 | 2021      |
| AMEEN, JOHN JR                | 6218     | 6085    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 5/12/2020  | 6/17/2020 14:48 | 2021      |
| AMEN, JEHON                   | 7064     | 6755    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 4/9/2020   | 4/24/2020 14:30 | 2021      |
| AMERI, BIJAN JOSEPH           | 5130     | 4862    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 3/30/2016      | 5/4/2020   | 5/7/2020 20:56  | 2021      |
| AMICARELLI, ANDREW            | 7037     | 6891    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2019      | 4/15/2020  | 4/28/2020 17:23 | 2021      |
| AMIN, KRINA HIMANSHU          | 6471     | 6109    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 4/15/2020  | 4/28/2020 18:04 | 2021      |
| AMIT, MICHELLE LEE            | 7094     | 6523    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 6/19/2020  | 7/2/2020 15:02  | 2021      |
| ANDELIJA, SANELA              | 6719     | 6548    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/30/2020  | 5/6/2020 14:10  | 2021      |
| ANTHONY, JONATHAN HERBERT     | 5037     | 5240    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2016      | 6/9/2020   | 6/10/2020 10:42 | 2021      |
| ANYU, TSE FRU-WAH             | 5454     | 5266    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/16/2016      | 5/5/2020   | 6/23/2020 13:43 | 2021      |
| APPLYRS, NICOLAS JR           | 7009     | 6726    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2019      | 4/15/2020  | 5/29/2020 11:09 | 2021      |
| ARN, HANNAH PUMPHREY          | 6687     | 6665    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 4/17/2020  | 6/16/2020 11:51 | 2021      |
| ASSEFAW, WINTA HAILE          | 6664     | 6634    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 4/9/2020   | 4/26/2020 22:07 | 2021      |
| ATTARHA, BARRETT OLIVER       | 6336     | 6276    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 2/24/2020  | 3/11/2020 11:48 | 2021      |
| AU, ANNIE                     | 6679     | 6727    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2019      | 5/8/2020   | 6/8/2020 14:12  | 2021      |
| AUGUSTIN, ANNA                | 6224     | 6148    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 4/7/2020   | 4/9/2020 10:30  | 2021      |
| AVGEROPOULOS, GEORGE NICHOLAS | 6697     | 6524    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 3/16/2020  | 5/7/2020 23:35  | 2021      |
| AYETIN, CHUKWUKA              | 6460     | 6142    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 4/22/2020  | 4/28/2020 18:42 | 2021      |
| AYOUB, AMAL FRANCES           | 7078     | 6492    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 3/24/2020  | 6/19/2020 12:40 | 2021      |
| BABCHICK, BENJAMIN NATAN      | 6843     | 6654    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 2/21/2020  | 2/25/2020 17:44 | 2021      |
| BABCOCK, HEATHER LEIGH        | 6141     | 5952    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2018      | 4/30/2020  | 5/4/2020 4:25   | 2021      |
| BAILEY, RYAN MICHAEL          | 6776     | 6434    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/28/2019      | 1/4/2020   | 4/3/2020 0:18   | 2021      |
| BAKSH, SEAN ABRAHAM           | 6781     | 6506    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 4/27/2020  | 6/22/2020 14:18 | 2021      |
| BALLACK, DAVID ADRIAN         | 7126     | 6874    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2019      | 6/14/2020  | 6/17/2020 12:25 | 2021      |
| BARASH, ASHLEY BLACK          | 6264     | 6043    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2018      | 4/9/2020   | 4/24/2020 13:48 | 2021      |
| BARBARA, ZACHARY BERTRAND     | 7033     | 6478    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2019      | 4/15/2020  | 4/28/2020 17:19 | 2021      |
| BARBIR, JOSHUA                | 6624     | 6412    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/23/2019      | 2/17/2020  | 4/24/2020 15:26 | 2021      |
| BARBUR, CARLOS ALEJANDRO      | 6487     | 6097    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 3/16/2020  | 4/17/2020 13:52 | 2021      |
| BARNES, ANDREW PAUL           | 6469     | 6160    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 5/11/2020  | 6/3/2020 13:00  | 2021      |
| BAROUDI, BERNICE I            | 6395     | 6152    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 4/7/2020   | 4/24/2020 15:02 | 2021      |
| BARRAGAN, ADAM                | 6983     | 6525    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 4/21/2020  | 5/8/2020 11:45  | 2021      |
| BARRÉS, ARIANNA               | 6342     | 6161    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 5/13/2020  | 5/14/2020 12:33 | 2021      |
| BARTOS, GREGORY               | 6599     | 6756    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 6/9/2020   | 6/11/2020 13:00 | 2021      |
| BASS, JESSICA                 | 6244     | 6022    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/16/2018      | 2/26/2020  | 4/1/2020 20:53  | 2021      |
| BATASIN, MA LOVELY BERNAL     | 7096     | 6851    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/24/2019      | 4/6/2020   | 4/24/2020 13:25 | 2021      |
| BAZATA, JOSHUA JAMES          | 6804     | 6526    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 5/20/2020  | 5/28/2020 22:16 | 2021      |
| BEARD, CASSANDRA JOY          | 5523     | 5679    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2017      | 4/7/2020   | 4/8/2020 12:15  | 2021      |
| BEASLEY, QUANCEIA JOHNETTE    | 6414     | 6312    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/29/2018      | 5/21/2020  | 6/25/2020 10:16 | 2021      |
| BELJIAN, MELISSA DO           | 6185     | 6083    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 4/8/2020   | 4/16/2020 16:34 | 2021      |
| BELL, LEAH KATHERINE          | 6473     | 6113    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 3/26/2020  | 4/1/2020 11:29  | 2021      |
| BENE, JESSICA ANN             | 5901     | 5457    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/8/2017       | 2/26/2020  | 3/2/2020 11:00  | 2021      |
| BENITO, JORGE DANIEL          | 6050     | 6163    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 6/11/2020  | 6/16/2020 10:11 | 2021      |
| BESTOYONG, DOROTHY FAYE F     | 6621     | 6708    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 4/10/2020  | 4/19/2020 19:52 | 2021      |
| BHADURIHAUCK, ANJULI          | 6854     | 6585    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/6/2019       | 5/1/2020   | 5/26/2020 16:39 | 2021      |
| BHAGRATIE, JOE                | 6772     | 6903    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/3/2019       | 5/24/2020  | 6/16/2020 12:46 | 2021      |
| BHATIA, ANKIT                 | 6173     | 6267    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 5/19/2020  | 6/4/2020 10:10  | 2021      |
| BHUIYAN, AMIR MOHAMMED        | 6902     | 6387    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/20/2019      | 4/20/2020  | 5/8/2020 13:30  | 2021      |
| BISCHOF, MICHAEL              | 6674     | 6404    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/22/2019      | 5/23/2020  | 6/3/2020 11:42  | 2021      |
| BLUM, BRIAN                   | 6157     | 6281    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 5/7/2020   | 6/23/2020 13:56 | 2021      |
| BONAFoux, STEPHANIE           | 6666     | 6512    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 4/27/2020  | 6/15/2020 15:56 | 2021      |
| BORDELON, RACHEL              | 6966     | 6440    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/28/2019      | 4/7/2020   | 5/17/2020 18:34 | 2021      |
| BORODUNOVICH, KYLE JAMES      | 6239     | 5955    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2018      | 3/30/2020  | 4/6/2020 11:55  | 2021      |
| BORREGO, KIERSTA              | 6771     | 6491    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 5/19/2020  | 6/24/2020 11:20 | 2021      |
| BOUCHER, MOURIEL DEYANIRA     | 6491     | 6098    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 4/9/2020   | 6/4/2020 13:02  | 2021      |
| BOYLES, ALEXANDRA             | 6589     | 6829    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2019      | 3/30/2020  | 5/10/2020 3:01  | 2021      |
| BOYKO, NICHOLAS               | 6509     | 6155    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 4/5/2020   | 4/5/2020 1:37   | 2021      |
| BRADLEY, ERIC ALAN            | 6053     | 5956    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2018      | 3/20/2020  | 6/25/2020 15:27 | 2021      |
| BRADY, STEVEN MATTHEW         | 7039     | 6743    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2019      | 4/15/2020  | 4/28/2020 17:27 | 2021      |
| BRAUNLICH, PHILLIP ROBERT     | 5187     | 4916    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/19/2016      | 3/31/2020  | 4/1/2020 12:49  | 2021      |
| BRAVO, RICHARD DEGUZMAN JR    | 6123     | 5948    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/8/2018       | 4/28/2020  | 4/30/2020 8:40  | 2021      |
| BROCK, HANNAH MADALYN         | 6515     | 6157    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/20     |                |            |                 |           |

| KEY_NAME                        | FILE_NBR | LIC_NBR | PROF | RANK | RANK_DESC      | LIC_STATUS | EXPIRE_DATE | LIC_ISSUE_DATE | APPLC_DATE | APPROVED_DATE   | XACT_CODE |
|---------------------------------|----------|---------|------|------|----------------|------------|-------------|----------------|------------|-----------------|-----------|
| CAINKAR, MAXWELL                | 7053     | 6839    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2019      | 6/9/2020   | 6/11/2020 13:50 | 2021      |
| CALABRESE, JORDAN               | 6221     | 6326    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 7/11/2018      | 5/14/2020  | 5/27/2020 11:07 | 2021      |
| CAMPBELL, DANIEL JOSHUA         | 6916     | 6581    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/6/2019       | 5/11/2020  | 5/19/2020 16:27 | 2021      |
| CAMPBELL, ERICA ESTEP DO        | 6981     | 6583    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/6/2019       | 4/1/2020   | 5/20/2020 10:29 | 2021      |
| CAMPDESUNER, VICTORIA           | 6372     | 6292    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/28/2018      | 5/5/2020   | 6/11/2020 9:41  | 2021      |
| CANDELORE, TANNER               | 5533     | 5379    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/30/2017      | 6/9/2020   | 6/10/2020 11:18 | 2021      |
| CARABALLO, DANIEL ANTHONY       | 4602     | 4542    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/7/2015       | 4/15/2020  | 4/24/2020 15:19 | 2021      |
| CARDONA, NICOLE LIANNE          | 6117     | 6179    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/25/2018      | 4/22/2020  | 5/20/2020 0:54  | 2021      |
| CARMEL, BENJAMIN                | 6929     | 6704    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/12/2019      | 4/28/2020  | 5/27/2020 10:12 | 2021      |
| CARMONA, CARLOS ARTURO          | 6385     | 6235    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/27/2018      | 3/10/2020  | 4/16/2020 15:47 | 2021      |
| CARRIER, KELSIE                 | 7004     | 6836    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2019      | 4/17/2020  | 4/24/2020 9:02  | 2021      |
| CARVAJAL, CATALINA              | 5602     | 5609    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2017      | 4/7/2020   | 4/24/2020 14:56 | 2021      |
| CASAS, DANIEL                   | 6745     | 6411    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/23/2019      | 2/19/2020  | 4/30/2020 10:46 | 2021      |
| CASSANO, JOHN JAMES             | 7159     | 6916    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 8/16/2019      | 5/13/2020  | 6/18/2020 13:35 | 2021      |
| CASTRO, EDISON RAFAEL           | 6291     | 6047    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/18/2018      | 5/1/2020   | 5/5/2020 13:44  | 2021      |
| CASWELL, SILVIA CRISTINA        | 7123     | 6745    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/14/2019      | 6/19/2020  | 6/23/2020 8:58  | 2021      |
| CAVIN, TIFFANY MARIE            | 6658     | 6666    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/11/2019      | 5/1/2020   | 6/4/2020 16:25  | 2021      |
| CENDAN, RUBEN EMANUEL           | 6219     | 5918    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/5/2018       | 4/15/2020  | 4/28/2020 11:55 | 2021      |
| CHA, JINWHAN                    | 5531     | 5529    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/14/2017      | 6/9/2020   | 6/10/2020 11:13 | 2021      |
| CHAHIN, MICHAEL KAMAL           | 6306     | 5873    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/21/2018      | 3/6/2020   | 4/24/2020 0:46  | 2021      |
| CHAKALOV, MANCHO MANEV          | 6931     | 6576    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/5/2019       | 6/9/2020   | 6/11/2020 13:31 | 2021      |
| CHAKRABORTY, ARIJIT             | 6714     | 6389    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/20/2019      | 2/19/2020  | 2/21/2020 9:08  | 2021      |
| CHAMBERS, SHARDE                | 5629     | 5500    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2017      | 5/18/2020  | 5/26/2020 16:32 | 2021      |
| CHAMORRO, MARIA ALEJANDRA       | 6268     | 6271    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/28/2018      | 2/21/2020  | 3/5/2020 11:23  | 2021      |
| CHAMPION, CARISA ROSE           | 6452     | 6020    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/16/2018      | 3/5/2020   | 3/25/2020 11:09 | 2021      |
| CHAN, JOSEPH GAWAN              | 6428     | 6277    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/28/2018      | 4/17/2020  | 4/24/2020 17:02 | 2021      |
| CHAND, ROHIN                    | 6229     | 6311    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/29/2018      | 4/2/2020   | 4/6/2020 15:57  | 2021      |
| CHANG, JENNY                    | 7121     | 6601    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/7/2019       | 3/24/2020  | 4/23/2020 18:03 | 2021      |
| CHANG, KENNETH GALEN            | 6445     | 6248    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/27/2018      | 4/15/2020  | 4/28/2020 18:01 | 2021      |
| CHAPMAN, ASHLEY BREEZE          | 6465     | 6320    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 7/1/2018       | 4/20/2020  | 6/23/2020 10:38 | 2021      |
| CHARLES, DREW W                 | 6692     | 6578    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/5/2019       | 3/4/2020   | 4/7/2020 15:51  | 2021      |
| CHEN, ANTHONY G                 | 6178     | 6059    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/19/2018      | 3/14/2020  | 4/6/2020 15:42  | 2021      |
| CHEN, CHRISTINE JENNIFER        | 6991     | 6813    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2019      | 4/15/2020  | 4/24/2020 15:53 | 2021      |
| CHERNYSH, INESSA                | 6062     | 6317    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/30/2018      | 6/9/2020   | 6/22/2020 13:02 | 2021      |
| CHIRCOP, BRANDON COLIN DO       | 6901     | 6586    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/6/2019       | 5/3/2020   | 5/13/2020 0:17  | 2021      |
| CHOI, JOHN HAN                  | 6817     | 6446    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/29/2019      | 1/23/2020  | 1/28/2020 9:56  | 2021      |
| CHRISTAKIS, GEORGE ANDREW       | 6819     | 6509    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/4/2019       | 4/14/2020  | 4/15/2020 13:22 | 2021      |
| CHU, ANDREW WILLIAM             | 6530     | 6202    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/26/2018      | 3/24/2020  | 4/23/2020 16:53 | 2021      |
| CHUA, RAYMOND FRANCIS II        | 6324     | 5964    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/12/2018      | 5/6/2020   | 6/10/2020 12:36 | 2021      |
| CHUGANI, SANDEEP NARESH         | 7098     | 6729    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2019      | 4/8/2020   | 4/10/2020 11:13 | 2021      |
| CISZEWSKI, JOSEPH MARK          | 7160     | 6926    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 9/24/2019      | 2/22/2020  | 4/6/2020 12:37  | 2021      |
| CLARK, BROCK                    | 6799     | 6621    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/10/2019      | 3/26/2020  | 6/3/2020 13:34  | 2021      |
| CLIFFORD, GRAHAM CONNOR         | 7036     | 6718    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/12/2019      | 4/15/2020  | 4/24/2020 16:53 | 2021      |
| COLE, COREY                     | 6411     | 6242    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/27/2018      | 6/15/2020  | 6/19/2020 16:22 | 2021      |
| COLEMAN, CRYSTAL DIONNE         | 6082     | 6231    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/27/2018      | 5/8/2020   | 6/24/2020 13:37 | 2021      |
| COLIP, NATHAN RONALD            | 6899     | 6477    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/31/2019      | 4/30/2020  | 5/11/2020 1:58  | 2021      |
| COLON GOMEZ, YEZABEL MARIA      | 6844     | 6656    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/11/2019      | 2/26/2020  | 3/2/2020 15:00  | 2021      |
| CONLEY-BROWN, PATRINA           | 7155     | 6912    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 8/7/2019       | 4/8/2020   | 4/24/2020 11:49 | 2021      |
| COOK, GARY                      | 7056     | 6720    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2019      | 4/18/2020  | 4/24/2020 15:38 | 2021      |
| COOK, RYAN BYRNE                | 7046     | 6807    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2019      | 3/18/2020  | 4/24/2020 13:04 | 2021      |
| COOK, CHRISTOPHER               | 6077     | 5902    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/4/2018       | 5/6/2020   | 5/11/2020 0:39  | 2021      |
| COOMBS, KELSEY                  | 6706     | 6854    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/24/2019      | 4/21/2020  | 5/18/2020 22:19 | 2021      |
| COOMBS, PAULETTE ESTELLE        | 6749     | 6468    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/31/2019      | 4/25/2020  | 5/4/2020 3:10   | 2021      |
| COOPER, HASSELTINE ELIZABETH    | 5919     | 5671    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/23/2017      | 4/21/2020  | 4/24/2020 15:20 | 2021      |
| CORBETT, ANDREW NATHAN          | 5920     | 5459    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/8/2017       | 5/8/2020   | 5/13/2020 2:04  | 2021      |
| COSTANTINI, OREN                | 6201     | 6019    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/16/2018      | 2/19/2020  | 5/15/2020 14:21 | 2021      |
| COURTNEY, RICHARD ALLEN         | 6809     | 6471    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/31/2019      | 2/26/2020  | 3/2/2020 14:19  | 2021      |
| COX, DREW                       | 6627     | 6607    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/9/2019       | 5/5/2020   | 6/10/2020 15:28 | 2021      |
| CRANDALL, DAVID ALBERT          | 5112     | 5154    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/1/2016       | 4/24/2020  | 5/10/2020 21:47 | 2021      |
| CULPEPPER, KALEB LOGAN          | 6941     | 6408    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/22/2019      | 2/24/2020  | 3/11/2020 17:55 | 2021      |
| CUPRILL-NILSON, SOPHIA ESTHER   | 6007     | 5813    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 8/21/2017      | 5/11/2020  | 6/11/2020 9:34  | 2021      |
| DAGER, ANDREA PATRICIA          | 6493     | 6333    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 8/7/2018       | 3/16/2020  | 4/17/2020 13:51 | 2021      |
| DAM, ANDREW                     | 6753     | 6861    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/24/2019      | 5/11/2020  | 6/3/2020 11:49  | 2021      |
| DAMEN, DANIEL                   | 6971     | 6853    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/24/2019      | 5/10/2020  | 5/27/2020 10:23 | 2021      |
| DANDE, GABRIELA RATNA SPANDANA  | 6905     | 6628    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/10/2019      | 5/12/2020  | 6/3/2020 11:43  | 2021      |
| DANIEL, JEROME EDWARD DO        | 5743     | 5512    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/14/2017      | 1/16/2020  | 1/17/2020 16:44 | 2021      |
| DANIEL, KITTY                   | 5692     | 5604    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/19/2017      | 2/19/2020  | 2/21/2020 9:14  | 2021      |
| DAS, ANSHUL                     | 6953     | 6774    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/18/2019      | 3/19/2020  | 6/30/2020 10:40 | 2021      |
| DAVALATH, VARNA                 | 7087     | 6737    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2019      | 4/27/2020  | 6/15/2020 10:53 | 2021      |
| DAVID, JILL LISA                | 6734     | 6487    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/3/2019       | 4/13/2020  | 6/16/2020 12:21 | 2021      |
| DAVIS, ALEXANDER RICHARD        | 6747     | 6637    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/10/2019      | 5/6/2020   | 5/27/2020 10:38 | 2021      |
| DAWKINS, KEVIN ALAN JR          | 6356     | 6025    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/16/2018      | 6/2/2020   | 6/11/2020 9:46  | 2021      |
| DAVOUD, SARA R                  | 6149     | 6050    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/18/2018      | 4/9/2020   | 4/27/2020 10:45 | 2021      |
| DAZE, ROBERT PATRICK            | 6101     | 6169    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/25/2018      | 4/2/2020   | 4/6/2020 13:28  | 2021      |
| DE FILIPPO, SALVATORE           | 6319     | 5889    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/31/2018      | 4/13/2020  | 4/15/2020 10:14 | 2021      |
| DE LA Ossa, JUAN DAVID          | 6489     | 6108    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2018      | 3/15/2020  | 4/8/2020 11:24  | 2021      |
| DEBAUCHE, SPENCER TERENCE       | 6777     | 6435    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/28/2019      | 4/10/2020  | 4/14/2020 12:29 | 2021      |
| DEBELLIS, LAWRENCE PAUL-ANTHONY | 6710     | 6796    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/19/2019      | 3/3/2020   | 4/1/2020 20:36  | 2021      |
| DEBERARD, KRISTIN ELIZABETH     | 6386     | 6125    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2018      | 5/24/2020  | 6/15/2020 14:03 | 2021      |
| DEHOFF, GRACE KATHLEEN          | 6468     | 6090    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2018      | 4/29/2020  | 5/4/2020 0:45   | 2021      |
| DELGADO, DAYLIS                 | 6497     | 6101    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2018      | 4/23/2020  | 6/29/2020 15:31 | 2021      |
| DELGADO-ALVAREZ, ADRIANA        | 6387     | 6006    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/15/2018      | 3/2/2020   | 4/3/2020 19:20  | 2021      |
| DEMARCO, LAUREN ANGELA          | 6102     | 6123    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2018      | 4/17/2020  | 4/30/2020 22:14 | 2021      |
| DERENZI, ANTHONY DOMINICK       | 6600     | 6734    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2019      | 3/17/2020  | 5/15/2020 9:02  | 2021      |
| DESAI, SHREENA JATIN            | 6688     | 6722    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2019      | 4/2/2020   | 4/7/2020 9:42   | 2021      |
| DESUZA, KAYLA RACQUEL           | 6920     | 6811    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2019      | 4/15/2020  | 6/25/2020 10:21 | 2021      |
| DEVALL, BAR                     | 7107     | 6513    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/4/2019       | 4/9/2020   | 4/26/2020 22:49 | 2021      |
| DEVECKI, KALLI LYN              | 5775     | 5378    | 1902 | OO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/26/2017      | 3/5/2020   | 3/25/2020 10:32 | 2021      |
| DEWBERRY, DASHA ALEXANDRA       | 6756     | 6688    | 1902 | OO   | Osteo Resident | 20 -       |             |                |            |                 |           |

| KEY_NAME                    | FILE_NBR | LIC_NBR | PROF | RANK | RANK_DESC      | LIC_STATUS   | EXPIRE_DATE | LIC_ISSUE_DATE | APPLC_DATE | APPROVED_DATE   | XACT_CODE |
|-----------------------------|----------|---------|------|------|----------------|--------------|-------------|----------------|------------|-----------------|-----------|
| DRAPER, WILLIAM             | 6973     | 6442    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/28/2019      | 4/3/2020   | 4/7/2020 12:40  | 2021      |
| DRECHSLER, MICHAEL JAMES    | 6193     | 5905    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2018       | 1/2/2020   | 1/13/2020 13:17 | 2021      |
| DREYER, PATRICK EDWARD      | 4898     | 4763    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/24/2015      | 6/26/2020  | 7/9/2020 11:52  | 2021      |
| DUFFIN, BRANDON THOMAS      | 5961     | 5569    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/16/2017      | 3/18/2020  | 4/24/2020 1:47  | 2021      |
| DUPUY, ANTHONY THOMAS       | 6502     | 6060    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 6/5/2020   | 6/15/2020 22:42 | 2021      |
| DUSSEAULT, SONYA KINI       | 7168     | 6925    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 9/17/2019      | 6/19/2020  | 6/25/2020 9:37  | 2021      |
| DZUNG, MICHELLE PHUONG      | 7019     | 6914    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 8/12/2019      | 4/8/2020   | 5/26/2020 15:27 | 2021      |
| EDWARDS, KERESA VINCIA      | 7018     | 6897    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/1/2019       | 4/8/2020   | 4/24/2020 16:44 | 2021      |
| EELLS, JENNIFER             | 6511     | 6139    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2018      | 4/6/2020   | 4/24/2020 11:37 | 2021      |
| EIDELMAN, JULIA             | 5933     | 5664    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2017      | 3/18/2020  | 4/24/2020 1:37  | 2021      |
| EISNER, ASHLEY EVE          | 6118     | 6089    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 3/5/2020   | 4/8/2020 17:53  | 2021      |
| EKRAM, JAHANZAIB            | 6915     | 6866    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/24/2019      | 5/12/2020  | 6/25/2020 8:15  | 2021      |
| EL-MASRI, TALEB HASSAN      | 6494     | 6100    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 4/7/2020   | 5/6/2020 9:23   | 2021      |
| ELLEDGE, NEATHAN ROBERT     | 6455     | 6280    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 6/9/2020   | 6/11/2020 12:14 | 2021      |
| ELLIS, SEAN PERRY           | 7090     | 6698    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 4/6/2020   | 4/24/2020 14:42 | 2021      |
| ELSAQA, NOOR                | 6230     | 6205    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2018      | 4/29/2020  | 5/28/2020 16:35 | 2021      |
| ELYAMAN, ALA                | 5563     | 5657    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2017      | 6/9/2020   | 6/10/2020 8:41  | 2021      |
| EMERSON, BLAZE DONNELLY     | 5807     | 5468    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2017      | 4/9/2020   | 4/26/2020 20:23 | 2021      |
| EMMET, EMILY LAIS           | 6388     | 6269    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 4/15/2020  | 6/15/2020 10:00 | 2021      |
| ENNIS, ADRIEN CARL          | 6390     | 6294    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 5/6/2020   | 6/10/2020 12:46 | 2021      |
| ERB, SAMANTHA ADAIR DO      | 6231     | 6018    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/16/2018      | 3/20/2020  | 4/2/2020 1:48   | 2021      |
| ESCOBAR, PAMELA DIANE       | 6860     | 6382    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/16/2019      | 4/12/2020  | 4/14/2020 13:17 | 2021      |
| ESTES, KEVIN LOWRY          | 6396     | 6140    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 6/9/2020   | 6/11/2020 12:02 | 2021      |
| EXPOSITO, JULIEN ALEXANDER  | 6104     | 5883    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/29/2018      | 4/21/2020  | 4/28/2020 3:09  | 2021      |
| FARIBA, KAMRON ALI          | 7075     | 6809    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2019      | 3/24/2020  | 4/24/2020 9:54  | 2021      |
| FARON, MELISSA ANN          | 6477     | 6298    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 4/9/2020   | 4/28/2020 11:06 | 2021      |
| FAROOQUI, SULAIMAN IBRAHIM  | 7113     | 6627    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 5/7/2020   | 7/13/2020 15:57 | 2021      |
| FASEN, MADELINE RITA        | 6335     | 6041    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2018      | 2/24/2020  | 3/11/2020 11:59 | 2021      |
| FEDORA, RISSA               | 7120     | 6888    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2019      | 3/24/2020  | 4/28/2020 2:41  | 2021      |
| FERNANDEZ, MARLENE TERESA   | 7086     | 6467    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2019      | 3/10/2020  | 4/16/2020 15:55 | 2021      |
| FILIPOWICZ, ARTUR           | 6051     | 6195    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 6/9/2020   | 6/11/2020 9:13  | 2021      |
| FINK, BRYAN PATRICK         | 7142     | 6865    | 1902 | UO   | Osteo Resident | 60 - Null An | 6/30/2021   | 6/24/2019      | 4/15/2020  | 4/16/2020 14:22 | 2021      |
| FINNERAN, DENNIS JOSEPH     | 6139     | 5959    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2018      | 5/2/2020   | 5/10/2020 22:09 | 2021      |
| FISCHER, AUSTIN MICHAEL     | 5241     | 4981    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/6/2016       | 2/24/2020  | 3/11/2020 14:48 | 2021      |
| FITZIG, JEREMY              | 5689     | 5692    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2017      | 6/9/2020   | 6/10/2020 20:58 | 2021      |
| FLEISSNER, ZACHARY JAMES    | 7128     | 6780    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 4/17/2020  | 6/23/2020 15:54 | 2021      |
| FLOWERS, MICHAEL JEFFREY    | 6885     | 6608    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 2/21/2020  | 2/25/2020 11:43 | 2021      |
| FOLDY, SAMUEL               | 6940     | 6496    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 3/6/2020   | 4/24/2020 0:56  | 2021      |
| FORRO, STEPHEN DREW         | 6751     | 6799    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2019      | 6/11/2020  | 6/17/2020 15:25 | 2021      |
| FORSHEE, WILLIAM AUSTIN     | 6130     | 6110    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 2/24/2020  | 3/12/2020 9:13  | 2021      |
| FOSS, MICHAEL GREGORY       | 6619     | 6557    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 3/19/2020  | 4/6/2020 20:38  | 2021      |
| FOWLER, OLIVER REED         | 6138     | 5879    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/24/2018      | 4/26/2020  | 7/1/2020 17:33  | 2021      |
| FOX, KEVIN ELARY            | 6078     | 5943    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/8/2018       | 3/30/2020  | 4/30/2020 22:49 | 2021      |
| FOX, YITZAK                 | 7084     | 6686    | 1902 | UO   | Osteo Resident | 60 - Null An | 6/30/2021   | 6/11/2019      | 6/2/2020   | 6/5/2020 17:19  | 2021      |
| FRAKES, MATTHEW RYAN        | 7044     | 6713    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 3/18/2020  | 4/24/2020 11:17 | 2021      |
| FRANGIONE, MARK D O         | 6212     | 6258    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 4/1/2020   | 4/6/2020 11:44  | 2021      |
| FRAUENHOFFER, THOMAS F      | 6910     | 6697    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 2/26/2020  | 2/28/2020 16:36 | 2021      |
| FRONEK, LISA FAYE           | 6079     | 5898    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2018       | 4/13/2020  | 4/15/2020 9:40  | 2021      |
| GABBIDON, JEGAN E           | 6959     | 6905    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/3/2019       | 3/19/2020  | 6/11/2020 13:44 | 2021      |
| GABROS, SARAH               | 6802     | 6685    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 6/9/2020   | 7/1/2020 17:41  | 2021      |
| GAJJALA, ANIRUDH SHRAY      | 6958     | 6622    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 3/19/2020  | 5/22/2020 9:25  | 2021      |
| GALBICK, CHRISTOPHER JOSEPH | 6896     | 6610    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 5/13/2020  | 5/13/2020 1:19  | 2021      |
| GALVIN, GREGORY BRIAN       | 5529     | 5589    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2017      | 6/11/2020  | 6/16/2020 9:16  | 2021      |
| GARCES, JONATHAN            | 6653     | 6638    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 1/29/2020  | 3/12/2020 13:15 | 2021      |
| GARCIA OVIEDO, JANEY        | 6397     | 6093    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 5/22/2020  | 6/1/2020 11:58  | 2021      |
| GARCIA, FRANCO              | 6175     | 6014    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/16/2018      | 3/22/2020  | 4/6/2020 15:58  | 2021      |
| GASTESI, ALEXANDRA PAULA    | 7066     | 6702    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 3/9/2020   | 5/5/2020 16:40  | 2021      |
| GEMAYEL, KRISTINA           | 6203     | 6129    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2018      | 4/7/2020   | 5/17/2020 19:26 | 2021      |
| GENERALES, NICHOLAS PETER   | 6320     | 5965    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2018      | 4/14/2020  | 4/15/2020 11:50 | 2021      |
| GESIOTTO, FRANCESCA MARIA   | 6443     | 6118    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 4/15/2020  | 4/28/2020 12:00 | 2021      |
| GHADIRI, ALI                | 6209     | 6038    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2018      | 2/20/2020  | 5/15/2020 16:03 | 2021      |
| GHANTIWALA, VIDUR PRAVIN    | 6044     | 5935    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2018       | 6/9/2020   | 6/10/2020 21:14 | 2021      |
| GHATTAS, JAMES RAY          | 5784     | 5452    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/8/2017       | 4/24/2020  | 5/17/2020 19:46 | 2021      |
| GIL, LUIS ANDRES            | 6597     | 6528    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 5/18/2020  | 6/3/2020 11:39  | 2021      |
| GINSBERG, LAURA MORRISON DO | 6107     | 6137    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2018      | 4/14/2020  | 5/18/2020 22:42 | 2021      |
| GINSBURG, BRITNEY MOORE     | 7041     | 6744    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2019      | 4/15/2020  | 4/28/2020 18:29 | 2021      |
| GIRALDO, ANDRES             | 6864     | 6832    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2019      | 6/16/2020  | 6/26/2020 12:53 | 2021      |
| GIRARDOT, ALEXANDRA A       | 5705     | 5626    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2017      | 4/21/2020  | 5/17/2020 19:59 | 2021      |
| GJERGJINDREAJ, MEDEONA      | 6518     | 6094    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 2/19/2020  | 2/21/2020 11:17 | 2021      |
| GLICKSBERG, JESSICA LYNN    | 6861     | 6887    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2019      | 3/16/2020  | 4/24/2020 1:28  | 2021      |
| GLICKSMAN, LAURA ANNE       | 6812     | 6759    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 4/15/2020  | 4/20/2020 11:45 | 2021      |
| GO, JONATHAN LEE            | 6222     | 6024    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/16/2018      | 6/9/2020   | 6/11/2020 11:48 | 2021      |
| GODDARD, MATTHEW JOSEPH     | 7058     | 6837    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2019      | 6/9/2020   | 6/11/2020 13:56 | 2021      |
| GOLDEN, KENNETH GRAYSON     | 5834     | 5801    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/27/2017      | 6/23/2020  | 6/25/2020 14:04 | 2021      |
| GOLDENBERG, DAVID DMITRIY   | 6119     | 6132    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2018      | 6/14/2020  | 6/23/2020 8:25  | 2021      |
| GOLDGRAB, DAVID             | 6750     | 6370    | 1902 | UO   | Osteo Resident | 60 - Null An | 6/30/2021   | 4/24/2019      | 6/4/2020   | 6/24/2020 8:34  | 2021      |
| GOLDMAN, BRIAN HOWARD       | 6084     | 5849    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/12/2018      | 6/9/2020   | 6/11/2020 11:16 | 2021      |
| GOLDSBERRY, GEOFFREY LOGAN  | 6191     | 5885    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/30/2018      | 5/17/2020  | 5/18/2020 12:00 | 2021      |
| GOLDSTEIN, MATTHEW ANTHONY  | 6461     | 6237    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 3/10/2020  | 4/16/2020 15:33 | 2021      |
| GOLTSEY, YEVGENIYA          | 5904     | 5398    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/1/2017       | 4/28/2020  | 5/4/2020 1:25   | 2021      |
| GOMEZ, ANTON                | 6519     | 6314    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/29/2018      | 5/18/2020  | 6/15/2020 17:34 | 2021      |
| GONZALEZ, VICTOR MANUEL JR  | 6094     | 5966    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2018      | 4/8/2020   | 4/16/2020 16:20 | 2021      |
| GONZALEZ, YVETTE MARIE      | 6154     | 6151    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 4/20/2020  | 6/25/2020 8:01  | 2021      |
| GOODNER, AMY ELIZABETH D O  | 7017     | 6719    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2019      | 2/15/2020  | 4/27/2020 3:54  | 2021      |
| GORDILLO, CLAUDIA LISETTE   | 6842     | 6758    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 4/20/2020  | 4/27/2020 9:40  | 2021      |
| GORDON, GRANT THOMAS        | 7055     | 6918    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 8/21/2019      | 4/24/2020  | 6/3/2020 11:32  | 2021      |

|                              |      |      |         |                |            |           |           |           |                 |      |
|------------------------------|------|------|---------|----------------|------------|-----------|-----------|-----------|-----------------|------|
| GORE, THOMAS CANYON          | 6289 | 6023 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/16/2018 | 5/4/2020  | 6/23/2020 10:46 | 2021 |
| GOULD, JORDAN KILLIS         | 5526 | 5781 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 7/3/2017  | 6/9/2020  | 6/10/2020 11:06 | 2021 |
| GRANITE, JOSEPH RICHARD      | 6398 | 6232 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/27/2018 | 6/9/2020  | 6/29/2020 14:55 | 2021 |
| GRANT, KYLE ROBERT           | 6629 | 6723 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/13/2019 | 4/6/2020  | 4/6/2020 19:23  | 2021 |
| GRASSO, SALVATORE STEVEN     | 5664 | 5473 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/12/2017 | 4/15/2020 | 4/24/2020 15:26 | 2021 |
| GRAY, TAYLOR ELIZABETH       | 6103 | 5868 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/17/2018 | 4/4/2020  | 4/7/2020 14:38  | 2021 |
| GREWAL, KAMALVEER SINGH      | 6529 | 6201 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/26/2018 | 3/24/2020 | 4/23/2020 15:24 | 2021 |
| GRIEB, JESSE                 | 6989 | 6767 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/18/2019 | 4/23/2020 | 5/27/2020 10:51 | 2021 |
| GRIFFIN, COURTNEY COSTANTINO | 6235 | 5908 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/5/2018  | 4/26/2020 | 4/30/2020 23:44 | 2021 |
| GROFF, ELLIOT NICHOLAS       | 7116 | 6751 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/17/2019 | 4/7/2020  | 4/9/2020 13:18  | 2021 |
| GROSSMAN, JONATHAN TAYLOR    | 6814 | 6890 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/28/2019 | 2/22/2020 | 4/28/2020 3:39  | 2021 |
| GRUBBS, HAILEY ELIZABETH     | 6894 | 6385 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/20/2019 | 4/7/2020  | 4/24/2020 13:31 | 2021 |
| GUILLE, SHELBY LYNN          | 6195 | 5881 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/25/2018 | 1/8/2020  | 1/14/2020 15:23 | 2021 |
| GUPTA, SHRAVAN               | 5605 | 5596 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/19/2017 | 5/26/2020 | 6/24/2020 9:07  | 2021 |

| KEY_NAME                           | FILE_NBR | LIC_NBR | PROF | RANK | RANK_DESC      | LIC_STATUS   | EXPIRE_DATE | LIC_ISSUE_DATE | APPLC_DATE | APPROVED_DATE   | XACT_CODE |
|------------------------------------|----------|---------|------|------|----------------|--------------|-------------|----------------|------------|-----------------|-----------|
| GUSTIN, TAYLOR MARIE               | 6933     | 6669    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 4/21/2020  | 4/24/2020 9:21  | 2021      |
| GUTIERREZ, JAMES DANIEL            | 6698     | 6841    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2019      | 5/7/2020   | 6/29/2020 14:51 | 2021      |
| HACK, MICHELLE TANYA               | 6478     | 6293    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 4/9/2020   | 4/24/2020 14:01 | 2021      |
| HALL, ASHLEY                       | 6859     | 6470    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2019      | 3/25/2020  | 4/27/2020 23:41 | 2021      |
| HALL, JEFFREY LUTHER               | 6373     | 6310    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/29/2018      | 4/15/2020  | 4/17/2020 9:36  | 2021      |
| HALPERN, ABBY L                    | 6596     | 6541    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 6/9/2020   | 6/11/2020 12:45 | 2021      |
| HAN, FELICIA                       | 7077     | 6805    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2019      | 3/18/2020  | 4/24/2020 11:23 | 2021      |
| HARDEO, ANJALI ALYSSA              | 6922     | 6687    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 3/30/2020  | 6/15/2020 22:17 | 2021      |
| HARRIS, JUSTIN                     | 6610     | 6660    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 5/19/2020  | 6/10/2020 15:22 | 2021      |
| HARRISON, JENNIFER NEEDS DEMARTINO | 6307     | 5866    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/17/2018      | 4/10/2020  | 4/16/2020 12:34 | 2021      |
| HARRISON, THOMAS ALEXANDER         | 6999     | 6414    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/23/2019      | 5/6/2020   | 5/10/2020 23:28 | 2021      |
| HARTEY, SARA                       | 6693     | 6724    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2019      | 4/17/2020  | 5/12/2020 12:54 | 2021      |
| HARTMANN, PATRICK                  | 7069     | 6573    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/9/2020   | 4/24/2020 14:34 | 2021      |
| HARWOOD, ANNE ELIZABETH            | 6326     | 6069    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 4/7/2020   | 4/9/2020 10:20  | 2021      |
| HASSAN, MASHFIQUE                  | 7022     | 6892    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2019      | 5/25/2020  | 6/16/2020 12:56 | 2021      |
| HATHAWAY, WILLIAM RUSSELL          | 7034     | 6480    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2019      | 4/15/2020  | 4/28/2020 18:25 | 2021      |
| HEATH, DANIEL SULLIVAN             | 5964     | 5711    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2017      | 3/18/2020  | 4/24/2020 1:50  | 2021      |
| HEIDEMANN, ERIC ANTHONY            | 6584     | 6456    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/30/2019      | 6/9/2020   | 6/11/2020 12:26 | 2021      |
| HELLMAN, MICHAEL ANTHONY           | 7070     | 6587    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/6/2019       | 4/9/2020   | 4/28/2020 11:32 | 2021      |
| HEMPHILL, CHASE ROBERT             | 6823     | 6452    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/30/2019      | 1/9/2020   | 1/13/2020 12:02 | 2021      |
| HEMRAJ, AURORA NIA                 | 6148     | 5900    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2018       | 4/9/2020   | 4/24/2020 13:44 | 2021      |
| HEMSLEY, ALISON JEAN               | 6736     | 6474    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2019      | 2/15/2020  | 4/9/2020 9:40   | 2021      |
| HENSLEY, LAUREN                    | 7132     | 6910    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/12/2019      | 6/17/2020  | 6/25/2020 12:30 | 2021      |
| HERNANDEZ, MICHELLE ANN DO         | 6643     | 6530    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/1/2020   | 4/8/2020 23:50  | 2021      |
| HERNANDEZ, SAHLY                   | 6778     | 6507    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 4/16/2020  | 5/6/2020 15:22  | 2021      |
| HEYDEN, NICHOLAS SCOTT             | 6716     | 6415    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/23/2019      | 1/31/2020  | 2/3/2020 11:31  | 2021      |
| HIETSCHOLD, CHAD MICHAEL           | 6114     | 6266    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 6/18/2020  | 6/22/2020 16:15 | 2021      |
| HILL, AMBER MARIE                  | 7073     | 6747    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/17/2019      | 4/14/2020  | 4/28/2020 11:57 | 2021      |
| HOFFMAN, PAUL MARTIN DO            | 5492     | 5318    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 8/17/2016      | 6/23/2020  | 6/29/2020 15:12 | 2021      |
| HOFFMAN, RYAN JOSEPH               | 6908     | 6781    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 3/7/2020   | 6/22/2020 14:17 | 2021      |
| HOJNICKI, MICHELLE PALOMA          | 6161     | 6214    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2018      | 4/5/2020   | 4/6/2020 16:17  | 2021      |
| HOOD, PRESTON GRADY                | 5816     | 5352    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/28/2017      | 2/24/2020  | 3/11/2020 14:25 | 2021      |
| HOSSAIN, MAHMOOD                   | 6546     | 6335    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 8/15/2018      | 6/30/2020  | 6/30/2020 16:05 | 2021      |
| HOWARD, BRAD ALLAN                 | 6523     | 6275    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 4/9/2020   | 4/23/2020 16:28 | 2021      |
| HOWARD, HILARY RAE                 | 7106     | 6514    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 4/9/2020   | 4/24/2020 14:57 | 2021      |
| HOWARD, KRISTEN DEANN DO           | 6350     | 5992    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2018      | 2/18/2020  | 3/5/2020 11:53  | 2021      |
| HSU, PATRICK                       | 6378     | 6081    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 5/7/2020   | 6/4/2020 12:05  | 2021      |
| HUBMAN, TIFFANY SOLORZANO          | 6206     | 6291    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 4/21/2020  | 5/15/2020 13:09 | 2021      |
| HUDGINS, JASON                     | 6831     | 6670    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 5/4/2020   | 7/24/2020 16:18 | 2021      |
| HUMBERT, MEGHAN LYNN               | 7026     | 6620    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 3/18/2020  | 4/24/2020 10:48 | 2021      |
| HUND, WILLIAM CHARLES              | 6595     | 6875    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2019      | 6/9/2020   | 6/23/2020 15:46 | 2021      |
| HUNTER, AMANDA NICOLE              | 6426     | 6071    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 4/9/2020   | 4/23/2020 16:36 | 2021      |
| HUNTER, CHRISTINA VITA             | 6295     | 6259    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 4/16/2020  | 6/23/2020 15:58 | 2021      |
| HUNTER, MITCHELL LEE               | 6057     | 6304    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/29/2018      | 6/9/2020   | 6/10/2020 9:36  | 2021      |
| HUTCHINS, JOSHUA MARK              | 6092     | 6064    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 3/25/2020  | 4/3/2020 0:34   | 2021      |
| HYDE, RYAN MARX                    | 5352     | 5095    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/20/2016      | 3/18/2020  | 4/24/2020 1:31  | 2021      |
| HYMAN, BRYAN                       | 6717     | 6847    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/24/2019      | 4/7/2020   | 5/17/2020 20:34 | 2021      |
| IMAM, SYED MUHAMMAD BAQER          | 7161     | 6921    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 8/27/2019      | 2/15/2020  | 4/9/2020 9:29   | 2021      |
| INGRAVERA, AMAR MIGUEL DE LUIS     | 7105     | 6819    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2019      | 4/9/2020   | 4/28/2020 11:45 | 2021      |
| IQBAL, HASSAN                      | 6090     | 5922    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/6/2018       | 3/13/2020  | 4/10/2020 16:49 | 2021      |
| ISHMAEL, LEAH                      | 6183     | 5903    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2018       | 2/22/2020  | 4/8/2020 12:06  | 2021      |
| IZZO, CHRISTOPHER STEPHEN          | 6300     | 6028    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/17/2018      | 3/6/2020   | 4/24/2020 0:43  | 2021      |
| JABER, JOHNNY FARAJ                | 6441     | 5968    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2018      | 3/18/2020  | 4/24/2020 2:29  | 2021      |
| JACINTO, JOMEL PATRICK LEE         | 6204     | 6149    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 4/30/2020  | 5/15/2020 8:50  | 2021      |
| JACKSON, HILLARY MATOR             | 6774     | 6700    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 6/9/2020   | 6/12/2020 8:41  | 2021      |
| JACKSON, JORDAN VAN                | 7085     | 6413    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/23/2019      | 2/19/2020  | 4/16/2020 23:39 | 2021      |
| JACOBS, CHELSEA CATHERINE          | 6449     | 6119    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 3/18/2020  | 4/24/2020 2:44  | 2021      |
| JADEJA, SONAL NAREN                | 5770     | 5666    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2017      | 2/24/2020  | 3/11/2020 12:08 | 2021      |
| JAFFERJEE, MALIKA                  | 6120     | 6208    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2018      | 6/9/2020   | 6/11/2020 11:31 | 2021      |
| JANGAM, AMIT PAUL                  | 6490     | 6299    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/29/2018      | 3/21/2020  | 6/17/2020 8:50  | 2021      |
| JAVOID, MUHAMMAD UMAIR             | 5848     | 5578    | 1902 | UO   | Osteo Resident | 60 - Null An | 6/30/2021   | 6/16/2017      | 3/31/2020  | 4/1/2020 13:10  | 2021      |
| JEAN-BAPTISTE, MARIE CHOKOTE       | 6467     | 6206    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2018      | 5/6/2020   | 6/24/2020 11:39 | 2021      |
| JELENSZKY, LIAN                    | 6963     | 6599    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2019       | 3/13/2020  | 6/16/2020 16:51 | 2021      |
| JENNEMAN, DAKOTA DO                | 6240     | 6058    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 4/21/2020  | 5/17/2020 20:47 | 2021      |
| JENSEN, JACOB PAUL                 | 6220     | 6210    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2018      | 6/10/2020  | 6/18/2020 15:22 | 2021      |
| JENSEN, MORGAN MICHAEL             | 6825     | 6642    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 1/9/2020   | 1/27/2020 9:18  | 2021      |
| JIANG, TIANYU                      | 6656     | 6458    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/30/2019      | 6/1/2020   | 6/12/2020 15:42 | 2021      |
| JIANG, YANG MELODY                 | 6796     | 6808    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2019      | 5/25/2020  | 6/23/2020 10:08 | 2021      |
| JIMENEZ, PATRICIA                  | 6855     | 6504    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 2/9/2020   | 5/15/2020 16:24 | 2021      |
| JOHN, JOEL                         | 7140     | 6846    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2019      | 5/19/2020  | 6/24/2020 11:55 | 2021      |
| JOHNSON, ASHTON MARIE              | 6479     | 6301    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/29/2018      | 4/9/2020   | 4/24/2020 14:07 | 2021      |
| JOHNSON, CASSANDRA MARIA           | 6903     | 6611    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 4/28/2020  | 5/28/2020 16:19 | 2021      |
| JOHNSON, JORDAN THOMAS             | 6761     | 6671    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 5/29/2020  | 6/12/2020 9:49  | 2021      |
| JONES, DEREK RANDALL               | 6986     | 6540    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 2/20/2020  | 5/29/2020 12:39 | 2021      |
| JONES, JOSEPH ADAM                 | 6970     | 6565    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 5/3/2020   | 5/29/2020 19:34 | 2021      |
| JONES, PAUL MICHAEL                | 6116     | 6053    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2018      | 4/20/2020  | 4/28/2020 17:33 | 2021      |
| JOSEPH-ALEXIS, JESSICA             | 6346     | 5865    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/15/2018      | 5/19/2020  | 6/23/2020 11:06 | 2021      |
| JOUTOVSKY, MIKHAIL                 | 7157     | 6913    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 8/9/2019       | 5/19/2020  | 6/18/2020 16:23 | 2021      |
| JOY, RYAN JOSEPH                   | 7032     | 6786    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 4/15/2020  | 4/24/2020 16:49 | 2021      |
| JUDSON, WILLIAM RUSSELL IV         | 6900     | 6396    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/22/2019      | 4/29/2020  | 5/7/2020 11:10  | 2021      |
| JUNG, ANDREW                       | 6646     | 6659    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 5/4/2020   | 6/3/2020 11:27  | 2021      |
| JUNG, SAENDY                       | 7115     | 6810    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2019      | 3/24/2020  | 4/24/2020 13:12 | 2021      |
| KACHECHIAN, TALAR EZABEL           | 6488     | 6229    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 3/15/2020  | 4/7/2020 0:59   | 2021      |
| KALRA, AMIT                        | 6835     | 6740    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2019      | 4/18/2020  | 6/16/2020 15:14 | 2021      |
| KANDAH, FADI                       | 6759     | 6500    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 2/24/2020  | 3/12/2020 9:45  | 2021      |
| KANG, GURJET SINGH                 | 6177     | 5862    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/10/2018      | 4/6/2020   | 4/16/2020 10:47 | 2021      |
| KAPLAN, DANIEL JOHN                | 6158     | 6196    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 3/17/2020  | 4/6/2020 16:29  | 2021      |

|                            |      |      |         |                |            |           |           |           |                 |      |
|----------------------------|------|------|---------|----------------|------------|-----------|-----------|-----------|-----------------|------|
| KASPER, BRADLEY JAMES      | 6273 | 6211 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/26/2018 | 4/10/2020 | 4/19/2020 20:31 | 2021 |
| KASSAR, EMILY VICTORIA D O | 6735 | 6459 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/30/2019 | 4/20/2020 | 4/24/2020 16:13 | 2021 |
| KASSOVER, JESSICA HENDRICK | 6331 | 6220 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/26/2018 | 6/11/2020 | 6/16/2020 10:37 | 2021 |
| KATSENOVICH, VADIM         | 5938 | 5526 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/14/2017 | 3/18/2020 | 4/24/2020 1:40  | 2021 |
| KAYDASH, KSENIYA           | 6125 | 6057 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/19/2018 | 3/4/2020  | 4/8/2020 18:05  | 2021 |
| KAYYALI, SUHAIL            | 6897 | 6709 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/12/2019 | 4/21/2020 | 4/28/2020 15:32 | 2021 |
| KEIGHRON, JILLIAN RENEE    | 6871 | 6430 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/28/2019 | 5/6/2020  | 6/2/2020 14:05  | 2021 |
| KELLING, MATTHEW GABRIEL   | 6444 | 6328 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 7/13/2018 | 3/18/2020 | 4/24/2020 2:36  | 2021 |
| KHAN, JOOHI                | 5632 | 5541 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/15/2017 | 4/7/2020  | 4/24/2020 11:43 | 2021 |
| KHAN, MOHSIN               | 4620 | 4487 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/1/2015  | 3/3/2020  | 4/2/2020 0:00   | 2021 |
| KHERADMAND, SHIVA          | 5917 | 5552 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/16/2017 | 4/25/2020 | 5/1/2020 2:52   | 2021 |
| KIM, CATHERINE JEEYOON     | 7035 | 6717 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/12/2019 | 3/18/2020 | 4/24/2020 10:52 | 2021 |
| KIM, DANIEL CHAN           | 7137 | 6885 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/27/2019 | 6/9/2020  | 6/11/2020 14:13 | 2021 |

| KEY_NAME                          | FILE_NBR | LIC_NBR | PROF | RANK | RANK_DESC      | LIC_STATUS   | EXPIRE_DATE | LIC_ISSUE_DATE | APPLIC_DATE | APPROVED_DATE   | XACT_CODE |
|-----------------------------------|----------|---------|------|------|----------------|--------------|-------------|----------------|-------------|-----------------|-----------|
| KIM, HANNAH SUNGEUN               | 6882     | 6556    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 2/19/2020   | 2/21/2020 13:32 | 2021      |
| KIM, HOON SUNG                    | 6391     | 6130    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2018      | 3/12/2020   | 6/24/2020 11:46 | 2021      |
| KIM, JANE SAEMI                   | 6514     | 6203    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2018      | 3/24/2020   | 4/23/2020 17:13 | 2021      |
| KIM, ROBERT                       | 6521     | 6261    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 6/1/2020    | 6/22/2020 18:06 | 2021      |
| KING, LARA EY ALEXANDRIA          | 7074     | 6420    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/24/2019      | 4/8/2020    | 4/27/2020 14:02 | 2021      |
| KINYANJU, KEVIN NGANGA            | 6637     | 6422    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/24/2019      | 3/6/2020    | 4/19/2020 19:38 | 2021      |
| KIRIAKOPOULOS, EMMANOUIL          | 6265     | 5920    | 1902 | UO   | Osteo Resident | 60 - Null An | 6/30/2021   | 6/6/2018       | 1/21/2020   | 2/20/2020 8:43  | 2021      |
| KIRKLAND, COURTNEY                | 7002     | 6776    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 5/14/2020   | 5/27/2020 11:30 | 2021      |
| KIRKLAND, ZACHARY DYLAN           | 6769     | 6617    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 5/4/2020    | 6/3/2020 15:50  | 2021      |
| KIVILO, KATRIIN                   | 6909     | 6503    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 2/26/2020   | 3/2/2020 14:34  | 2021      |
| KLAPHOLZ, ZEV                     | 5542     | 5753    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/30/2017      | 6/9/2020    | 6/10/2020 8:34  | 2021      |
| KLINGENSMITH, JESSICA ANNE        | 6967     | 6461    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/30/2019      | 4/9/2020    | 4/9/2020 14:51  | 2021      |
| KLOSTERMAN, EMILY ELIZABETH       | 6091     | 5950    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/8/2018       | 4/6/2020    | 5/18/2020 15:20 | 2021      |
| KOCHNO, ADRIAN TARAS DO           | 6517     | 6263    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 6/9/2020    | 6/25/2020 12:41 | 2021      |
| KOGLER, WILLIAM MICHAEL           | 6340     | 6034    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2018      | 3/6/2020    | 4/24/2020 0:52  | 2021      |
| KOISTINEN, BRENDAN DALE           | 7038     | 6618    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 3/18/2020   | 4/24/2020 11:00 | 2021      |
| KOKIDKO, YEKATERINA               | 6846     | 6572    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 2/26/2020   | 3/2/2020 14:50  | 2021      |
| KONOVALOVA, VICTORIA              | 5487     | 5308    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/8/2016       | 6/9/2020    | 6/10/2020 10:58 | 2021      |
| KORNBLUM, ZACHARY                 | 7068     | 6473    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2019      | 4/9/2020    | 4/28/2020 11:25 | 2021      |
| KOSKI, MICHAEL JOHN               | 6718     | 6826    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2019      | 5/12/2020   | 6/16/2020 13:00 | 2021      |
| KOSUBEVSKY, BENJAMIN              | 6972     | 6534    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/2/2020    | 4/7/2020 10:02  | 2021      |
| KOVAR, AMANDA LYNN                | 6480     | 6080    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 4/9/2020    | 4/26/2020 21:00 | 2021      |
| KROPF, JACQUELINE NELLIST         | 6475     | 6065    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 4/9/2020    | 4/28/2020 11:00 | 2021      |
| KROTHAPALLI, PETER KRISHNA        | 6923     | 6460    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/30/2019      | 5/13/2020   | 6/22/2020 9:57  | 2021      |
| KURUVILLA, MICHELLE ANN           | 7011     | 6489    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 4/20/2020   | 5/17/2020 18:50 | 2021      |
| LADNA, JULIA MARIA                | 7071     | 6812    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2019      | 4/9/2020    | 4/26/2020 22:30 | 2021      |
| LAGROTTA, GUSTAVO                 | 5997     | 5691    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2017      | 4/10/2020   | 5/29/2020 11:35 | 2021      |
| LAM, ERIC                         | 6054     | 6282    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 6/9/2020    | 6/10/2020 9:16  | 2021      |
| LAMBERT, CAMERON DO               | 6632     | 6602    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2019       | 5/31/2020   | 6/23/2020 11:24 | 2021      |
| LAMBIRD, ELISE                    | 6341     | 6224    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2018      | 5/6/2020    | 6/15/2020 14:58 | 2021      |
| LAMSAL, SANJAY PARKER             | 6721     | 6559    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/8/2020    | 6/15/2020 22:35 | 2021      |
| LANDEROS, CHRISTAL SANTOS         | 6380     | 6323    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/5/2018       | 6/19/2020   | 6/25/2020 9:30  | 2021      |
| LAYTON, CHRISTINA ROXANE          | 5590     | 5615    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2017      | 4/21/2020   | 5/10/2020 1:38  | 2021      |
| LAZAR, JARED                      | 6914     | 6721    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2019      | 4/3/2020    | 4/9/2020 1:23   | 2021      |
| LE, CUONG KIM THI                 | 5827     | 5372    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/24/2017      | 1/28/2020   | 3/12/2020 11:04 | 2021      |
| LE, HUYKIEN C                     | 5463     | 5297    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/29/2016      | 5/20/2020   | 7/2/2020 8:49   | 2021      |
| LE, LOAN                          | 6492     | 6309    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/29/2018      | 4/23/2020   | 6/29/2020 10:35 | 2021      |
| LE, THUYVY                        | 6625     | 6878    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2019      | 5/12/2020   | 6/30/2020 15:56 | 2021      |
| LEAL, LESLIE                      | 6775     | 6673    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 5/19/2020   | 6/15/2020 23:52 | 2021      |
| LEARY, DANIEL                     | 6249     | 5907    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2018       | 4/13/2020   | 5/17/2020 21:04 | 2021      |
| LEBOULLIER, ROSHNI MARBALLI       | 6257     | 5975    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2018      | 3/27/2020   | 4/9/2020 14:44  | 2021      |
| LECLAIR, NICOLE JACLYN DO         | 6978     | 6849    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/24/2019      | 3/5/2020    | 3/25/2020 12:45 | 2021      |
| LEE, CHIA-YUAN MICHAEL            | 6881     | 6472    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2019      | 2/18/2020   | 3/10/2020 9:22  | 2021      |
| LEE, CINDY JIWON                  | 6481     | 6082    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 4/9/2020    | 4/28/2020 11:11 | 2021      |
| LEE, ERIC                         | 7014     | 6761    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 6/9/2020    | 6/11/2020 13:37 | 2021      |
| LEE, KELSEY                       | 6611     | 6403    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/22/2019      | 4/1/2020    | 4/6/2020 13:17  | 2021      |
| LEE, PETER HYUNCHUN               | 6651     | 6398    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/22/2019      | 2/6/2020    | 4/7/2020 1:13   | 2021      |
| LEEDS, WILLIAM JON                | 6192     | 6185    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 4/16/2020   | 6/11/2020 12:58 | 2021      |
| LEMES, KAITLYN                    | 6853     | 6399    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/22/2019      | 2/21/2020   | 2/25/2020 17:51 | 2021      |
| LEON, AMIE RAFAELA                | 4738     | 4610    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/2/2015       | 5/27/2020   | 5/28/2020 21:17 | 2021      |
| LEON, JANET                       | 6849     | 6377    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/9/2019       | 2/21/2020   | 2/25/2020 17:56 | 2021      |
| LEONI, ROBERTO JONATHAN           | 6377     | 6221    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2018      | 5/7/2020    | 5/19/2020 0:58  | 2021      |
| LEWIS, HANNAH MCWILLIAMS          | 6641     | 6674    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 4/10/2020   | 4/19/2020 17:51 | 2021      |
| LI, CARALYNN                      | 6731     | 6378    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/10/2019      | 3/9/2020    | 4/15/2020 17:56 | 2021      |
| LIMTONG, JUSTIN BLAKE             | 5839     | 5601    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2017      | 4/9/2020    | 4/24/2020 13:40 | 2021      |
| LINARES, ANDREA RUBI              | 6485     | 6222    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2018      | 3/16/2020   | 4/17/2020 13:50 | 2021      |
| LINDSEY, MICAH GARRETT            | 6770     | 6802    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2019      | 1/22/2020   | 1/24/2020 8:38  | 2021      |
| LINXWILER, ELIZABETH ANN          | 7119     | 6741    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2019      | 3/30/2020   | 4/24/2020 13:16 | 2021      |
| LITTELL, ANNE MARIE               | 6436     | 6000    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2018      | 3/30/2020   | 4/24/2020 2:11  | 2021      |
| LITZENBERGER, STEFAN              | 6768     | 6689    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 4/13/2020   | 5/17/2020 22:09 | 2021      |
| LOFGRAN, TREVOR                   | 6672     | 6683    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 5/21/2020   | 6/22/2020 13:50 | 2021      |
| LOGAS, CHRISTOPHER DO             | 6590     | 6792    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2019      | 5/7/2020    | 5/10/2020 2:49  | 2021      |
| LONG, PARKER BRIAN                | 6263     | 5863    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/10/2018      | 1/13/2020   | 4/1/2020 19:46  | 2021      |
| LOPEZ, MICHAEL                    | 5259     | 5067    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/17/2016      | 4/14/2020   | 4/24/2020 15:16 | 2021      |
| LOWE, ERIN LIN                    | 5113     | 4870    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/5/2016       | 4/4/2020    | 5/1/2020 0:05   | 2021      |
| LU, SIYANG                        | 6512     | 6288    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 4/22/2020   | 4/24/2020 17:06 | 2021      |
| LUNG, JOSHUA D                    | 6582     | 6356    | 1902 | UO   | Osteo Resident | 60 - Null An | 6/30/2021   | 2/12/2019      | 6/3/2020    | 6/23/2020 8:19  | 2021      |
| LUSBY, HEATHER PATRICIA           | 6988     | 6815    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2019      | 4/15/2020   | 4/28/2020 17:10 | 2021      |
| LY, VINCENT PATRICK               | 6274     | 6223    | 1902 | UO   | Osteo Resident | 60 - Null An | 6/30/2021   | 6/26/2018      | 1/21/2020   | 3/12/2020 10:44 | 2021      |
| LYON, ZACHARY                     | 5520     | 5591    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2017      | 6/11/2020   | 6/16/2020 9:11  | 2021      |
| MACALUSO, MARG ADAM               | 6848     | 6561    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 6/5/2020    | 7/24/2020 16:33 | 2021      |
| MACINTYRE, MORGAN CARRIE          | 6820     | 6436    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/28/2019      | 4/14/2020   | 4/15/2020 13:38 | 2021      |
| MAHABIR, SHANE RAVI               | 6233     | 5938    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2018       | 6/8/2020    | 6/16/2020 15:22 | 2021      |
| MAIER, TIMOTHY JAMES              | 6317     | 5894    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2018       | 4/19/2020   | 5/28/2020 21:56 | 2021      |
| MALTA, JOHN ROBERT                | 5348     | 5190    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2016       | 4/15/2020   | 4/27/2020 0:12  | 2021      |
| MANGIARACINA, CHRISTINA FRANCESCA | 7016     | 6746    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/17/2019      | 2/20/2020   | 4/27/2020 3:40  | 2021      |
| MANGROLA, KARNA RAJU              | 7029     | 6613    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 4/15/2020   | 4/24/2020 16:46 | 2021      |
| MANING, JENNIFER                  | 6152     | 6122    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2018      | 4/1/2020    | 4/7/2020 14:56  | 2021      |
| MANUEL, NICHOLAS EUGENE           | 6402     | 5870    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/17/2018      | 5/8/2020    | 6/3/2020 16:21  | 2021      |
| MARCELLI, ALEXANDRA               | 7170     | 6931    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 11/26/2019     | 5/19/2020   | 6/19/2020 16:16 | 2021      |
| MARINI, KAYLA NICOLE              | 6330     | 6199    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 5/29/2020   | 6/11/2020 9:55  | 2021      |
| MARKU, LIRIDON SHEFEGET           | 6366     | 5901    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2018       | 5/15/2020   | 5/18/2020 11:26 | 2021      |
| MARTIN, ASHLEY LYNN               | 6400     | 5877    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/24/2018      | 6/12/2020   | 6/17/2020 9:55  | 2021      |
| MARTINEZ, ANDRES E                | 6339     | 6008    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/15/2018      | 2/24/2020   | 3/12/2020 9:32  | 2021      |
| MARTINEZ, ELISA                   | 5524     | 5639    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2017      | 4/12/2020   | 4/14/2020 12:55 | 2021      |
| MARUGAN-WYATT, MARCOS DAVID       | 6626     | 6539    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 2/18/2020   | 2/19/2020 17:21 | 2021      |
| MATTIOLI, MATTHEW MICHAEL         | 6536     | 6251    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 4/7/2020    | 4/24/2020 11:46 | 2021      |

|                                |      |      |         |                |            |           |           |           |                 |      |
|--------------------------------|------|------|---------|----------------|------------|-----------|-----------|-----------|-----------------|------|
| MATTO, VERONICA LUCIA          | 6495 | 6241 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/27/2018 | 3/15/2020 | 6/18/2020 8:26  | 2021 |
| MAURI, BRYANT                  | 7061 | 6575 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/5/2019  | 4/9/2020  | 4/24/2020 14:27 | 2021 |
| MAUTE, TUCKER DOUGLAS          | 6474 | 6270 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/28/2018 | 4/9/2020  | 4/24/2020 13:57 | 2021 |
| MAXWELL, SETH LEWIS            | 6108 | 5960 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/11/2018 | 3/4/2020  | 4/23/2020 10:19 | 2021 |
| MAY, ARYA                      | 7089 | 6877 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/25/2019 | 5/18/2020 | 5/27/2020 8:43  | 2021 |
| MAY, GREGORY AUSTIN            | 6995 | 6393 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/21/2019 | 5/5/2020  | 5/10/2020 0:53  | 2021 |
| MCALIEER, JAMES ALBERT         | 5671 | 5366 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/18/2017 | 5/19/2020 | 6/23/2020 15:09 | 2021 |
| MCALISTER, MATTHEW KYLE        | 5094 | 5099 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/20/2016 | 5/22/2020 | 6/30/2020 14:57 | 2021 |
| MCCARVER, JEREMY LAWRENCE      | 7049 | 6684 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/11/2019 | 5/30/2020 | 6/23/2020 13:48 | 2021 |
| MCCARVER, VICTORIA FALLON D O  | 6895 | 6766 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/18/2019 | 3/31/2020 | 5/12/2020 23:38 | 2021 |
| MCCULLUM MEJIA, ANDREA         | 6588 | 6357 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 2/15/2019 | 6/26/2020 | 7/7/2020 10:24  | 2021 |
| MCGINLEY-VALLEE, SHANNEN MARIE | 7104 | 6754 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/18/2019 | 4/9/2020  | 4/26/2020 22:44 | 2021 |
| MCGRADY, TYLER MONROE          | 6930 | 6462 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/30/2019 | 2/19/2020 | 2/28/2020 16:03 | 2021 |

| KEY_NAME                         | FILE_NBR | LIC_NBR | PROF | RANK | RANK_DESC      | LIC_STATUS   | EXPIRE_DATE | LIC_ISSUE_DATE | APPLC_DATE | APPROVED_DATE   | XACT_CODE |
|----------------------------------|----------|---------|------|------|----------------|--------------|-------------|----------------|------------|-----------------|-----------|
| MCKENY, PATRICK THOMAS           | 6657     | 6806    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2019      | 5/8/2020   | 6/2/2020 12:55  | 2021      |
| MCKEOWN, JOSEPH PATRICK          | 5952     | 5513    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2017      | 4/9/2020   | 4/24/2020 11:59 | 2021      |
| MCMANUS, KAYLA RYAN              | 5738     | 5382    | 1902 | UO   | Osteo Resident | 60 - Null An | 6/30/2021   | 5/31/2017      | 2/21/2020  | 2/26/2020 8:59  | 2021      |
| MCNAMARA, TIMOTHY PATRICK        | 6786     | 6431    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/28/2019      | 4/6/2020   | 4/27/2020 9:33  | 2021      |
| MCQUADE, RYLAN                   | 6640     | 6906    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/3/2019       | 6/9/2020   | 6/11/2020 13:11 | 2021      |
| MCQUILLAN, STEPHEN PATRICK       | 7143     | 6871    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/24/2019      | 5/29/2020  | 6/3/2020 11:22  | 2021      |
| MCSWEENEY, ZINA CYNTHIA VERSFELD | 6741     | 6395    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/21/2019      | 4/1/2020   | 4/3/2020 19:21  | 2021      |
| MEDINA, JACQUELYN DO             | 6811     | 6553    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/28/2020  | 5/4/2020 2:28   | 2021      |
| MEGARGEL, CHRISTOPHER JAMES      | 5947     | 5688    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2017      | 5/7/2020   | 6/17/2020 15:11 | 2021      |
| MEGGISON, KYLE LOGAN             | 6394     | 6264    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 5/15/2020  | 6/1/2020 13:46  | 2021      |
| MENCER, NICHOLAS                 | 6690     | 6445    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/29/2019      | 3/7/2020   | 5/1/2020 16:06  | 2021      |
| MENDOZA, JONATHAN DAVID          | 6711     | 6876    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2019      | 5/28/2020  | 6/3/2020 11:17  | 2021      |
| MENESES, EVANDER                 | 5694     | 5448    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2017       | 3/18/2020  | 4/24/2020 1:33  | 2021      |
| MENILLO, ALEXANDRA M DO          | 5754     | 5441    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/6/2017       | 5/4/2020   | 6/24/2020 11:43 | 2021      |
| MENTREDDY, AKSHAY RAO            | 6095     | 6200    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 6/9/2020   | 6/11/2020 11:24 | 2021      |
| MEYER, DUSTIN LEE                | 6686     | 6374    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/3/2019       | 4/21/2020  | 7/6/2020 12:42  | 2021      |
| MIGUEL, JACOB PAUL               | 6707     | 6904    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/3/2019       | 6/9/2020   | 6/12/2020 8:54  | 2021      |
| MIKULIC, SEBASTIAN ALEJANDRO     | 6939     | 6518    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 2/24/2020  | 3/12/2020 9:52  | 2021      |
| MILLA, EDUARDO PAULINO           | 6450     | 6243    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 4/15/2020  | 4/28/2020 12:06 | 2021      |
| MILLER, JACOB NATHANIEL          | 6680     | 6545    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 3/5/2020   | 4/8/2020 18:25  | 2021      |
| MILLER, JOEL                     | 6836     | 6463    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/30/2019      | 5/31/2020  | 6/11/2020 14:21 | 2021      |
| MILLS, TYLER CHRISTIAN           | 7013     | 6881    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2019      | 3/9/2020   | 4/24/2020 0:59  | 2021      |
| MIRANDA, LAURA                   | 6726     | 6823    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2019      | 4/6/2020   | 4/16/2020 11:59 | 2021      |
| MIRET, RAFAEL                    | 6816     | 6733    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2019      | 6/11/2020  | 6/17/2020 8:23  | 2021      |
| MIRZA, MOHID                     | 6893     | 6567    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/19/2020  | 5/13/2020 3:20  | 2021      |
| MISER, ANDREA CLAIRE DO          | 6129     | 6262    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 1/30/2020  | 2/13/2020 16:18 | 2021      |
| MISHRA, SHOYNA                   | 7015     | 6893    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2019      | 3/26/2020  | 4/16/2020 12:45 | 2021      |
| MO, ALAN KOON-KEE                | 5548     | 5696    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2017      | 6/9/2020   | 6/10/2020 11:31 | 2021      |
| MODIRSHAHLA, PARASTOO            | 6344     | 6234    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 4/22/2020  | 6/15/2020 16:27 | 2021      |
| MOHADJER, ASHLEY                 | 6381     | 6104    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 3/18/2020  | 4/24/2020 2:02  | 2021      |
| MOHSENI, BAHAUREH TANYA          | 6649     | 6432    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/28/2019      | 5/12/2020  | 5/26/2020 16:25 | 2021      |
| MOKBEL, ALEXANDRE PHILIPPE       | 6603     | 6402    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/22/2019      | 3/16/2020  | 4/24/2020 1:21  | 2021      |
| MONGE, CLAUDIA MARIA             | 5174     | 4923    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/20/2016      | 4/7/2020   | 4/24/2020 14:49 | 2021      |
| MONTARROYOS, STEPHANIE SUZANNE   | 6374     | 5981    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2018      | 4/17/2020  | 6/15/2020 16:10 | 2021      |
| MOORE, SHARI KORDAY              | 6415     | 6246    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 4/7/2020   | 6/8/2020 13:44  | 2021      |
| MOOSA, ADILLS                    | 6586     | 6371    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/29/2019      | 4/8/2020   | 4/23/2020 13:46 | 2021      |
| MORGAN, RICHARD COLIN            | 7052     | 6850    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/24/2019      | 6/9/2020   | 6/16/2020 12:35 | 2021      |
| MORGAN, TIMOTHY LEE              | 6845     | 6777    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 3/6/2020   | 4/30/2020 10:23 | 2021      |
| MORNEAULT, KAYLA                 | 7027     | 6535    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/15/2020  | 4/24/2020 16:42 | 2021      |
| MOSIO, JUSTYNA IZABELA           | 5559     | 5385    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2017      | 6/9/2020   | 6/10/2020 11:50 | 2021      |
| MOUSSELLI, ROBERT                | 6730     | 6538    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/13/2020  | 4/15/2020 10:50 | 2021      |
| MURATIDES, IRENE MARIA           | 6891     | 6588    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/6/2019       | 5/4/2020   | 5/10/2020 23:39 | 2021      |
| MURPHY, JOHN DAVID               | 6996     | 6590    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/6/2019       | 3/31/2020  | 5/8/2020 14:43  | 2021      |
| MURRI, MILES BRADEN              | 5967     | 5528    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2017      | 3/18/2020  | 4/24/2020 1:53  | 2021      |
| MUZAFFARR, ZULEIKHA MARYAM       | 6880     | 6769    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 2/19/2020  | 2/26/2020 17:12 | 2021      |
| NADERI, NEDA                     | 6962     | 6598    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2019       | 3/20/2020  | 5/6/2020 9:15   | 2021      |
| NADWODNY, JEFFREY PAUL           | 6925     | 6380    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/14/2019      | 4/22/2020  | 6/3/2020 15:28  | 2021      |
| NAGIB, ANTHONY                   | 6685     | 6779    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 6/17/2020  | 6/30/2020 8:17  | 2021      |
| NAGIREDDI, LAKSHMI SATYA SOPRIYA | 6531     | 6296    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2018      | 4/9/2020   | 4/24/2020 14:13 | 2021      |
| NAIR, ANUSHREE                   | 6214     | 6240    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 4/3/2020   | 4/24/2020 11:39 | 2021      |
| NAKONECHNAYA, KRISTINA           | 5900     | 5521    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2017      | 5/22/2020  | 6/1/2020 11:46  | 2021      |
| NANDAKUMAR, NAVEETHA             | 6830     | 6763    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 4/18/2020  | 6/16/2020 14:48 | 2021      |
| NAPOLETANO, UMBERTO DANIELE      | 7111     | 6778    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 5/12/2020  | 6/23/2020 14:06 | 2021      |
| NARANJO, CHRISTOPHER DILAN       | 7065     | 6486    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 4/9/2020   | 4/26/2020 22:24 | 2021      |
| NATHAN, ELIZABETH                | 7165     | 6928    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 9/30/2019      | 5/18/2020  | 6/10/2020 16:25 | 2021      |
| NEFF, ANDREW BRADLEY             | 7042     | 6712    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 3/18/2020  | 4/24/2020 11:04 | 2021      |
| NEGRON, NATALIE NICOLE           | 6984     | 6834    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2019      | 4/22/2020  | 4/28/2020 18:46 | 2021      |
| NELSON, KATHRYN MELISSA          | 5983     | 5737    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/28/2017      | 6/9/2020   | 6/10/2020 8:48  | 2021      |
| NELSON, RYAN SCOTT               | 6943     | 6662    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 2/24/2020  | 3/11/2020 9:23  | 2021      |
| NELSON, SCOTT ALBERT             | 5423     | 5182    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/2/2016       | 4/9/2020   | 4/24/2020 11:52 | 2021      |
| NETTBOY, SCOTT MICHAEL           | 6431     | 6253    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 3/9/2020   | 5/5/2020 16:11  | 2021      |
| NEUBERT, COLLEEN MIRANDA         | 6047     | 6186    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 6/9/2020   | 6/11/2020 8:59  | 2021      |
| NEWMAN, ORY S                    | 6081     | 6247    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 6/10/2020  | 6/26/2020 11:38 | 2021      |
| NEWSOM, STEPHEN MATTHEW          | 6829     | 6562    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/8/2020   | 4/9/2020 1:54   | 2021      |
| NG, JASON                        | 6725     | 6546    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 5/1/2020   | 6/12/2020 15:24 | 2021      |
| NG, KINTIN                       | 6944     | 6501    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 2/24/2020  | 3/11/2020 10:50 | 2021      |
| NGUYEN, ALAN MANH-TUONG          | 6055     | 6070    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 6/9/2020   | 6/10/2020 9:22  | 2021      |
| NGUYEN, BRIAN TRUONG             | 5726     | 5672    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/23/2017      | 3/6/2020   | 4/24/2020 0:30  | 2021      |
| NGUYEN, CHRISTINE QUYNH-ANH      | 6758     | 6652    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 4/18/2020  | 6/17/2020 14:59 | 2021      |
| NGUYEN, DAVID TOAN VU            | 6822     | 6406    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/22/2019      | 1/8/2020   | 1/16/2020 15:21 | 2021      |
| NGUYEN, HARRY VIETHAO            | 5267     | 4999    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/10/2016      | 5/14/2020  | 6/3/2020 15:18  | 2021      |
| NGUYEN, LAM NHAT                 | 7110     | 6749    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/17/2019      | 6/18/2020  | 6/22/2020 16:39 | 2021      |
| NGUYEN, TAM HOANH                | 6635     | 6490    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 3/30/2020  | 4/8/2020 11:14  | 2021      |
| NICHOLAS, ANDREW MICHAEL         | 6713     | 6591    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/6/2019       | 2/24/2020  | 5/29/2020 10:06 | 2021      |
| NICOSIA, ENZO ANDRE              | 6361     | 6245    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 4/8/2020   | 4/10/2020 10:17 | 2021      |
| NIEDZIELAK, TIMOTHY RAYMOND      | 5764     | 5665    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2017      | 4/9/2020   | 4/24/2020 11:56 | 2021      |
| NIEWIAKOUSKI, ESTEFANIA ROMINA   | 6457     | 6227    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 4/6/2020   | 4/24/2020 13:50 | 2021      |
| NOBLES, TIMOTHY                  | 6242     | 6215    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/26/2018      | 5/10/2020  | 6/10/2020 15:46 | 2021      |
| NORDIKE, MATTHEW LEWIS           | 6106     | 5962    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2018      | 2/27/2020  | 5/28/2020 22:09 | 2021      |
| O'KEEFE, SHAWN WILLIAM           | 6987     | 6569    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/9/2020   | 4/24/2020 14:19 | 2021      |
| OCHOCINSKI, DOMINIK SZYMON       | 5968     | 5572    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/16/2017      | 3/31/2020  | 4/30/2020 11:35 | 2021      |
| OLYNYK, VOLODYMYR                | 6602     | 6655    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 3/6/2020   | 4/6/2020 22:17  | 2021      |
| ONG, KELVIN                      | 6160     | 6126    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2018      | 5/28/2020  | 6/22/2020 17:57 | 2021      |
| ORPIANO, CHRISTOPHER LOZAND      | 4667     | 4445    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/21/2015      | 4/3/2020   | 4/3/2020 18:55  | 2021      |
| OSLAND, ECHO FARON               | 6524     | 6303    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/29/2018      | 5/4/2020   | 6/11/2020 13:20 | 2021      |
| OSTMAN, JONATHAN                 | 7051     | 6701    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 5/22/2020  | 6/19/2020 12:47 | 2021      |
| OTTO, TYLER                      | 6353     | 6112    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 4/21/2020  | 4/24/2020 9:42  | 2021      |

|                                |      |      |         |                |            |           |           |           |                 |      |
|--------------------------------|------|------|---------|----------------|------------|-----------|-----------|-----------|-----------------|------|
| OVERTURF, CHARLES LOGAN IV     | 5708 | 5435 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/6/2017  | 3/7/2020  | 4/8/2020 18:34  | 2021 |
| OYE, MONIQUE E                 | 6305 | 6030 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/17/2018 | 2/24/2020 | 3/11/2020 11:01 | 2021 |
| OZUNA, LUIS PAGIEL             | 4851 | 4593 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/20/2015 | 3/5/2020  | 3/25/2020 14:02 | 2021 |
| PACHOLEC, SEAN LEON            | 6410 | 5970 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/12/2018 | 5/6/2020  | 6/11/2020 10:05 | 2021 |
| PADILLA, REBEKAH MATILDA-MARIE | 6942 | 6623 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/10/2019 | 2/24/2020 | 3/11/2020 11:15 | 2021 |
| PALACIO, MONICA                | 6254 | 6031 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/18/2018 | 2/21/2020 | 2/26/2020 12:03 | 2021 |
| PALMER, JOSEPH ROBERT          | 6112 | 6072 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/19/2018 | 4/9/2020  | 4/24/2020 12:10 | 2021 |
| PANCHAL, CHIRAG B              | 6438 | 6001 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/14/2018 | 3/18/2020 | 4/24/2020 2:20  | 2021 |
| PANTELIS, NICHOLAS EMMANUEL    | 6676 | 6748 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/17/2019 | 5/7/2020  | 5/19/2020 12:39 | 2021 |
| PAREKH, PARNEET SAMRA          | 7097 | 6858 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/24/2019 | 4/7/2020  | 4/24/2020 16:37 | 2021 |
| PARIKH, CHIRAG                 | 6179 | 6095 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/20/2018 | 6/18/2020 | 6/23/2020 17:15 | 2021 |
| PARKER MOLINA, KAITLYN         | 6773 | 6547 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/5/2019  | 5/30/2020 | 6/17/2020 8:48  | 2021 |
| PARKER, KARAH                  | 6800 | 6830 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/21/2019 | 5/23/2020 | 6/16/2020 12:05 | 2021 |

| KEY_NAME                       | FILE_NBR | LIC_NBR | PROF | RANK | RANK_DESC      | LIC_STATUS | EXPIRE_DATE | LIC_ISSUE_DATE | APPLC_DATE | APPROVED_DATE   | XACT_CODE |
|--------------------------------|----------|---------|------|------|----------------|------------|-------------|----------------|------------|-----------------|-----------|
| PARRISH, MATTHEW               | 7114     | 6889    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/28/2019      | 6/16/2020  | 6/19/2020 13:12 | 2021      |
| PATEL, ALEXANDER KIRAN         | 6427     | 6077    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/19/2018      | 4/9/2020   | 4/27/2020 10:52 | 2021      |
| PATEL, ASHIS MUKESH            | 5477     | 5296    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/29/2016      | 6/9/2020   | 6/10/2020 10:53 | 2021      |
| PATEL, BANSI VYOMESH           | 6093     | 5985    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2018      | 3/30/2020  | 4/6/2020 11:47  | 2021      |
| PATEL, BIJAL RAKESH            | 6338     | 6039    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/18/2018      | 3/6/2020   | 4/24/2020 0:49  | 2021      |
| PATEL, CHANDNI NILESH          | 6683     | 6483    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/31/2019      | 3/12/2020  | 6/25/2020 12:00 | 2021      |
| PATEL, CHINTAN J               | 6451     | 6120    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2018      | 4/15/2020  | 4/28/2020 12:14 | 2021      |
| PATEL, CHIRAG YOGENDRA         | 6097     | 5949    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/8/2018       | 5/19/2020  | 5/27/2020 9:13  | 2021      |
| PATEL, GOPI AKSHAY             | 6136     | 6128    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2018      | 4/27/2020  | 5/4/2020 1:41   | 2021      |
| PATEL, JAY DIPAK               | 6279     | 6283    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/28/2018      | 2/19/2020  | 2/28/2020 16:22 | 2021      |
| PATEL, KISHAN                  | 6739     | 6606    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/9/2019       | 4/29/2020  | 6/1/2020 16:27  | 2021      |
| PATEL, KRUTEN M                | 6827     | 6831    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2019      | 4/27/2020  | 4/28/2020 9:02  | 2021      |
| PATEL, MITUL V                 | 5673     | 5783    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 7/3/2017       | 5/19/2020  | 6/19/2020 17:41 | 2021      |
| PATEL, NIKITA V                | 6938     | 6499    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/3/2019       | 2/24/2020  | 3/11/2020 11:08 | 2021      |
| PATEL, NIRAL ATUL              | 6425     | 6092    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2018      | 4/9/2020   | 4/26/2020 20:43 | 2021      |
| PATEL, RADHIKA                 | 6276     | 6319    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 7/1/2018       | 1/21/2020  | 2/25/2020 17:17 | 2021      |
| PATEL, SHANI                   | 6332     | 6073    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/19/2018      | 4/26/2020  | 5/4/2020 5:10   | 2021      |
| PATEL, SHIVANI YOGESH          | 7082     | 6753    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/18/2019      | 6/6/2020   | 6/24/2020 11:50 | 2021      |
| PATRI, BRANDON SCOT            | 6832     | 6675    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/11/2019      | 3/29/2020  | 4/6/2020 19:05  | 2021      |
| PATTON, JOSHUA DOUGLAS         | 7059     | 6855    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/24/2019      | 4/15/2020  | 6/19/2020 10:41 | 2021      |
| PEARL, NATHANIEL ALAN          | 6837     | 6736    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2019      | 6/9/2020   | 6/29/2020 10:57 | 2021      |
| PECHEREK, ALEXANDER W          | 6059     | 6198    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/25/2018      | 6/9/2020   | 6/11/2020 9:36  | 2021      |
| PENCE, JEFFREY RICK            | 5969     | 5712    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/27/2017      | 3/18/2020  | 4/24/2020 1:59  | 2021      |
| PERDUE, TIMOTHY                | 6561     | 6365    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 4/12/2019      | 6/3/2020   | 7/7/2020 16:13  | 2021      |
| PEREZ, GABRIELA                | 5867     | 5544    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/15/2017      | 3/20/2020  | 5/20/2020 16:41 | 2021      |
| PEREZ, MOISES JESUS            | 7124     | 6822    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2019      | 6/17/2020  | 6/29/2020 15:53 | 2021      |
| PEREZ-MAJUL, ALENA             | 6311     | 6091    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2018      | 5/19/2020  | 6/3/2020 10:44  | 2021      |
| PERICH, MAVERICK MICHAEL       | 6720     | 6797    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/19/2019      | 6/2/2020   | 6/23/2020 14:01 | 2021      |
| PERRY, CHRISTOPHER TAYLOR      | 5970     | 5551    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/15/2017      | 1/24/2020  | 6/15/2020 12:20 | 2021      |
| PERSAUD, TREVOR                | 6056     | 6306    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/29/2018      | 6/9/2020   | 6/11/2020 9:23  | 2021      |
| PETERS, ANTHONY JOHN           | 6516     | 6004    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/15/2018      | 4/6/2020   | 4/24/2020 13:19 | 2021      |
| PETERSEN, MATTHEW ROBERT       | 7025     | 6742    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/14/2019      | 4/15/2020  | 6/3/2020 9:44   | 2021      |
| PETERSON, ALEX ELDON           | 6498     | 6274    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/28/2018      | 6/19/2020  | 6/22/2020 15:53 | 2021      |
| PETERSON, THOMAS REX           | 6631     | 6392    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/21/2019      | 3/3/2020   | 6/19/2020 20:20 | 2021      |
| PHAM, DONALD                   | 6016     | 5822    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 9/27/2017      | 4/22/2020  | 4/28/2020 17:36 | 2021      |
| PHAM, VIHIEU                   | 7103     | 6862    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/24/2019      | 4/9/2020   | 4/28/2020 11:42 | 2021      |
| PHAN, LEE NGUYEN               | 5200     | 4971    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/3/2016       | 4/7/2020   | 4/30/2020 11:39 | 2021      |
| PHAN, MAI-TRAM NGUYEN          | 6616     | 6676    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/11/2019      | 4/10/2020  | 4/19/2020 18:20 | 2021      |
| PHAN, QUYNH NHU THI            | 6482     | 6078    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/19/2018      | 4/9/2020   | 4/24/2020 14:10 | 2021      |
| PHAN, STEPHANIE HANH-THUAN     | 6483     | 6079    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/19/2018      | 4/9/2020   | 4/26/2020 21:22 | 2021      |
| PHELPS, JORDAN MICAH           | 6647     | 6558    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/5/2019       | 5/7/2020   | 5/27/2020 9:30  | 2021      |
| PHELPS, MARY ELIZABETH WRIGHT  | 6650     | 6549    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/5/2019       | 2/26/2020  | 3/2/2020 10:41  | 2021      |
| PHILLIPS, KRISTEN JEAN         | 6379     | 6074    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/19/2018      | 5/1/2020   | 6/17/2020 15:50 | 2021      |
| PIAZZA, MICHAEL JOSEPH         | 6723     | 6417    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/23/2019      | 4/13/2020  | 4/15/2020 10:42 | 2021      |
| PIENIAZEK, JARED               | 6642     | 6577    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/5/2019       | 5/1/2020   | 6/4/2020 16:21  | 2021      |
| PIETRAS, NICOLE                | 5745     | 5344    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 4/19/2017      | 3/15/2020  | 5/11/2020 1:42  | 2021      |
| PISKLAKOVA, ALEXANDRA          | 6638     | 6896    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/30/2019      | 2/27/2020  | 6/16/2020 0:32  | 2021      |
| PLASTINI, TRISHA MARIE         | 6087     | 6121    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2018      | 3/16/2020  | 4/1/2020 22:17  | 2021      |
| POLANSKY, SCOTT EDWARD         | 5135     | 4865    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 4/1/2016       | 4/9/2020   | 4/24/2020 13:33 | 2021      |
| POLLACK, SCOTT MARSHALL        | 6669     | 6868    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/24/2019      | 5/5/2020   | 6/15/2020 15:19 | 2021      |
| POTCHILEEV, IORDAN             | 6089     | 5904    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/4/2018       | 4/10/2020  | 6/15/2020 16:56 | 2021      |
| POWELL, MOLLIE                 | 6266     | 6076    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/19/2018      | 3/13/2020  | 4/24/2020 1:18  | 2021      |
| POWERS, ZACKARY LEE            | 7048     | 6872    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/24/2019      | 3/18/2020  | 4/24/2020 13:08 | 2021      |
| PRAMANIK, ITNIA MUSTAFID       | 6639     | 6626    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/10/2019      | 4/17/2020  | 5/18/2020 14:51 | 2021      |
| PRINCE, TRICIA ALICIA          | 4578     | 4378    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 3/25/2015      | 6/9/2020   | 6/10/2020 10:12 | 2021      |
| PROL, RAQUEL                   | 6659     | 6481    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/31/2019      | 4/19/2020  | 5/20/2020 2:42  | 2021      |
| PRUDENCIO, STEPHANIE MENDOZA   | 6927     | 6695    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/12/2019      | 2/21/2020  | 2/26/2020 11:21 | 2021      |
| PUNZUL, KELLY ALEXIS           | 6724     | 6827    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2019      | 3/3/2020   | 4/24/2020 13:27 | 2021      |
| QASIM, NAVEED A                | 6238     | 6233    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/27/2018      | 6/1/2020   | 6/1/2020 19:26  | 2021      |
| QUAN, SAULIN ELIZABETH         | 7076     | 6840    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2019      | 4/6/2020   | 5/6/2020 9:22   | 2021      |
| QUATTROCELLI, MATHEW DAVID     | 5136     | 4863    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 3/30/2016      | 5/4/2020   | 5/7/2020 21:27  | 2021      |
| QUINN, ALEXA JEAN              | 7109     | 6870    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/24/2019      | 4/9/2020   | 4/28/2020 11:48 | 2021      |
| QUINONEZ, SEAN SPENCER         | 6245     | 6068    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/19/2018      | 3/31/2020  | 4/9/2020 10:09  | 2021      |
| RADWAN, MOKHTAR KHALED ELSAYED | 6486     | 6134    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2018      | 3/3/2020   | 4/20/2020 0:53  | 2021      |
| RAJASEKHAR, VIVEK S            | 5885     | 5745    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2022   | 6/29/2017      | 6/3/2020   | 6/17/2020 12:20 | 2021      |
| RAMANIUK, ALIAKSANDR           | 6992     | 6373    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/2/2019       | 4/15/2020  | 4/24/2020 16:37 | 2021      |
| RAMIREZ, DARNELLE JEREMY       | 6780     | 6508    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/4/2019       | 4/13/2020  | 4/14/2020 13:38 | 2021      |
| RAMIREZ, ELIZABETH BENAVIDEZ   | 6006     | 5809    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 8/16/2017      | 6/1/2020   | 6/11/2020 11:01 | 2021      |
| RAMOS, JESSICA MARIE           | 6907     | 6424    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/28/2019      | 4/28/2020  | 6/16/2020 10:12 | 2021      |
| RANDOLPH, BRAD PATRICK         | 6892     | 6401    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/22/2019      | 3/31/2020  | 4/22/2020 11:18 | 2021      |
| RAPAKA, SAMUEL RAJ MANOHAR     | 6532     | 6168    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/25/2018      | 2/19/2020  | 2/28/2020 15:32 | 2021      |
| RATHORE, MARIA                 | 6633     | 6582    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/6/2019       | 5/16/2020  | 5/27/2020 11:51 | 2021      |
| RAY, DARRELL WESLEY            | 7008     | 6821    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2019      | 6/8/2020   | 6/15/2020 22:01 | 2021      |
| RAY, ELIZABETH PEYTON          | 7091     | 6716    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/12/2019      | 3/18/2020  | 4/30/2020 11:24 | 2021      |
| RAYMOND, KEVIN                 | 6934     | 6400    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/22/2019      | 5/13/2020  | 6/11/2020 12:52 | 2021      |
| RAYMOND, MARY                  | 6615     | 6828    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2019      | 4/2/2020   | 4/15/2020 15:33 | 2021      |
| RECHCIGL, KEVIN THOMAS         | 6304     | 5945    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/8/2018       | 2/24/2020  | 3/11/2020 16:04 | 2021      |
| REDINSKI, JAMES JOSEPH         | 5675     | 5638    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2017      | 4/20/2020  | 6/25/2020 8:28  | 2021      |
| REESE, ALEXANDER H             | 6752     | 6363    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 4/9/2019       | 3/4/2020   | 4/8/2020 18:48  | 2021      |
| REGAN, ABBY RHIANNON           | 5747     | 5460    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/8/2017       | 1/2/2020   | 1/13/2020 13:37 | 2021      |
| REHMAN, ALIYA FATIMA           | 6878     | 6447    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/29/2019      | 2/19/2020  | 2/26/2020 16:28 | 2021      |
| REID, AMBER                    | 6946     | 6677    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/11/2019      | 5/30/2020  | 6/19/2020 15:56 | 2021      |
| REIZUN, CATHERINE ELIZABETH    | 6677     | 6631    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/10/2019      | 2/26/2020  | 4/6/2020 19:38  | 2021      |
| REYES, THAIRY GABRIELA         | 6484     | 6135    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2018      | 3/13/2020  | 5/11/2020 4:11  | 2021      |
| REZZONICO, CHRISTOPHER JAMES   | 6949     | 6692    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/12/2019      | 4/10/2020  | 4/16/2020 11:47 | 2021      |
| RIAZ, AHMED                    | 6168     | 5890    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/31/2018      | 4/24/2020  | 5/13/2020 17:50 | 2021      |
| RICHARDSON, AARON COLE         | 4740     | 4495    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/1/2015       | 3/3/2020   | 3/25/2020 10:09 | 2021      |

|                            |      |      |         |                |            |           |           |           |                 |      |
|----------------------------|------|------|---------|----------------|------------|-----------|-----------|-----------|-----------------|------|
| RICHTER, ANGELA BARBARA    | 5154 | 5070 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/17/2016 | 3/6/2020  | 4/22/2020 10:51 | 2021 |
| RIFAI, FAYSAL AREF         | 6281 | 6236 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/27/2018 | 2/19/2020 | 2/28/2020 15:50 | 2021 |
| RINDY, LUCAS JOHN          | 6369 | 6165 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/22/2018 | 5/20/2020 | 6/1/2020 13:50  | 2021 |
| RIOS, DAILYS               | 6496 | 6133 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/21/2018 | 4/23/2020 | 7/7/2020 16:32  | 2021 |
| RIZK, MINA                 | 6061 | 5872 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/21/2018 | 6/9/2020  | 6/11/2020 9:59  | 2021 |
| RIZVI, MOHAMMAD ALI        | 5266 | 5103 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/20/2016 | 3/24/2020 | 5/8/2020 10:32  | 2021 |
| ROAN, JEFFREY PAUL         | 6961 | 6833 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/21/2019 | 3/25/2020 | 5/6/2020 9:16   | 2021 |
| ROBBINS, BLAKE ALAN        | 6005 | 5811 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 8/17/2017 | 4/3/2020  | 4/7/2020 10:13  | 2021 |
| ROBERTS, MARY              | 7006 | 6817 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/20/2019 | 5/14/2020 | 6/11/2020 13:32 | 2021 |
| ROBINSON, KENT LONDON DO   | 6008 | 5814 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 8/21/2017 | 5/12/2020 | 6/24/2020 8:25  | 2021 |
| RODRIGUES, CELINE ROSALIND | 6890 | 6563 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/5/2019  | 4/18/2020 | 5/10/2020 23:53 | 2021 |
| RODRIGUEZ LOYA, ANABEL     | 6188 | 5886 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/30/2018 | 4/21/2020 | 5/1/2020 1:03   | 2021 |
| RODRIGUEZ, ANDRES DANIEL   | 6671 | 6516 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/4/2019  | 4/3/2020  | 5/27/2020 9:37  | 2021 |

| KEY_NAME                    | FILE_NBR | LIC_NBR | PROF | RANK | RANK_DESC      | LIC_STATUS   | EXPIRE_DATE | LIC_ISSUE_DATE | APPLC_DATE | APPROVED_DATE   | XACT_CODE |
|-----------------------------|----------|---------|------|------|----------------|--------------|-------------|----------------|------------|-----------------|-----------|
| RODRIGUEZ, DANIEL ALEXANDER | 6694     | 6397    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/22/2019      | 2/26/2020  | 3/2/2020 10:52  | 2021      |
| RODRIGUEZ, YORLENIS         | 5752     | 5562    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/16/2017      | 5/6/2020   | 6/11/2020 10:09 | 2021      |
| ROEMER, AMY ELIZABETH       | 6937     | 6515    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 2/24/2020  | 3/11/2020 16:13 | 2021      |
| ROGERS, LUKE SPENCER        | 6889     | 6650    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 4/15/2020  | 4/20/2020 12:22 | 2021      |
| ROMERO, KYLE EDWARD         | 6302     | 5855    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/2/2018       | 2/24/2020  | 3/11/2020 15:41 | 2021      |
| ROSE, DONA                  | 6371     | 5924    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2018       | 5/6/2020   | 6/11/2020 10:24 | 2021      |
| ROSE, NEVENA VELIKOVA       | 6109     | 6138    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/21/2018      | 4/20/2020  | 4/29/2020 8:40  | 2021      |
| ROSENGREEN, KURTIS ERIK     | 7062     | 6633    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 4/2/2020   | 6/25/2020 10:46 | 2021      |
| ROSENSWEET, ZACHERY STEPHEN | 5739     | 5663    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2017      | 3/10/2020  | 4/24/2020 1:03  | 2021      |
| ROSS, ANDREW ROBERT         | 6277     | 5972    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2018      | 1/20/2020  | 3/12/2020 10:05 | 2021      |
| ROSS, NICHOLAS GUY          | 6223     | 5911    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2018       | 4/21/2020  | 6/2/2020 9:42   | 2021      |
| ROSS, STUART                | 6365     | 5936    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2018       | 6/2/2020   | 6/19/2020 16:11 | 2021      |
| RUBIN, DANIEL GREGORY       | 6884     | 6571    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 2/18/2020  | 3/6/2020 8:35   | 2021      |
| RUCKER, ANDREW COWLES       | 5791     | 5399    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/1/2017       | 5/6/2020   | 5/15/2020 11:45 | 2021      |
| RUSSELL, BRITNEY ANN        | 6155     | 5982    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2018      | 3/25/2020  | 5/29/2020 0:14  | 2021      |
| RUSSELL, JOSHUA AARON       | 7005     | 6384    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/17/2019      | 4/17/2020  | 6/4/2020 11:49  | 2021      |
| RUXMOHAN, SAMIR             | 6066     | 5880    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/24/2018      | 6/9/2020   | 6/16/2020 9:02  | 2021      |
| RYAN, ROMY ALLICIA          | 5138     | 5112    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/23/2016      | 6/9/2020   | 6/10/2020 8:07  | 2021      |
| SABINO, GABRIELLE           | 6969     | 6760    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 4/5/2020   | 4/6/2020 17:13  | 2021      |
| SACCONI, NICOLE MARISSA     | 6743     | 6593    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/6/2019       | 3/25/2020  | 4/1/2020 10:56  | 2021      |
| SAEED, TIMOTHY              | 5587     | 5363    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/16/2017      | 5/4/2020   | 5/7/2020 21:28  | 2021      |
| SAEPHARN, DEBORAH           | 6210     | 5942    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/8/2018       | 6/17/2020  | 6/29/2020 15:00 | 2021      |
| SAHNI, NEEL                 | 5999     | 5806    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 8/2/2017       | 6/25/2020  | 7/9/2020 12:15  | 2021      |
| SAIFEE, MARIAM ZAKIR        | 6447     | 5997    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2018      | 3/18/2020  | 4/24/2020 2:41  | 2021      |
| SALAMATOVA, YULIA           | 6243     | 5910    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2018       | 3/10/2020  | 4/24/2020 1:06  | 2021      |
| SALOMON, ADAM JAKE          | 6137     | 6158    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 4/21/2020  | 5/1/2020 1:14   | 2021      |
| SANCHEZ, SERGIO ARTURO      | 6159     | 5919    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2018       | 5/18/2020  | 6/3/2020 11:09  | 2021      |
| SANTILLANA, ELSA CASSANDRA  | 5456     | 5195    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2016       | 4/5/2020   | 4/6/2020 17:48  | 2021      |
| SANTISTEBAN SOSA, ROLANDO   | 6146     | 5893    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2018       | 4/9/2020   | 4/27/2020 9:13  | 2021      |
| SANTOS, JONAS               | 6126     | 6153    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 3/12/2020  | 4/8/2020 18:58  | 2021      |
| SAWH, MARK ANDREW           | 6499     | 6171    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 4/1/2020   | 6/16/2020 8:24  | 2021      |
| SCHAFF, AUSTIN RAY          | 5889     | 5496    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2017      | 5/12/2020  | 6/4/2020 12:01  | 2021      |
| SCHARPF, WILLIAM JOSEPH     | 6303     | 6032    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2018      | 3/10/2020  | 4/24/2020 1:09  | 2021      |
| SCHMAUS, WILLIAM HARRISON   | 7060     | 6632    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 4/9/2020   | 4/28/2020 11:15 | 2021      |
| SCHNEIDER, CHLOE ARIEL      | 7030     | 6615    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 4/15/2020  | 4/28/2020 18:14 | 2021      |
| SCHNEIDER, KEVIN MICHAEL    | 7024     | 6715    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 4/15/2020  | 4/28/2020 17:14 | 2021      |
| SCHOLL, ROBERT MATTHIAS     | 6442     | 5929    | 1902 | UO   | Osteo Resident | 60 - Null An | 6/30/2021   | 6/7/2018       | 5/22/2020  | 6/1/2020 13:41  | 2021      |
| SCHWARTZ, RUBEN HAROLD      | 5699     | 5602    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2017      | 2/19/2020  | 2/26/2020 16:40 | 2021      |
| SCHWARTZ, TAYLOR            | 6670     | 6484    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2019      | 4/3/2020   | 5/5/2020 16:15  | 2021      |
| SEGIL, BENJAMIN J           | 5756     | 5424    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2017       | 4/22/2020  | 5/27/2020 10:05 | 2021      |
| SEIDMAN, TYLER              | 6644     | 6488    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 2/5/2020   | 2/13/2020 15:28 | 2021      |
| SENETAR, ALEXANDER JOHN     | 6439     | 5984    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2018      | 3/18/2020  | 4/24/2020 2:24  | 2021      |
| SHABAN, YOUSSEF HISHAM      | 5222     | 4944    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/21/2016      | 3/18/2020  | 4/23/2020 13:17 | 2021      |
| SHAH, AMI M                 | 6857     | 6762    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 5/21/2020  | 6/3/2020 13:18  | 2021      |
| SHAH, MONICA DIPAK          | 5179     | 4930    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/20/2016      | 6/30/2020  | 7/1/2020 17:59  | 2021      |
| SHAHID, NOVERA              | 6867     | 6592    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/6/2019       | 5/29/2020  | 6/3/2020 13:05  | 2021      |
| SHAMSI, AISHA               | 6924     | 6731    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2019      | 3/28/2020  | 5/1/2020 3:52   | 2021      |
| SHARIFF, BUSHRA FATHIMA     | 6798     | 6551    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 3/9/2020   | 4/7/2020 0:21   | 2021      |
| SHARMA, MUKESH              | 6760     | 6801    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2019      | 4/29/2020  | 6/3/2020 11:03  | 2021      |
| SHARMA, PRIYA               | 6850     | 6376    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/9/2019       | 2/21/2020  | 2/26/2020 11:50 | 2021      |
| SHEFFIELD, ABBY CAROLINE    | 6975     | 6493    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 3/5/2020   | 3/25/2020 13:49 | 2021      |
| SHEFFIELD, SANDRA LIZETH    | 6299     | 6033    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2018      | 2/24/2020  | 3/11/2020 16:19 | 2021      |
| SHENKMAN, DEVIN             | 6705     | 6521    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 4/17/2020  | 5/6/2020 15:00  | 2021      |
| SHEPHERD, CAROLINE NICOLE   | 6393     | 5967    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2018      | 5/11/2020  | 6/10/2020 14:57 | 2021      |
| SHETH, ESHANI               | 5981     | 5756    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/30/2017      | 2/18/2020  | 4/1/2020 16:51  | 2021      |
| SHOKRANEH KENARI, KEYON     | 6313     | 5996    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2018      | 5/15/2020  | 6/12/2020 11:29 | 2021      |
| SIDAWI, ALEXANDER           | 7028     | 6616    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 4/15/2020  | 4/28/2020 18:08 | 2021      |
| SIDDIQUI, MOIZ AHMAD        | 5891     | 5714    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2017      | 4/26/2020  | 5/28/2020 21:48 | 2021      |
| SIDRON COMAS, BEATRIZ       | 6795     | 6555    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/14/2020  | 4/14/2020 13:08 | 2021      |
| SIFAIN, MARY SAMIA          | 6662     | 6770    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 4/9/2020   | 4/26/2020 21:59 | 2021      |
| SIFRIG, BRIAN PHILIP        | 5733     | 5343    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/19/2017      | 2/24/2020  | 3/11/2020 15:10 | 2021      |
| SIMES, BRYCE COOLIDGE       | 6702     | 6552    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 3/29/2020  | 4/1/2020 12:33  | 2021      |
| SIMMONS, WAYNE              | 6251     | 6189    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 4/12/2020  | 4/14/2020 13:03 | 2021      |
| SIMON, TIFFANY NICOLE       | 6024     | 5834    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 11/30/2017     | 4/13/2020  | 6/10/2020 14:52 | 2021      |
| SINGER, IAN DAVID           | 7020     | 6899    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/1/2019       | 6/9/2020   | 6/9/2020 12:08  | 2021      |
| SINGH, AMIR                 | 7136     | 6739    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2019      | 6/26/2020  | 6/29/2020 15:07 | 2021      |
| SISTARE, MICHAEL            | 6065     | 6086    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 6/9/2020   | 6/11/2020 10:24 | 2021      |
| SITAR, DIANA MARION         | 6466     | 6103    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 6/18/2020  | 6/29/2020 13:38 | 2021      |
| SKOPIS, MARIA               | 5929     | 5476    | 1902 | UO   | Osteo Resident | 60 - Null An | 6/30/2021   | 6/12/2017      | 5/27/2020  | 5/28/2020 21:25 | 2021      |
| SLATER, ANDREW MOORE        | 6608     | 6448    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/29/2019      | 3/18/2020  | 4/24/2020 10:44 | 2021      |
| SLATER, CHARLES ANDREW      | 6985     | 6574    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 2/20/2020  | 4/16/2020 14:29 | 2021      |
| SLATER, MICHAEL WILLIAM JR  | 6417     | 5987    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2018      | 2/23/2020  | 4/7/2020 12:07  | 2021      |
| SLAVIN, EILEEN R            | 6049     | 5876    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/23/2018      | 6/9/2020   | 6/10/2020 8:59  | 2021      |
| SLUTSKY, RACHEL             | 7118     | 6603    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2019       | 3/24/2020  | 4/24/2020 11:27 | 2021      |
| SMITH, AUSTIN MATTHEW       | 6791     | 6814    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2019      | 5/13/2020  | 6/22/2020 12:47 | 2021      |
| SNYDER, DILLON OBERLIN      | 6851     | 6699    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 2/26/2020  | 3/2/2020 15:20  | 2021      |
| SOFIAK, CHASE WAYNE         | 6301     | 5854    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/26/2018      | 2/24/2020  | 3/11/2020 15:04 | 2021      |
| SOMURI, SWATI               | 6604     | 6410    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/22/2019      | 1/21/2020  | 4/1/2020 19:20  | 2021      |
| SORENSEN, STEFANI ANNE      | 6877     | 6824    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2019      | 2/19/2020  | 2/26/2020 16:47 | 2021      |
| SOUFFRANT, DILSA MARIE      | 7080     | 6612    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 5/15/2020  | 6/10/2020 12:25 | 2021      |
| ST CLAIR, ROBERT KINDELL    | 5019     | 5122    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/24/2016      | 6/9/2020   | 6/10/2020 10:29 | 2021      |
| STACK, ANTHONY STEWART      | 6298     | 5932    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2018       | 2/24/2020  | 3/11/2020 17:15 | 2021      |
| STAGG, MICHAEL              | 6208     | 5983    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2018      | 4/7/2020   | 5/6/2020 14:44  | 2021      |
| STANTON, ZACHARY            | 6628     | 6678    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 5/10/2020  | 6/11/2020 11:18 | 2021      |
| STEADMAN, DANIEL ADAM       | 5734     | 5710    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2017      | 3/5/2020   | 3/25/2020 13:27 | 2021      |
| STIEPEN, ANGELIA            | 6064     | 6182    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 4/26/2020  | 4/26/2020 3:24  | 2021      |
| STERLING, ALEXANDER         | 6926     | 6857    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/24/2019      | 5/13/2020  | 5/27/2020 12:56 | 2021      |

|                            |      |      |         |                |            |           |           |           |                 |      |
|----------------------------|------|------|---------|----------------|------------|-----------|-----------|-----------|-----------------|------|
| STEWART, ROBERT            | 5982 | 5770 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/30/2017 | 6/9/2020  | 6/10/2020 21:08 | 2021 |
| STILLS, MADALYN JANE       | 6667 | 6568 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/5/2019  | 5/11/2020 | 6/15/2020 13:08 | 2021 |
| STONER, PATRICK LEE        | 5393 | 5129 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/25/2016 | 4/15/2020 | 4/24/2020 15:23 | 2021 |
| STREIT, SPENCER GRAHAM     | 6936 | 6498 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/3/2019  | 3/10/2020 | 4/24/2020 1:12  | 2021 |
| STRIMBU, NATHANAEAL DENNIS | 6613 | 6639 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/10/2019 | 3/6/2020  | 4/22/2020 18:40 | 2021 |
| STURGILL, AMANDA RENAE     | 7081 | 6883 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/27/2019 | 4/25/2020 | 6/10/2020 13:12 | 2021 |
| STUTCHIN, EVAN BENNETT     | 6147 | 5909 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/5/2018  | 4/9/2020  | 4/26/2020 20:36 | 2021 |
| SU, PHILIP                 | 6888 | 6560 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/5/2019  | 5/4/2020  | 5/9/2020 23:37  | 2021 |
| SUDHI, SUSHMA              | 6815 | 6595 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/7/2019  | 4/19/2020 | 5/19/2020 1:42  | 2021 |
| SUDWEEKS, TREVOR JAMES     | 7040 | 6711 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/12/2019 | 4/15/2020 | 4/28/2020 17:30 | 2021 |
| SUKHOO, MARIA GEETANJALI   | 6665 | 6527 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/5/2019  | 4/9/2020  | 4/26/2020 22:18 | 2021 |
| SULLIVAN, BRITTANY SIOBHAN | 6354 | 6036 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/18/2018 | 3/4/2020  | 4/8/2020 19:06  | 2021 |
| SULLIVAN, MICHAEL BLADE    | 6660 | 6789 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/19/2019 | 4/9/2020  | 4/24/2020 14:16 | 2021 |

| KEY_NAME                      | FILE_NBR | LIC_NBR | PROF | RANK | RANK_DESC      | LIC_STATUS   | EXPIRE_DATE | LIC_ISSUE_DATE | APPLC_DATE | APPROVED_DATE   | XACT_CODE |
|-------------------------------|----------|---------|------|------|----------------|--------------|-------------|----------------|------------|-----------------|-----------|
| SULLIVAN, RYAN MICHAEL        | 7067     | 6519    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 4/9/2020   | 4/23/2020 15:54 | 2021      |
| SUNG, ALLEN                   | 5758     | 5527    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2017      | 4/21/2020  | 5/1/2020 1:43   | 2021      |
| SUPP, BRITNEY SUPP            | 6110     | 6154    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 4/22/2020  | 5/7/2020 15:07  | 2021      |
| SUSSMAN, PHILIP RYAN          | 5198     | 4942    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/21/2016      | 5/29/2020  | 5/29/2020 14:07 | 2021      |
| SWALLEY, PAIGE JILL           | 6883     | 6600    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2019       | 2/19/2020  | 2/28/2020 11:14 | 2021      |
| SYED, MUDASSIR                | 7063     | 6693    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 4/1/2020   | 6/22/2020 16:23 | 2021      |
| SZAMES, DAVID SAMUEL          | 6919     | 6383    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/17/2019      | 2/24/2020  | 3/11/2020 14:56 | 2021      |
| SZCZUCKI, BRIAN STEVEN        | 6748     | 6860    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/24/2019      | 6/1/2020   | 6/22/2020 14:23 | 2021      |
| TABBAA, RAMI MUTAZ            | 7079     | 6544    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/25/2020  | 6/10/2020 12:58 | 2021      |
| TALANGA, MARIO                | 6200     | 5931    | 1902 | UO   | Osteo Resident | 60 - Null An | 6/30/2021   | 6/7/2018       | 5/6/2020   | 6/15/2020 13:20 | 2021      |
| TAM, WAI FUNG                 | 4800     | 4969    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/3/2016       | 3/24/2020  | 5/20/2020 1:23  | 2021      |
| TAMTON, HYDER                 | 6172     | 6037    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2018      | 6/11/2020  | 6/16/2020 10:29 | 2021      |
| TANDON, ANKITA                | 6127     | 6056    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/19/2018      | 3/13/2020  | 4/8/2020 19:15  | 2021      |
| TAYLOR, JOHN GREGORY          | 6375     | 5930    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2018       | 3/24/2020  | 4/22/2020 11:29 | 2021      |
| TAYLOR, SHAWN WILLIAM         | 5090     | 5243    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2016      | 5/22/2020  | 6/19/2020 11:42 | 2021      |
| TAYLOR, WADE RANDOLPH         | 6541     | 6318    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/1/2018       | 4/22/2020  | 4/28/2020 17:41 | 2021      |
| TAYON, MATTHEW JOHN           | 6145     | 5986    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2018      | 4/9/2020   | 4/27/2020 9:05  | 2021      |
| TELLEZ, ELENA VICTORIA        | 6960     | 6772    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 3/19/2020  | 4/20/2020 14:05 | 2021      |
| TERRELL, CAMERON MACKENZIE    | 6682     | 6680    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 3/4/2020   | 4/8/2020 20:29  | 2021      |
| THEKKEDATH, EBY ISON          | 6912     | 6505    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 2/24/2020  | 3/11/2020 17:29 | 2021      |
| THIEL, DYLAN MATTHEW          | 6216     | 5934    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2018       | 4/16/2020  | 4/22/2020 12:37 | 2021      |
| THOMAS, ERIC JAMES            | 6236     | 5951    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2018      | 4/21/2020  | 5/1/2020 1:56   | 2021      |
| THOMAS, KRISTEN NICOLE        | 5899     | 5522    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/14/2017      | 5/13/2020  | 6/22/2020 12:41 | 2021      |
| THOMPSON, ANDREW WILLIAM      | 7043     | 6614    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 4/15/2020  | 4/24/2020 16:58 | 2021      |
| THOMPSON, KELSI ALMA          | 6080     | 5912    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2018       | 4/29/2020  | 5/7/2020 11:24  | 2021      |
| THOMPSON, LAUREN ASHLEY       | 6703     | 6629    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 4/22/2020  | 6/2/2020 15:03  | 2021      |
| THOMPSON, LUKE ALEXANDER      | 6790     | 6388    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/20/2019      | 2/29/2020  | 5/19/2020 15:58 | 2021      |
| TJMES, STEVEN ALEXANDER       | 6205     | 5928    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2018       | 4/16/2020  | 4/20/2020 12:48 | 2021      |
| TIMMERMANN, TIA               | 6416     | 5923    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2018       | 2/26/2020  | 3/2/2020 11:15  | 2021      |
| TIMMONS, COLLEEN MARIE        | 5728     | 5495    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2017      | 5/20/2020  | 5/21/2020 16:21 | 2021      |
| TIMMONS, DANIELLE ALICIA      | 6535     | 6302    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/29/2018      | 4/22/2020  | 5/19/2020 14:23 | 2021      |
| TING, ANDREWSTON MING-TZER    | 6935     | 6426    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/28/2019      | 5/19/2020  | 5/29/2020 9:55  | 2021      |
| TOBIN, NICOLE ELIZABETH       | 6824     | 6405    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/22/2019      | 1/8/2020   | 1/23/2020 16:49 | 2021      |
| TODD, DRAKE P                 | 6432     | 6105    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 4/9/2020   | 4/26/2020 20:54 | 2021      |
| TORRES, PATRICK               | 6805     | 6764    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 5/26/2020  | 6/24/2020 14:26 | 2021      |
| TRAN, LAM DUUY                | 6821     | 6502    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/3/2019       | 12/31/2019 | 1/14/2020 12:16 | 2021      |
| TRIBULS, KATIE                | 6197     | 5990    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2018      | 6/9/2020   | 6/23/2020 10:16 | 2021      |
| TRULOCK, NEAL RENN            | 6096     | 5913    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2018       | 3/27/2020  | 5/5/2020 15:49  | 2021      |
| TRUONG, KRISTINA              | 6329     | 5895    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2018       | 4/14/2020  | 4/28/2020 1:40  | 2021      |
| TRUONG, PHONG THANH           | 6045     | 6146    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/22/2018      | 6/9/2020   | 6/10/2020 21:20 | 2021      |
| TSAI, JEFFREY                 | 5553     | 5803    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 7/31/2017      | 6/9/2020   | 6/10/2020 11:42 | 2021      |
| TSALICKIS, DIMITRI MICHAEL    | 6199     | 5993    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2018      | 6/4/2020   | 6/15/2020 22:22 | 2021      |
| TUCKER, ARIC                  | 6594     | 6362    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/9/2019       | 6/8/2020   | 6/22/2020 14:33 | 2021      |
| TURCHIARO, MICHAEL JR         | 6623     | 6476    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2019      | 3/4/2020   | 4/20/2020 1:29  | 2021      |
| ULLAH, AQSA                   | 5788     | 5571    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/16/2017      | 2/21/2020  | 3/3/2020 11:31  | 2021      |
| UPADHYAY, BHAVIK RAJANIKANT   | 6998     | 6589    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/6/2019       | 3/31/2020  | 5/13/2020 0:29  | 2021      |
| URCIA, RODRIGO A              | 7072     | 6543    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/9/2020   | 4/27/2020 13:48 | 2021      |
| VACCARO, LISA MARIE           | 6652     | 6465    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/30/2019      | 5/4/2020   | 6/24/2020 8:12  | 2021      |
| VADAKKAN, CHRISTY MARIE       | 6528     | 6167    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 3/24/2020  | 4/23/2020 17:24 | 2021      |
| VALLADARES, CRISTINA MARIA    | 6887     | 6783    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 4/22/2020  | 5/13/2020 0:49  | 2021      |
| VALLIN, CLAUDIA               | 6247     | 5939    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2018       | 3/9/2020   | 3/18/2020 12:58 | 2021      |
| VAN MECL, AMANDA ROSE         | 6352     | 6102    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 5/1/2020   | 6/4/2020 16:17  | 2021      |
| VAN OSTRAN, GARRETT JAMES     | 5943     | 5703    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2017      | 3/13/2020  | 4/24/2020 1:14  | 2021      |
| VAN PUTTEN, ASHLEY JEANNETTE  | 6456     | 6238    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/27/2018      | 4/6/2020   | 4/24/2020 11:32 | 2021      |
| VANDER WOUDE, LOGAN TAYLOR    | 6435     | 6106    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 3/18/2020  | 4/24/2020 2:06  | 2021      |
| VANDRUFF, JAMES EDWARD        | 6278     | 5915    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2018       | 1/31/2020  | 3/5/2020 11:33  | 2021      |
| VARKI, VEENA ANNA             | 6955     | 6929    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 9/30/2019      | 3/6/2020   | 4/19/2020 16:14 | 2021      |
| VARNER GEARY, JENNA LYNN      | 6507     | 6173    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 2/19/2020  | 2/21/2020 9:19  | 2021      |
| VASQUEZ ARRUBLA, PAULA ANDREA | 6766     | 6579    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2019       | 4/9/2020   | 5/19/2020 9:35  | 2021      |
| VENIGANDLA, HIMA BINDU        | 6510     | 6107    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 3/18/2020  | 4/24/2020 10:27 | 2021      |
| VERDICK, CRYSTAL ANNETTE      | 7100     | 6648    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/11/2019      | 3/5/2020   | 6/23/2020 10:29 | 2021      |
| VERESCIAC, ANASTASIA          | 6661     | 6425    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/28/2019      | 4/9/2020   | 7/1/2020 13:34  | 2021      |
| VERNACE, CHRISTINA BAXTER     | 7031     | 6619    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 4/15/2020  | 4/28/2020 18:22 | 2021      |
| VERZURA, MELISSA LAURA        | 6508     | 6191    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 4/22/2020  | 4/23/2020 8:49  | 2021      |
| VESCO, DANIEL                 | 6275     | 5916    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/5/2018       | 4/13/2020  | 4/19/2020 20:47 | 2021      |
| VIDAL, SHARINA MARCELA        | 7102     | 6609    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 4/9/2020   | 4/28/2020 11:38 | 2021      |
| VIEIRA, PAMELA M              | 6813     | 6520    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/4/2019       | 5/13/2020  | 6/22/2020 13:57 | 2021      |
| VIGGIANO, VICO MARK           | 6144     | 5978    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2018      | 4/9/2020   | 4/26/2020 20:28 | 2021      |
| VILLALBA, MICHAEL DANIEL      | 6744     | 6706    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2019      | 4/17/2020  | 6/24/2020 8:29  | 2021      |
| VILLANUEVA-GUANCHEZ, MELISSA  | 6675     | 6604    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/9/2019       | 4/13/2020  | 4/15/2020 10:33 | 2021      |
| VILLARREAL, ALBERTO PABLO     | 6952     | 6644    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 3/22/2020  | 6/15/2020 14:52 | 2021      |
| VIQAR, MARIAM ARSHAD          | 5382     | 5082    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/19/2016      | 2/19/2020  | 2/21/2020 8:40  | 2021      |
| VOELKER, MATTHEW              | 6645     | 6738    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/13/2019      | 4/17/2020  | 4/24/2020 8:47  | 2021      |
| VOLFSON, BORIS                | 5257     | 4988    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/6/2016       | 4/23/2020  | 4/28/2020 17:44 | 2021      |
| VOTZAKIS, ELIAS               | 6150     | 6178    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 6/9/2020   | 6/11/2020 11:38 | 2021      |
| VU, KENNEY KHOI-LE            | 6310     | 6115    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/20/2018      | 5/3/2020   | 5/8/2020 13:18  | 2021      |
| VU-D'ELIA, CINDY YEN          | 6202     | 6184    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/25/2018      | 4/22/2020  | 6/19/2020 10:23 | 2021      |
| WAITE, WILLIAM CARLYLE        | 7099     | 6641    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 4/9/2020   | 4/26/2020 22:37 | 2021      |
| WALLEN, TYLER                 | 6124     | 5921    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/6/2018       | 4/15/2020  | 4/28/2020 11:52 | 2021      |
| WALLEY, ROBERT DAVID          | 4675     | 4450    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 4/21/2015      | 4/21/2020  | 5/1/2020 2:31   | 2021      |
| WALTER, BRIAN WAYNE           | 5532     | 5471    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/12/2017      | 6/11/2020  | 6/17/2020 8:39  | 2021      |
| WANG, KENNY                   | 6767     | 6443    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/29/2019      | 5/5/2020   | 5/14/2020 12:30 | 2021      |
| WARD, MINDY                   | 6722     | 6773    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/18/2019      | 5/6/2020   | 6/11/2020 10:29 | 2021      |
| WARREN, BLAIR                 | 6762     | 6635    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/10/2019      | 5/4/2020   | 6/11/2020 10:32 | 2021      |
| WARREN, ERIC                  | 6869     | 6479    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2019      | 4/2/2020   | 4/9/2020 0:13   | 2021      |
| WASELESKI, EDWARD JOSEPH JR   | 6873     | 6597    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 6/7/2019       | 5/5/2020   | 6/23/2020 15:51 | 2021      |
| WASERSTEIN, JESSICA           | 6609     | 6482    | 1902 | UO   | Osteo Resident | 20 - Clear   | 6/30/2021   | 5/31/2019      | 3/27/2020  | 4/3/2020 19:38  | 2021      |

|                          |      |      |         |                |            |           |           |           |                 |      |
|--------------------------|------|------|---------|----------------|------------|-----------|-----------|-----------|-----------------|------|
| WEAVER, KAITLIN DIANE    | 6437 | 6297 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/28/2018 | 3/18/2020 | 4/24/2020 2:16  | 2021 |
| WEINSTEIN, MATTHEW       | 6712 | 6427 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/28/2019 | 3/30/2020 | 4/6/2020 18:10  | 2021 |
| WELLS, NICOLE E          | 6122 | 6087 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/20/2018 | 4/16/2020 | 4/16/2020 10:56 | 2021 |
| WERBLIN, ALIA J          | 6433 | 6315 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/29/2018 | 4/9/2020  | 4/24/2020 13:54 | 2021 |
| WERNITZ, RYAN LESTER     | 5540 | 5493 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/13/2017 | 6/9/2020  | 6/10/2020 8:28  | 2021 |
| WERT, JAMES CHRISTOPHER  | 7012 | 6379 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/14/2019 | 3/24/2020 | 5/12/2020 8:59  | 2021 |
| WHITE, CHRISTOPHER MARK  | 5924 | 5393 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 5/31/2017 | 4/16/2020 | 4/16/2020 11:15 | 2021 |
| WHITNEY, ZACKARY BRYCE   | 6655 | 6696 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/12/2019 | 4/15/2020 | 5/18/2020 12:15 | 2021 |
| WIGGS, GENE MARTIN II    | 7148 | 6920 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 8/23/2019 | 6/10/2020 | 6/17/2020 12:31 | 2021 |
| WILLIAMS, JUSTIN MICHAEL | 6663 | 6511 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/4/2019  | 4/9/2020  | 4/29/2020 12:37 | 2021 |
| WILLIAMS, KATHERINE      | 6678 | 6645 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/10/2019 | 5/4/2020  | 6/23/2020 10:55 | 2021 |
| WILSON, DANIELLE DENISE  | 7050 | 6803 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/19/2019 | 5/22/2020 | 6/1/2020 12:07  | 2021 |
| WISEMAN, TAYLOR          | 6746 | 6798 | 1902 UO | Osteo Resident | 20 - Clear | 6/30/2021 | 6/19/2019 | 4/9/2020  | 5/19/2020 1:51  | 2021 |

| KEY_NAME                        | FILE_NBR | LIC_NBR | PROF | RANK | RANK_DESC      | LIC_STATUS | EXPIRE_DATE | LIC_ISSUE_DATE | APPLC_DATE | APPROVED_DATE   | XACT_CODE |
|---------------------------------|----------|---------|------|------|----------------|------------|-------------|----------------|------------|-----------------|-----------|
| WITKOFF, BENJAMIN M             | 6591     | 6838    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2019      | 3/30/2020  | 5/10/2020 2:29  | 2021      |
| WOJNOWSKI, KENNETH ARTHUR JR    | 6424     | 5973    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2018      | 4/9/2020   | 4/23/2020 16:03 | 2021      |
| WOODRUFF, GRANT CECIL           | 6184     | 5941    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/7/2018       | 3/5/2020   | 3/25/2020 13:17 | 2021      |
| WORLEY, MELANIE FAITH           | 6875     | 6752    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/17/2019      | 5/14/2020  | 5/27/2020 13:09 | 2021      |
| WRAZIDLO, SHAUNA MARIE          | 5974     | 5653    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/22/2017      | 4/15/2020  | 4/28/2020 17:53 | 2021      |
| WRIGHT, HEATHER MOODY           | 5789     | 5584    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/16/2017      | 3/1/2020   | 4/19/2020 20:15 | 2021      |
| WRIGHT, RYAN MICHAEL            | 7117     | 6790    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/19/2019      | 3/24/2020  | 5/4/2020 5:24   | 2021      |
| WU, BENEDICT CHANG              | 6368     | 5859    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/10/2018      | 4/7/2020   | 4/24/2020 13:29 | 2021      |
| WU, VINCENT                     | 6286     | 5891    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/31/2018      | 4/4/2020   | 4/8/2020 11:02  | 2021      |
| WU, WEN YAN                     | 6917     | 6825    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2019      | 5/4/2020   | 5/27/2020 13:16 | 2021      |
| WUKITSCH, KURT CHRISTOPHER DO   | 6169     | 5858    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/10/2018      | 4/2/2020   | 4/6/2020 13:47  | 2021      |
| WUTHRICH, KYLE ALEXANDER        | 5740     | 5487    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2017      | 3/6/2020   | 4/24/2020 0:39  | 2021      |
| WY, TOM JOSHUA PILLP            | 6527     | 6289    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/28/2018      | 3/24/2020  | 4/23/2020 17:38 | 2021      |
| YAGHOUBIAN, JONATHAN            | 6500     | 6172    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/25/2018      | 4/30/2020  | 6/15/2020 15:48 | 2021      |
| YANES, MARIEN                   | 6198     | 5925    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/7/2018       | 4/29/2020  | 6/5/2020 11:55  | 2021      |
| YANG, MILLET                    | 5560     | 5751    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/30/2017      | 6/9/2020   | 6/10/2020 11:57 | 2021      |
| YANICHKO, CHRISTOPHER JAMES D O | 6620     | 6564    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/5/2019       | 4/1/2020   | 4/1/2020 14:17  | 2021      |
| YAP HOLMAN, JESSICA CHRISTIANE  | 6267     | 6045    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/18/2018      | 1/27/2020  | 2/13/2020 15:56 | 2021      |
| YAP, CHELSEA REBECCA            | 6918     | 6820    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/20/2019      | 3/5/2020   | 3/25/2020 12:00 | 2021      |
| YARAS, REED JUSTIN              | 6866     | 6735    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2019      | 4/2/2020   | 5/8/2020 15:46  | 2021      |
| YATES, JEREMY GARNER            | 6852     | 6449    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/29/2019      | 2/21/2020  | 2/25/2020 11:50 | 2021      |
| YAZDANI-SABOUNI, SHEEVA         | 6156     | 5988    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2018      | 5/18/2020  | 6/25/2020 8:57  | 2021      |
| YEAGER, VIOLET                  | 6070     | 5857    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/10/2018      | 6/9/2020   | 6/11/2020 10:48 | 2021      |
| YEN, ERIN SYNNG                 | 6472     | 6002    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/15/2018      | 4/15/2020  | 4/24/2020 15:45 | 2021      |
| YODER, JONATHON PIZOR           | 6886     | 6636    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/10/2019      | 4/23/2020  | 5/13/2020 0:59  | 2021      |
| YOUNG, PARKER WINSTON           | 6906     | 6497    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/3/2019       | 2/26/2020  | 3/2/2020 14:41  | 2021      |
| YURUBI, MICHAEL                 | 6180     | 5940    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/7/2018       | 5/5/2020   | 6/2/2020 16:07  | 2021      |
| YUSCHAK, ERIC WILLIAM           | 6207     | 5933    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/7/2018       | 3/30/2020  | 4/3/2020 1:24   | 2021      |
| ZAHID, MUHAMMAD JAHANZEB        | 6343     | 5906    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/4/2018       | 3/23/2020  | 4/2/2020 0:36   | 2021      |
| ZAMBRA, GEIDEL NAZIR            | 6954     | 6537    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/5/2019       | 3/9/2020   | 5/6/2020 9:18   | 2021      |
| ZAMORA, GLENDA                  | 6389     | 5980    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/13/2018      | 3/18/2020  | 6/24/2020 11:34 | 2021      |
| ZAMOTA, YULIYA                  | 6060     | 6144    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/22/2018      | 6/9/2020   | 6/11/2020 9:48  | 2021      |
| ZARRABIAN, BAHARAN              | 6622     | 6710    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/12/2019      | 5/4/2020   | 5/18/2020 16:21 | 2021      |
| ZARRIN, ARASH                   | 6151     | 6035    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/18/2018      | 5/8/2020   | 5/19/2020 14:08 | 2021      |
| ZEGERS, MORGAN                  | 6605     | 6464    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 5/30/2019      | 5/1/2020   | 6/4/2020 16:10  | 2021      |
| ZEHER, BRITTENY                 | 7144     | 6884    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/27/2019      | 4/9/2020   | 4/24/2020 15:01 | 2021      |
| ZEHRING, STEPHAN                | 6598     | 6554    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/5/2019       | 1/21/2020  | 3/16/2020 8:41  | 2021      |
| ZHONG, NENG                     | 6359     | 6321    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 7/3/2018       | 6/9/2020   | 6/11/2020 11:55 | 2021      |
| ZHONG, XIawei                   | 6976     | 6750    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/17/2019      | 4/6/2020   | 4/28/2020 2:24  | 2021      |
| ZIA, MOHAMMAD UMAIR             | 6779     | 6640    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/10/2019      | 4/8/2020   | 4/9/2020 1:40   | 2021      |
| ZIMMERMAN, ETHAN DUANE          | 6505     | 6193    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/25/2018      | 2/18/2020  | 3/5/2020 11:43  | 2021      |
| ZOMORRODI, ASHKAHN              | 5759     | 5564    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/16/2017      | 1/8/2020   | 1/13/2020 16:02 | 2021      |
| ZORC, MARGRET                   | 6793     | 6682    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/11/2019      | 3/11/2020  | 4/8/2020 20:38  | 2021      |
| ZORRILLA, JULIAN JOSUE          | 5732     | 5624    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/21/2017      | 2/21/2020  | 2/25/2020 10:26 | 2021      |
| ZUSMAN, ROBERT                  | 6858     | 6517    | 1902 | UO   | Osteo Resident | 20 - Clear | 6/30/2021   | 6/4/2019       | 2/19/2020  | 2/21/2020 8:50  | 2021      |

**BOARD OF OSTEOPATHIC MEDICINE RULES REPORT  
AUGUST - 2020**

| <b>Rule Number</b> | <b>Rule Title</b>                                                                                | <b>Date Rule Language Approved by Board</b> | <b>Date Sent to OFARR</b>   | <b>Rule Development Published</b> | <b>Notice Published</b> | <b>Adopted</b> | <b>Effective</b> |
|--------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------|-----------------------------------|-------------------------|----------------|------------------|
| 64B15-6.003        | Physician Assistant Licensure                                                                    | 6/22/20                                     | 6/8/20 (RD)<br>7/14/20 (RN) | 6/18/20                           | 7/22/20                 |                |                  |
| 64B15-6.0035       | Physician Assistant Licensure Renewal and Reactivation                                           |                                             | 7/14/20                     | 7/22/20                           |                         |                |                  |
| 64B15-6.011        | Disciplinary Guidelines                                                                          |                                             | 12/11/19 (RD)               | 12/19/19                          |                         |                |                  |
| 64B15-12.003       | Applications for Licensure                                                                       | 5/15/20                                     | 5/21/20 (RD)<br>7/9/20 (RN) | 5/29/20                           | 7/17/20                 |                |                  |
| 64B15-12.005       | Limited Licensure                                                                                | 5/15/20                                     | 5/21/20 (RD)<br>7/9/20 (RN) | 5/29/20                           | 7/17/20                 |                |                  |
| 64B15-12.009       | Osteopathic Faculty Certificate                                                                  | 5/15/20                                     | 5/21/20 (RD)<br>7/9/20 (RN) | 5/29/20                           | 7/17/20                 |                |                  |
| 64B15-12.010       | Temporary Certificate to Practice in an Area of Critical Need                                    | 5/15/20                                     | 5/21/20 (RD)<br>7/9/20 (RN) | 5/29/20                           | 7/17/20                 |                |                  |
| 64B15-12.011       | Temporary Certificate for Active Duty Military and Veterans Practicing in Areas of Critical Need | 5/15/20                                     | 5/21/20 (RD)<br>7/9/20 (RN) | 5/29/20                           | 7/17/20                 |                |                  |
| 64B15-13.001       | Continuing Education for Biennial Renewal                                                        | 5/15/20                                     | 5/19/20                     | 5/27/20                           | 6/11/20                 | 7/24/20        | 8/13/20          |
| 64B15-13.001       | Continuing Education for Biennial Renewal                                                        | 6/22/20                                     | 6/23/20                     | 7/1/20                            | 7/17/20                 |                |                  |
| 64B15-16.002       | Procedures (Repeal)                                                                              | 5/15/20                                     | 6/23/20                     | N/A                               | 7/1/20                  | 8/10/20        | 8/30/20          |
| 64B15-19.002       | Violations and Penalties                                                                         |                                             | 12/11/19 (RD)               | 12/19/19                          |                         |                |                  |
| 64B15-22.004       | Mandatory Registration of Unlicensed Physicians                                                  | 5/15/20                                     | 5/21/20 (RD)<br>7/9/20 (RN) | 5/29/20                           | 7/17/20                 |                |                  |

**BOARD OF OSTEOPATHIC MEDICINE RULES REPORT  
JULY - 2020**

| <b>Rule Number</b> | <b>Rule Title</b>                                                                                | <b>Date Rule Language Approved by Board</b> | <b>Date Sent to OFARR</b>   | <b>Rule Development Published</b> | <b>Notice Published</b> | <b>Adopted</b> | <b>Effective</b> |
|--------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------|-----------------------------------|-------------------------|----------------|------------------|
| 64B15ER20-18       | Continuing Medical Education for the 2018-2020 Biennial Renewal                                  | 3/13/20                                     | 3/13/20                     | N/A                               | 3/16/20                 | 3/13/20        | 3/13/20          |
| 64B15-6.003        | Physician Assistant Licensure                                                                    | 6/22/20                                     | 6/8/20 (RD)                 | 6/18/20                           |                         |                |                  |
| 64B15-6.011        | Disciplinary Guidelines                                                                          |                                             | 12/11/19 (RD)               | 12/19/19                          |                         |                |                  |
| 64B15-12.003       | Applications for Licensure                                                                       | 5/15/20                                     | 5/21/20 (RD)<br>7/9/20 (RN) | 5/29/20                           |                         |                |                  |
| 64B15-12.005       | Limited Licensure                                                                                | 5/15/20                                     | 5/21/20 (RD)<br>7/9/20 (RN) | 5/29/20                           |                         |                |                  |
| 64B15-12.009       | Osteopathic Faculty Certificate                                                                  | 5/15/20                                     | 5/21/20 (RD)<br>7/9/20 (RN) | 5/29/20                           |                         |                |                  |
| 64B15-12.010       | Temporary Certificate to Practice in an Area of Critical Need                                    | 5/15/20                                     | 5/21/20 (RD)<br>7/9/20 (RN) | 5/29/20                           |                         |                |                  |
| 64B15-12.011       | Temporary Certificate for Active Duty Military and Veterans Practicing in Areas of Critical Need | 5/15/20                                     | 5/21/20 (RD)<br>7/9/20 (RN) | 5/29/20                           |                         |                |                  |
| 64B15-13.001       | Continuing Education for Biennial Renewal                                                        | 5/15/20                                     | 5/19/20                     | 5/27/20                           | 6/11/20                 |                |                  |
| 64B15-13.001       | Continuing Education for Biennial Renewal                                                        | 6/22/20                                     | 6/23/20                     | 7/1/20                            |                         |                |                  |
| 64B15-16.002       | Procedures (Repeal)                                                                              | 5/15/20                                     | 6/23/20                     | N/A                               | 7/1/20                  |                |                  |
| 64B15-19.002       | Violations and Penalties                                                                         |                                             | 12/11/19 (RD)               | 12/19/19                          |                         |                |                  |
| 64B15-22.004       | Mandatory Registration of Unlicensed Physicians                                                  | 5/15/20                                     | 5/21/20 (RD)<br>7/9/20 (RN) | 5/29/20                           |                         |                |                  |

**BOARD OF OSTEOPATHIC MEDICINE RULES REPORT  
JUNE - 2020**

| <b>Rule Number</b> | <b>Rule Title</b>                                                                                | <b>Date Rule Language Approved by Board</b> | <b>Date Sent to OFARR</b> | <b>Rule Development Published</b> | <b>Notice Published</b>                                        | <b>Adopted</b> | <b>Effective</b> |
|--------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------|-----------------------------------|----------------------------------------------------------------|----------------|------------------|
| 64B15ER20-18       | Continuing Medical Education for the 2018-2020 Biennial Renewal                                  | 3/13/20                                     | 3/13/20                   | N/A                               | 3/16/20                                                        | 3/13/20        | 3/13/20          |
| 64B15-6.003        | Physician Assistant Licensure                                                                    |                                             | 6/8/20 (RD)               |                                   |                                                                |                |                  |
| 64B15-6.011        | Disciplinary Guidelines                                                                          |                                             | 12/11/19 (RD)             | 12/19/19                          |                                                                |                |                  |
| 64B15-12.003       | Applications for Licensure                                                                       | 5/15/20                                     | 5/21/20 (RD)              | 5/29/20                           |                                                                |                |                  |
| 64B15-12.005       | Limited Licensure                                                                                | 5/15/20                                     | 5/21/20 (RD)              | 5/29/20                           |                                                                |                |                  |
| 64B15-12.009       | Osteopathic Faculty Certificate                                                                  | 5/15/20                                     | 5/21/20 (RD)              | 5/29/20                           |                                                                |                |                  |
| 64B15-12.010       | Temporary Certificate to Practice in an Area of Critical Need                                    | 5/15/20                                     | 5/21/20 (RD)              | 5/29/20                           |                                                                |                |                  |
| 64B15-12.011       | Temporary Certificate for Active Duty Military and Veterans Practicing in Areas of Critical Need | 5/15/20                                     | 5/21/20 (RD)              | 5/29/20                           |                                                                |                |                  |
| 64B15-13.001       | Continuing Education for Biennial Renewal                                                        | 5/15/20                                     | 5/19/20                   | 5/27/20                           |                                                                |                |                  |
| 64B15-14.007       | Standard of Care for Office Surgery                                                              | 1/6/20                                      | 1/7/20                    | 1/15/20                           | 1/31/20                                                        | 3/4/20         | 3/24/20          |
| 64B15-14.0076      | Requirement for Physician Office Registration; Inspection or Accreditation                       | 1/6/20                                      | 1/7/20                    | 1/15/20                           | 1/31/20 (JAPC letter rec'd 2/10/20; Resp. letter sent 2/12/20) | 3/4/20         | 3/24/20          |
| 64B15-19.002       | Violations and Penalties                                                                         |                                             | 12/11/19 (RD)             | 12/19/19                          |                                                                |                |                  |
| 64B15-22.004       | Mandatory Registration of Unlicensed Physicians                                                  | 5/15/20                                     | 5/21/20 (RD)              | 5/29/20                           |                                                                |                |                  |

**64B15-12.0031 Registration as a Dispensing Physician; Delegation of Dispensing to Prescribing Physician Assistants.**

A physician may dispense drugs to his or her patient in the regular course of his or her practice provided that the physician is registered as a dispensing physician with the Board of Osteopathic Medicine. In order to register as a dispensing physician, the physician must:

(1) Submit application to the Board on form DH-MQA 1242, entitled "Osteopathic Physician Dispensing Registration," (8/10), which is hereby incorporated by reference and available from the Board of Osteopathic Medicine's website at <http://www.doh.state.fl.us/mqa/osteopath/index.html>.

(2) Comply with the provisions of Section 465.0276, F.S., regarding dispensing physicians; and,

(3) Pay the registration fee as set forth in Rule 64B15-10.005, F.A.C.

(4) Pursuant to Section 459.022(4)(e), F.S., a dispensing physician who supervises a Florida-licensed prescribing physician assistant has the authority to delegate to the prescribing physician assistant the dispensing of any medication used in the supervising physician's practice unless such medication is listed in the formulary set forth in Rule 64B15-6.0038, F.A.C. The delegation of dispensing to the prescribing physician assistant must be documented with the Board of Osteopathic Medicine by completing form DH-MQA 1240, entitled "Dispensing Physician Assistant," (8/10), which is hereby incorporated by reference and available from the Board of Osteopathic Medicine's website at [http://www.doh.state.fl.us/mqa/medical/me\\_applicant.html](http://www.doh.state.fl.us/mqa/medical/me_applicant.html). No fee is required for the delegation of dispensing to physician assistants.

*Rulemaking Authority 459.005, 465.0276 FS. Law Implemented 465.0276, 459.022(4)(e) FS. History—New 12-6-10.*

**DRAFT LANGUAGE FOR REVIEW BY BOARD OF OSTEOPATHIC MEDICINE – AUGUST, 2020**

64B15-12.0031 Registration as a Dispensing Physician; Delegation of Dispensing to Prescribing Physician Assistants. A physician may dispense drugs to his or her patient in the regular course of his or her practice provided that the physician is registered as a dispensing physician with the Board of Osteopathic Medicine. In order to register as a dispensing physician, the physician must:

(1) Submit application to the Board on form DH-MQA 1242, entitled “Osteopathic Physician Dispensing Registration,” (8/10), which is hereby incorporated by reference and available from the Board of Osteopathic Medicine’s website at <http://www.doh.state.fl.us/mqa/osteopath/index.html>.

(2) Comply with the provisions of Section 465.0276, F.S., regarding dispensing physicians; and,

(3) Pay the registration fee as set forth in Rule 64B15-10.005, F.A.C.

(4) Pursuant to Section 459.022(4)(e), F.S., a dispensing physician who supervises a Florida-licensed prescribing physician assistant has the authority to delegate to the prescribing physician assistant the dispensing of any medication used in the supervising physician’s practice unless such medication is listed in the formulary set forth in Rule 64B15-6.0038, F.A.C. The delegation of dispensing to the prescribing physician assistant must be documented with the Board of Osteopathic Medicine by completing form DH-MQA 1240, entitled “Dispensing Physician Assistant,” (6/20) (8/10), which is hereby incorporated by reference and available from <http://www.flrules.org/Gateway/reference.asp?No=Ref-> or the Board of Osteopathic Medicine’s website at [http://www.doh.state.fl.us/mqa/medical/me\\_applicant.html](http://www.doh.state.fl.us/mqa/medical/me_applicant.html). No fee is required for the delegation of dispensing to physician assistants.

Rulemaking Authority 459.005, 465.0276 FS. Law Implemented 465.0276, 459.022(4)(e) FS. History–New 12-6-10,\_\_\_\_\_.

**DRAFT LANGUAGE – AUGUST, 2020**

**64B15-19.001 Purpose.**

The board provides within this rule chapter disciplinary guidelines which shall be imposed upon applicants or licensees whom it regulates under Chapter 459, F.S., or telehealth providers registered under section 456.47(4), F.S. The purpose of this rule chapter is to notify applicants and licensees of the ranges of penalties which will routinely be imposed during a formal or informal hearing unless the board finds it necessary to deviate from the stated guidelines ~~for the stated reasons given within this rule~~. Each range includes the lowest and highest penalty and all penalties falling between. For purposes of this rule chapter, the order of penalties, ranging from lowest to highest, is: letter of concern; reprimand; probation; fine; restriction or certification with restrictions; suspension, revocation or refusal to certify. For telehealth registrants, a suspension may be accompanied by a corrective action plan that addresses the conduct which resulted in the underlying disciplinary violations. The Board may require a corrective action plan to be completed prior to reinstatement of the suspended registration or the corrective action plan may follow a suspension for a definite term. Pursuant to Section 459.015(2), F.S., combinations of these penalties are permissible by law. Nothing in this rule chapter shall preclude any discipline imposed upon an applicant or licensee pursuant to a stipulation or settlement agreement, nor shall the stated ranges of penalties ~~set forth in this rule~~ preclude the probable cause panel from issuing a letter of guidance upon a finding of probable cause where appropriate.

*Rulemaking Authority 456.079, 459.005, 459.015(5) FS. Law Implemented 456.079 FS. History—New 9-30-87, Formerly 21R-19.001, 61F9-19.001, 59W-19.001, Amended 2-2-98, 11-12-00.*

**64B15-19.001 Purpose.**

The board provides within this rule disciplinary guidelines which shall be imposed upon applicants or licensees whom it regulates under Chapter 459, F.S. The purpose of this rule is to notify applicants and licensees of the ranges of penalties which will routinely be imposed during a formal or informal hearing unless the board finds it necessary to deviate from the guidelines for the stated reasons given within this rule. Each range includes the lowest and highest penalty and all penalties falling between. For purposes of this rule, the order of penalties, ranging from lowest to highest, is: letter of concern; reprimand; probation; fine; restriction or certification with restrictions; suspension, revocation or refusal to certify. Pursuant to Section 459.015(2), F.S., combinations of these penalties are permissible by law. Nothing in this rule shall preclude any discipline imposed upon an applicant or licensee pursuant to a stipulation or settlement agreement, nor shall the ranges of penalties set forth in this rule preclude the probable cause panel from issuing a letter of guidance upon a finding of probable cause where appropriate.

*Rulemaking Authority 456.079, 459.005, 459.015(5) FS. Law Implemented 456.079 FS. History—New 9-30-87, Formerly 21R-19.001, 61F9-19.001, 59W-19.001, Amended 2-2-98, 11-12-00.*

**DRAFT LANGUAGE FOR TELEHEALTH VIOLATIONS, LEGISLATIVE CHANGES, AND OTHER – AUGUST, 2020**

**64B15-19.002 Violations and Penalties.**

In imposing discipline upon applicants and licensees, the board shall act in accordance with the following disciplinary guidelines and shall impose a penalty within the range corresponding to the violations set forth below. The statutory language is intended to provide a description of the violation and is not a complete statement of the violation; the complete statement may be found in the statutory provision cited directly under each violation description.

| <u>Violation</u>                                                                                                                                                                               | <u>Minimum</u>                                           | <u>Maximum</u>                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| (1) Attempting to obtain, obtaining or renewing a license or certificate by bribery, fraud or through an error of the Department or board.<br>(Sections 456.072(1)(h) and 459.015(1)(a), F.S.) |                                                          |                                                          |
| <u>(a) Attempting to obtain an initial license or certificate by bribery or fraud.</u>                                                                                                         | <u>Denial of application and a \$10,000.00 fine.</u>     |                                                          |
| <u>FOR TELEHEALTH REGISTRANTS:</u>                                                                                                                                                             | <u>Denial of application</u>                             |                                                          |
| <u>(b) Attempting to renew a license by bribery or fraud.</u>                                                                                                                                  |                                                          |                                                          |
| <u>FIRST OFFENSE:</u>                                                                                                                                                                          | <u>Revocation of the license and a \$5,000.00 fine.</u>  | <u>Revocation of the license and a \$10,000.00 fine.</u> |
| <u>SECOND OFFENSE:</u>                                                                                                                                                                         | <u>Revocation of the license and a \$10,000.00 fine.</u> |                                                          |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                               | <u>Revocation</u>                                        |                                                          |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                              | <u>Revocation</u>                                        |                                                          |
| <u>(c) Obtaining or renewing a license by bribery or fraud.</u>                                                                                                                                |                                                          |                                                          |
| <u>FIRST OFFENSE:</u>                                                                                                                                                                          | <u>Revocation of the license and a \$5,000.00 fine.</u>  | <u>Revocation of the license and a \$10,000.00 fine.</u> |
| <u>SECOND OFFENSE:</u>                                                                                                                                                                         | <u>Revocation of the license and a \$10,000.00 fine.</u> |                                                          |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                               | <u>Revocation</u>                                        |                                                          |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                              | <u>Revocation</u>                                        |                                                          |
| <u>(d) Obtaining or renewing a license through error of the Department or the Board.</u>                                                                                                       |                                                          |                                                          |
| <u>FIRST OFFENSE:</u>                                                                                                                                                                          | <u>Revocation</u>                                        |                                                          |
| <u>SECOND OFFENSE:</u>                                                                                                                                                                         | <u>Revocation</u>                                        |                                                          |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                               | <u>Revocation</u>                                        |                                                          |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                              | <u>Revocation</u>                                        |                                                          |

|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIRST OFFENSE:                                                                                                              | Denial with ability to reapply immediately upon payment of \$5,000.00 fine or probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                           | Denial with ability to reapply in not less than 3 years or revocation and \$7,500.00 fine.                                                                                                                                                                                                                                                                                                                    |
| SECOND OFFENSE:                                                                                                             | Denial with ability to reapply in not less than 3 years and \$10,000.00 fine or suspension to be followed by probation and \$10,000.00 fine.                                                                                                                                                                                                                                           | Denial of license with no ability to reapply or revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                                              |
| (2) Action taken against license by another jurisdiction.<br>(Sections 456.47(4)(d), 456.072(1)(f) and 459.015(1)(b), F.S.) |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                              | Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine ranging from \$1,000.00 to \$5,000.00, or denial of the license. | Revocation <del>Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to</del> revocation or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine ranging from \$5,000.00 to \$10,000.00, or denial of the license. |
| SECOND OFFENSE:                                                                                                             | Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was taken, and an administrative fine ranging from \$5,000.00 to \$10,000.00, or denial of the license.           | Revocation and an administrative fine of \$10,000.00 or denial of license until the licensee's license is unencumbered in the jurisdiction where disciplinary action was originally taken.                                                                                                                                                                                                                    |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>FIRST OFFENSE:                                                                         | <u>Imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in Florida to suspension until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, or denial of the license.</u>                                                                                       | <u>Revocation or denial of the license.</u>                                                                                                                                                                                                                                                                                                                                                                   |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>SECOND OFFENSE:                                                                        | <u>Imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in Florida to suspension, or denial of the license.</u>                                                                                                                                                                                               | <u>Revocation or denial of the license.</u>                                                                                                                                                                                                                                                                                                                                                                   |
| (3) Guilty of crime directly relating to practice or ability to practice.<br>(Sections 456.072(1)(c) and                    |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                               |

|                                                                                                          |                                                             |                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 459.015(1)(c), F.S.)                                                                                     |                                                             |                                                                                                                                           |
| FIRST OFFENSE:                                                                                           | Probation and \$2,000.00 fine.                              | Revocation and \$5,000.00 fine or denial of license <del>with ability to reapply for licensure in not less than 3 years revocation.</del> |
| SECOND OFFENSE:                                                                                          | Suspension to be followed by probation and \$5,000.00 fine. | <del>Revocation and</del> <u>And</u> \$10,000.00 fine or <del>permanent</del> denial of license.                                          |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                         | <u>Reprimand</u>                                            | <u>Revocation or denial of licensure.</u>                                                                                                 |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                        | <u>Suspension with a corrective action plan.</u>            | <u>Revocation or denial of licensure.</u>                                                                                                 |
| (4) False, deceptive, or misleading advertising.<br>(Section 459.015(1)(d), F.S.)                        |                                                             |                                                                                                                                           |
| FIRST OFFENSE:                                                                                           | Letter of concern.                                          | Reprimand and \$1,000.00 fine.                                                                                                            |
| SECOND OFFENSE:                                                                                          | Probation and \$2,000.00 fine 3 month.                      | Probation and \$5,000.00 fine.                                                                                                            |
| THIRD OFFENSE:                                                                                           | Suspension to be followed by probation and \$5,000.00 fine. | 1 year suspension to be followed by probation and \$5,000.00 fine.                                                                        |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                         | <u>Letter of concern.</u>                                   | <u>Reprimand.</u>                                                                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OR SUBSEQUENT OFFENSE:</u>                                          | <u>Suspension with a corrective action plan.</u>            | <u>Revocation</u>                                                                                                                         |
| (5) Failure to report another licensee in violation.<br>(Sections 456.072(1)(i) and 459.015(1)(e), F.S.) |                                                             |                                                                                                                                           |
| FIRST OFFENSE:                                                                                           | Letter of concern.                                          | Reprimand and \$1,000.00 fine.                                                                                                            |
| SECOND OFFENSE:                                                                                          | Reprimand and \$2,500.00 fine.                              | Probation and \$2,500.00 fine.                                                                                                            |
| THIRD OFFENSE:                                                                                           | Probation and \$5,000.00 fine.                              | Suspension to be followed by probation and \$5,000.00 fine.                                                                               |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                         | <u>Letter of concern.</u>                                   | <u>Reprimand.</u>                                                                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OR SUBSEQUENT OFFENSE:</u>                                          | <u>Reprimand</u>                                            | <u>Suspension with a corrective action plan.</u>                                                                                          |
| (6) Aiding unlicensed practice.<br>(Sections 456.072(1)(j) and 459.015(1)(f), F.S.)                      |                                                             |                                                                                                                                           |
| FIRST OFFENSE:                                                                                           | Probation and \$2,500.00 fine.                              | Denial or revocation and \$5,000.00 fine.                                                                                                 |
| SECOND OFFENSE:                                                                                          | Suspension to be followed by probation and \$5,000.00 fine. | Denial or revocation and \$10,000.00 fine.                                                                                                |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                         | <u>Suspension with a corrective action plan</u>             | <u>Revocation or denial of license.</u>                                                                                                   |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                        | <u>Suspension</u>                                           | <u>Revocation or denial of license.</u>                                                                                                   |
| (7) Failure to perform legal duty or                                                                     |                                                             |                                                                                                                                           |

|                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                                     |
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| obligation.<br>(Sections 456.072(1)(k) and<br>459.015(1)(g), F.S.)                                                                                                       |                                                                                                                                           |                                                                                                                                                                     |
| FIRST OFFENSE:                                                                                                                                                           | Reprimand and \$1,000.00 fine.                                                                                                            | <del>Revocation</del> <del>Denial with ability to<br/>reapply after no less than 2 years or</del><br>revocation and \$5,000.00 fine <u>or</u><br>denial of license. |
| SECOND OFFENSE:                                                                                                                                                          | Probation and \$5,000.00 fine.                                                                                                            | Denial or revocation and \$10,000.00<br>fine.                                                                                                                       |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>FIRST OFFENSE:                                                                                                                      | <u>Reprimand.</u>                                                                                                                         | <u>Revocation or denial of license.</u>                                                                                                                             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>SECOND OFFENSE:                                                                                                                     | <u>Suspension with a corrective action plan.</u>                                                                                          | <u>Revocation or denial of license.</u>                                                                                                                             |
| (8) Failing to comply with the<br>requirements for qualified physicians or<br>medical directors required by Section<br>381.986(3), F.S.<br>(Section 456.072(1)(k), F.S.) |                                                                                                                                           |                                                                                                                                                                     |
| FIRST OFFENSE:                                                                                                                                                           | A letter of concern, and a fine of<br>\$1,000.00.                                                                                         | Probation and a fine of \$5,000.00.                                                                                                                                 |
| SECOND OFFENSE:                                                                                                                                                          | A reprimand and a fine of \$5,000.00.                                                                                                     | Revocation and a fine of \$10,000.00.                                                                                                                               |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                        | <u>Not applicable to telehealth registrants.</u>                                                                                          |                                                                                                                                                                     |
| (9) Giving false testimony regarding the<br>practice of medicine.<br>(Section 459.015(1)(h), F.S.)                                                                       |                                                                                                                                           |                                                                                                                                                                     |
| FIRST OFFENSE:                                                                                                                                                           | Reprimand and \$2,500.00 fine.                                                                                                            | Probation and \$5,000.00 fine.                                                                                                                                      |
| SECOND OFFENSE:                                                                                                                                                          | Suspension to be followed by probation<br>and \$5,000.00 fine.                                                                            | Revocation and \$10,000 fine or<br>denial of license.                                                                                                               |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>FIRST OFFENSE:                                                                                                                      | <u>Reprimand</u>                                                                                                                          | <u>Suspension with a corrective action<br/>plan.</u>                                                                                                                |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>SECOND OFFENSE:                                                                                                                     | <u>Suspension with a corrective action plan.</u>                                                                                          | <u>Revocation or denial of license.</u>                                                                                                                             |
| (10) Filing a false report or failing to file<br>a report as required.<br>(Sections 456.072(1)(l) and 459.015(1)(i),<br>F.S.)                                            |                                                                                                                                           |                                                                                                                                                                     |
| FIRST OFFENSE:                                                                                                                                                           | Reprimand and \$5,000.00 fine.                                                                                                            | Suspension to be followed by<br>probation and \$10,000.00 fine or<br>denial <del>with ability to reapply in not<br/>less than 1 year.</del>                         |
| SECOND OFFENSE:                                                                                                                                                          | Denial <del>with ability to reapply in not less<br/>than 3 years</del> or suspension to be followed<br>by probation and \$10,000.00 fine. | Denial <del>with no ability to reapply</del> or<br>revocation and \$10,000.00 fine.                                                                                 |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>FIRST OFFENSE:                                                                                                                      | <u>Reprimand</u>                                                                                                                          | <u>Suspension with a corrective action<br/>plan or denial.</u>                                                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>SECOND OFFENSE:                                                                                                                     | <u>Suspension with a corrective action plan<br/>or denial.</u>                                                                            | <u>Revocation or denial.</u>                                                                                                                                        |
| (11) Kickbacks and unauthorized fee                                                                                                                                      |                                                                                                                                           |                                                                                                                                                                     |

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| arrangements.<br>(Section 459.015(1)(j), F.S.)                                                                                                                         |                                                                        |                                                                       |
| FIRST OFFENSE:                                                                                                                                                         | Probation and \$2,500.00 fine.                                         | Denial or suspension to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                                                        | Denial or suspension to be followed by probation and \$10,000.00 fine. | Denial or revocation and a \$10,000.00 fine.                          |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                       | <u>Denial or suspension with corrective action plan.</u>               | <u>Denial or suspension.</u>                                          |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                      | <u>Denial or suspension</u>                                            | <u>Denial or revocation</u>                                           |
| (12) Failure to provide financial disclosure form to a patient being referred to an entity in which the referring physician is an investor.<br>(Section 456.053, F.S.) |                                                                        |                                                                       |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand.                                                             | Reprimand and \$2,500.00 fine.                                        |
| SECOND OFFENSE:                                                                                                                                                        | Reprimand and \$5,000.00 fine.                                         | Probation and \$5,000.00 fine.                                        |
| THIRD OFFENSE:                                                                                                                                                         | Probation and \$7,500.00 fine.                                         | Suspension to be followed by probation and \$10,000.00 fine.          |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                       | <u>Reprimand.</u>                                                      | <u>Suspension with a corrective action plan.</u>                      |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OR SUBSEQUENT OFFENSE:</u>                                                                                                        | <u>Suspension with a corrective action plan.</u>                       | <u>Suspension.</u>                                                    |
| (13) Improper refusal to provide health care.<br>(Section 459.015(1)(k), F.S.)                                                                                         |                                                                        |                                                                       |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand and \$5,000.00 fine.                                         | Probation and \$5,000.00 fine.                                        |
| SECOND OFFENSE:                                                                                                                                                        | Suspension to be followed by probation and \$7,500.00 fine.            | Revocation and \$10,000.00 fine.                                      |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                       | <u>Reprimand</u>                                                       | <u>Suspension with a corrective action plan.</u>                      |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                      | <u>Suspension with a corrective action plan.</u>                       | <u>Revocation</u>                                                     |
| (14) Sexual misconduct within the patient physician relationship.<br>(Sections 456.072(1)(v) and 459.015(1)(l), F.S.)                                                  |                                                                        |                                                                       |
| FIRST OFFENSE:                                                                                                                                                         | Probation and \$10,000.00 fine.                                        | Denial of licensure or revocation and \$10,000.00 fine.               |
| SECOND OFFENSE:                                                                                                                                                        | Suspension to be followed by probation and \$10,000.00 fine.           | Denial of licensure or revocation and \$10,000.00 fine.               |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                       | <u>Suspension with a corrective action plan.</u>                       | <u>Denial of licensure or revocation</u>                              |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                      | <u>Suspension</u>                                                      | <u>Denial of licensure or revocation</u>                              |
| (15) Deceptive, untrue, or fraudulent                                                                                                                                  |                                                                        |                                                                       |

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| misrepresentations in the practice of medicine.<br>(Sections 456.072(1)(a), (m) and 459.015(1)(m), F.S.) |                                                                                     |                                                                                                       |
| FIRST OFFENSE:                                                                                           | <u>Probation and a \$1,000.00 Reprimand and \$10,000.00 fine.</u>                   | <u>Denial of licensure or revocation suspension to be followed by probation and \$10,000.00 fine.</u> |
| SECOND OFFENSE:                                                                                          | Denial of licensure or suspension to be followed by probation and \$10,000.00 fine. | Denial of licensure or revocation and \$10,000.00 fine.                                               |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                         | <u>Reprimand</u>                                                                    | <u>Denial of licensure or revocation.</u>                                                             |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                        | <u>Denial of licensure or suspension with a corrective action plan.</u>             | <u>Denial of licensure or revocation.</u>                                                             |
| (16) Improper solicitation of patients.<br>(Section 459.015(1)(n), F.S.)                                 |                                                                                     |                                                                                                       |
| FIRST OFFENSE:                                                                                           | Reprimand and \$5,000.00 fine.                                                      | Probation and \$5,000.00 fine.                                                                        |
| SECOND OFFENSE:                                                                                          | Suspension to be followed by probation and \$7,500.00 fine.                         | Revocation and \$10,000.00 fine.                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                         | <u>Reprimand</u>                                                                    | <u>Suspension with a corrective action plan.</u>                                                      |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                        | <u>Suspension with a corrective action plan.</u>                                    | <u>Revocation</u>                                                                                     |
| (17) Failure to keep written medical records.<br>(Sections 459.015(1)(o), 456.47(3), F.S.)               |                                                                                     |                                                                                                       |
| FIRST OFFENSE:                                                                                           | Reprimand and \$5,000.00 fine.                                                      | Probation and \$5,000.00 fine.                                                                        |
| SECOND OFFENSE:                                                                                          | Suspension to be followed by probation and \$7,500.00 fine.                         | Revocation and \$10,000.00 fine.                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                         | <u>Reprimand</u>                                                                    | <u>Suspension with a corrective action plan.</u>                                                      |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                        | <u>Suspension with a corrective action plan.</u>                                    | <u>Revocation</u>                                                                                     |
| (18) Fraudulent, alteration or destruction of patient records.<br>(Section 459.015(1)(p), F.S.)          |                                                                                     |                                                                                                       |
| FIRST OFFENSE:                                                                                           | Probation and \$5,000.00 fine.                                                      | Suspension to be followed by probation and \$7,500.00 fine.                                           |
| SECOND OFFENSE:                                                                                          | Suspension to be followed by probation and \$7,500.00 fine.                         | Revocation and \$10,000.00 fine.                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                         | <u>Reprimand</u>                                                                    | <u>Suspension with a corrective action plan.</u>                                                      |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                        | <u>Suspension with a corrective action plan.</u>                                    | <u>Revocation</u>                                                                                     |
| (19) Exercising improper influence on patient.<br>(Sections 456.072(1)(n) and 459.015(1)(q), F.S.)       |                                                                                     |                                                                                                       |

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| FIRST OFFENSE:                                                                                                   | Probation and \$5,000.00 fine.                                               | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                             |
| SECOND OFFENSE:                                                                                                  | Suspension to be followed by probation and \$7,500.00 fine.                  | Revocation and \$10,000.00 fine.                                                                                                                                        |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                 | <u>Reprimand</u>                                                             | <u>Suspension with a corrective action plan.</u>                                                                                                                        |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                | <u>Suspension with a corrective action plan</u>                              | <u>Revocation</u>                                                                                                                                                       |
| (20) Improper advertising of pharmacy.<br>(Section 459.015(1)(r), F.S.)                                          |                                                                              |                                                                                                                                                                         |
| FIRST OFFENSE:                                                                                                   | Letter of concern.                                                           | Reprimand and \$1,000.00 fine.                                                                                                                                          |
| SECOND OFFENSE:                                                                                                  | Probation and \$2,000.00 fine.                                               | Probation and \$5,000.00 fine.                                                                                                                                          |
| THIRD OFFENSE:                                                                                                   | Probation and \$7,500.00 fine.                                               | Suspension to be followed by probation and \$10,000.00 fine.                                                                                                            |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                 | <u>Letter of concern</u>                                                     | <u>Reprimand.</u>                                                                                                                                                       |
| <u>FOR TELEHEALTH REGISTRANTS SECOND AND SUBSEQUENT OFFENSE:</u>                                                 | <u>Suspension with a corrective action plan.</u>                             | <u>Suspension</u>                                                                                                                                                       |
| (21) Performing, professional services not authorized by patient.<br>(Section 459.015(1)(s), F.S.)               |                                                                              |                                                                                                                                                                         |
| FIRST OFFENSE:                                                                                                   | Reprimand and \$5,000.00 fine.                                               | Probation and \$5,000.00 fine.                                                                                                                                          |
| SECOND OFFENSE:                                                                                                  | Probation and \$7,500.00 fine.                                               | Revocation and \$10,000.00 fine.                                                                                                                                        |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                 | <u>Reprimand</u>                                                             | <u>Suspension with a corrective action plan.</u>                                                                                                                        |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                | <u>Suspension with a corrective action plan.</u>                             | <u>Revocation</u>                                                                                                                                                       |
| (22) Controlled substance violations.<br>(Section 459.015(1)(t), F.S.)                                           |                                                                              |                                                                                                                                                                         |
| FIRST OFFENSE:                                                                                                   | Probation and \$5,000.00 fine.                                               | <del>Revocation</del> <u>Suspension to be followed by probation and \$7,500.00 fine or denial of licensure.</u>                                                         |
| SECOND OFFENSE:                                                                                                  | Suspension to be followed by probation and \$7,500.00 fine.                  | Revocation and \$10,000.00 fine <u>or denial of licensure.</u>                                                                                                          |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                 | <u>Three (3) month suspension with a corrective action plan</u>              | <u>Revocation or denial of licensure.</u>                                                                                                                               |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                | <u>One (1) year suspension with a corrective action plan</u>                 | <u>Revocation or denial of licensure.</u>                                                                                                                               |
| (23) Prescribing or dispensing of a scheduled drug by the physician to himself.<br>(Section 459.015(1)(u), F.S.) |                                                                              |                                                                                                                                                                         |
| FIRST OFFENSE:                                                                                                   | Probation and \$5,000.00 fine, <u>and a mental and physical examination.</u> | Suspension to be followed by probation and \$7,500.00 fine, <u>and a mental and physical examination, and a mental and physical examination or denial of licensure.</u> |

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| SECOND OFFENSE:                                                                                                | Suspension to be followed by probation and \$7,500.00 fine, and a mental and physical examination.                                                                            | Revocation and \$10,000.00 fine or denial of licensure.                                                                                                                                               |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                               | <u>Fourteen (14) day suspension with a corrective action plan, and a mental and physical examination.</u>                                                                     | <u>Suspension, and a mental and physical examination or denial of licensure.</u>                                                                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                              | <u>Three (3) month suspension with a corrective action plan, and a mental and physical examination.</u>                                                                       | <u>Revocation or denial of licensure.</u>                                                                                                                                                             |
| (24) Use of amygdalin (Laetrile).<br>(Section 459.015(1)(v), F.S.)                                             |                                                                                                                                                                               |                                                                                                                                                                                                       |
| FIRST OFFENSE:                                                                                                 | Reprimand and \$5,000.00 fine.                                                                                                                                                | Probation and \$5,000.00 fine.                                                                                                                                                                        |
| SECOND OFFENSE:                                                                                                | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                   | Revocation and \$10,000.00 fine.                                                                                                                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                               | <u>Reprimand</u>                                                                                                                                                              | <u>Suspension with a corrective action plan.</u>                                                                                                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                              | <u>Suspension with a corrective action plan.</u>                                                                                                                              | <u>Revocation</u>                                                                                                                                                                                     |
| (25) Inability to practice medicine with skill and safety.<br>(Sections 456.072(1)(z) and 459.015(1)(w), F.S.) |                                                                                                                                                                               |                                                                                                                                                                                                       |
| FIRST OFFENSE:                                                                                                 | Denial or probation and \$2,500.00 fine.                                                                                                                                      | Denial or suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation and \$5,000.00 fine.                         |
| SECOND OFFENSE:                                                                                                | Denial or suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                                                                                                                                                            |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                               | <u>Denial or suspension with corrective action plan.</u>                                                                                                                      | <u>Denial or suspension for a minimum of one (1) year and until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety and a corrective action plan.</u>   |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                              | <u>Denial or suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety and a corrective action plan.</u>             | <u>Denial or suspension for a minimum of five (5) years and until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety and a corrective action plan.</u> |
| (26) Gross Malpractice.<br>(Section 459.015(1)(x), F.S.)                                                       |                                                                                                                                                                               |                                                                                                                                                                                                       |
| FIRST OFFENSE:                                                                                                 | Denial or probation and \$7,500.00 fine.                                                                                                                                      | Denial or revocation and \$10,000.00 fine.                                                                                                                                                            |
| SECOND OFFENSE:                                                                                                | Denial or suspension to be followed by                                                                                                                                        | Denial or revocation and \$10,000.00                                                                                                                                                                  |

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|                                                                                                                                                                                                                                                 | probation and \$7,500.00 fine.                                                             | fine.                                                                    |
| <u>FOR TELEHEALTH REGISTRANTS<br/>FIRST OFFENSE:</u>                                                                                                                                                                                            | <u>Denial or suspension with corrective<br/>action plan.</u>                               | <u>Denial or revocation</u>                                              |
| <u>FOR TELEHEALTH REGISTRANTS<br/>SECOND OFFENSE:</u>                                                                                                                                                                                           | <u>Denial or suspension</u>                                                                | <u>Denial or revocation</u>                                              |
| (27) Repeated Malpractice as defined in<br>Section 456.50, F.S.<br>(Section 459.015(1)(x), F.S.)                                                                                                                                                |                                                                                            |                                                                          |
| FIRST OFFENSE:                                                                                                                                                                                                                                  | Revocation or denial of license and fine<br>of \$1,000.00.                                 | Revocation or denial of license and<br>fine of \$10,000.00.              |
| <u>FOR TELEHEALTH REGISTRANTS<br/>FIRST OFFENSE:</u>                                                                                                                                                                                            | <u>Revocation or denial of license</u>                                                     | <u>Revocation or denial of license</u>                                   |
| (28) Failure to practice medicine in<br>accordance with appropriate level of care,<br>skill and treatment recognized in general<br>law related to the practice of medicine.<br>(Sections 456.47(2)(a), 456.50(1)(g) and<br>459.015(1)(x), F.S.) |                                                                                            |                                                                          |
| FIRST OFFENSE:                                                                                                                                                                                                                                  | Letter of concern, up to one (1) year<br>probation and \$1,000.00 fine.                    | Denial or revocation and \$10,000.00<br>fine.                            |
| SECOND OFFENSE:                                                                                                                                                                                                                                 | Two (2) year probation and \$7,500.00<br>fine.                                             | Denial or revocation and \$10,000.00<br>fine.                            |
| <u>FOR TELEHEALTH REGISTRANTS<br/>FIRST OFFENSE:</u>                                                                                                                                                                                            | <u>Letter of concern, up to one (1) year<br/>suspension with a corrective action plan.</u> | <u>Denial or revocation</u>                                              |
| <u>FOR TELEHEALTH REGISTRANTS<br/>SECOND OFFENSE:</u>                                                                                                                                                                                           | <u>Two (2) year suspension with a<br/>corrective action plan.</u>                          | <u>Denial or revocation</u>                                              |
| (29) Improper performing of experimental<br>treatment.<br>(Section 459.015(1)(y), F.S.)                                                                                                                                                         |                                                                                            |                                                                          |
| FIRST OFFENSE:                                                                                                                                                                                                                                  | Denial or reprimand and \$5,000.00 fine.                                                   | Denial or suspension to be followed<br>by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                                                                                                                                 | Denial or suspension to be followed by<br>probation and \$7,500.00 fine.                   | Denial or revocation and \$10,000.00<br>fine.                            |
| <u>FOR TELEHEALTH REGISTRANTS<br/>FIRST OFFENSE:</u>                                                                                                                                                                                            | <u>Denial or reprimand</u>                                                                 | <u>Denial or suspension with a<br/>corrective action plan.</u>           |
| <u>FOR TELEHEALTH REGISTRANTS<br/>SECOND OFFENSE:</u>                                                                                                                                                                                           | <u>Denial or suspension with a corrective<br/>action plan.</u>                             | <u>Denial or revocation</u>                                              |
| (30) Practicing beyond one's scope.<br>(Sections 456.072(1)(o) and<br>459.015(1)(z), F.S.)                                                                                                                                                      |                                                                                            |                                                                          |
| FIRST OFFENSE:                                                                                                                                                                                                                                  | Denial or reprimand and \$5,000.00 fine.                                                   | Denial or suspension to be followed<br>by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                                                                                                                                 | Denial or suspension to be followed by<br>probation and \$7,500.00 fine.                   | Denial or revocation and \$10,000.00<br>fine.                            |
| <u>FOR TELEHEALTH REGISTRANTS<br/>FIRST OFFENSE:</u>                                                                                                                                                                                            | <u>Denial or reprimand</u>                                                                 | <u>Denial or suspension with a<br/>corrective action plan.</u>           |
| <u>FOR TELEHEALTH REGISTRANTS<br/>SECOND OFFENSE:</u>                                                                                                                                                                                           | <u>Denial or suspension with a corrective<br/>action plan.</u>                             | <u>Denial or revocation</u>                                              |

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| (31) Delegation of professional responsibilities to unqualified person.<br>(Sections 456.072(1)(p) and 459.015(1)(aa), F.S.)       |                                                                       |                                                                                                        |
| FIRST OFFENSE:                                                                                                                     | Reprimand and \$2,500.00 fine.                                        | Denial or suspension to be followed by probation and \$5,000.00 fine.                                  |
| SECOND OFFENSE:                                                                                                                    | Denial or suspension to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                                                             |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                   | <u>Reprimand</u>                                                      | <u>Denial or suspension with a corrective action plan.</u>                                             |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                  | <u>Denial or suspension with a corrective action plan.</u>            | <u>Denial or revocation</u>                                                                            |
| (32) Violation of law, rule, order, or failure to comply with subpoena.<br>(Sections 456.072(1)(q), (dd) and 459.015(1)(bb), F.S.) |                                                                       |                                                                                                        |
| FIRST OFFENSE:                                                                                                                     | Denial or reprimand and \$5,000.00 fine.                              | Denial or <del>revocation</del> <del>suspension to be followed by probation</del> and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                    | Denial or suspension to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                                                             |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                   | <u>Denial or reprimand</u>                                            | <u>Denial or revocation.</u>                                                                           |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                  | <u>Denial or suspension with a corrective action plan.</u>            | <u>Denial or revocation</u>                                                                            |
| (33) Restricting another from lawfully advertising services.<br>(Section 459.015(1)(cc), F.S.)                                     |                                                                       |                                                                                                        |
| FIRST OFFENSE:                                                                                                                     | Letter of concern.                                                    | Reprimand and \$1,000.00 fine.                                                                         |
| SECOND OFFENSE:                                                                                                                    | Probation and \$2,000.00 fine.                                        | Probation and \$5,000.00 fine.                                                                         |
| THIRD OFFENSE:                                                                                                                     | 3 month suspension to be followed by probation and a \$5,000.00 fine. | 1 year suspension to be followed by probation and \$5,000.00 fine.                                     |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                   | <u>Letter of concern.</u>                                             | <u>Reprimand</u>                                                                                       |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OR SUBSEQUENT OFFENSE:</u>                                                                    | <u>Suspension with a corrective action plan</u>                       | <u>1 year suspension with corrective action plan.</u>                                                  |
| (34) Procuring, aiding or abetting an unlawful abortion.<br>(Section 459.015(1)(dd), F.S.)                                         |                                                                       |                                                                                                        |
| FIRST OFFENSE:                                                                                                                     | Probation and \$5,000.00 fine.                                        | <del>Denial or s</del> Suspension to be followed by probation and \$7,500.00 fine.                     |
| SECOND OFFENSE:                                                                                                                    | Suspension to be followed by probation and \$7,500.00 fine.           | <del>Denial or r</del> Revocation and \$10,000.00 fine.                                                |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                   | <u>Suspension with a corrective action plan</u>                       | <u>Denial or reprimand and suspension with corrective action plan.</u>                                 |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                  | <u>Suspension with a corrective action plan</u>                       | <u>Denial or revocation</u>                                                                            |

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| (35) Presigning blank prescription forms.<br>(Section 459.015(1)(ee), F.S.)                                                   |                                                 |                                                                                |
| FIRST OFFENSE:                                                                                                                | Reprimand and \$5,000.00 fine.                  | <u>Denial or s</u> Suspension to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                               | Probation and \$5,000.00 fine.                  | <u>Denial or r</u> Revocation and \$10,000.00 fine.                            |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                    | <u>Reprimand</u>                                | <u>Denial or suspension with a corrective action plan</u>                      |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                   | <u>Suspension with a corrective action plan</u> | <u>Denial or revocation</u>                                                    |
| (36) Prescribing a Schedule II substance for office use.<br>(Section 459.015(1)(ff), F.S.)                                    |                                                 |                                                                                |
| FIRST OFFENSE:                                                                                                                | Reprimand and \$5,000.00 fine.                  | <u>Denial or s</u> Suspension to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                               | Probation and \$5,000.00 fine.                  | <u>Denial or r</u> Revocation and \$10,000.00 fine.                            |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                    | <u>Reprimand</u>                                | <u>Denial or suspension with a corrective action plan</u>                      |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                   | <u>Suspension with a corrective action plan</u> | <u>Denial or revocation</u>                                                    |
| (37) Improper use of Schedule II amphetamine or sympathomimetic amine drug.<br>(Section 459.015(1)(gg), F.S.)                 |                                                 |                                                                                |
| FIRST OFFENSE:                                                                                                                | Reprimand and \$5,000.00 fine.                  | <u>Denial or s</u> Suspension to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                               | Probation and \$5,000.00 fine.                  | <u>Denial or r</u> Revocation and \$10,000.00 fine.                            |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                    | <u>Reprimand</u>                                | <u>Denial or suspension with a corrective action plan</u>                      |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                   | <u>Suspension with a corrective action plan</u> | <u>Denial or revocation</u>                                                    |
| (38) Failure to adequately supervise assisting personnel.<br>(Section 459.015(1)(hh), F.S.)                                   |                                                 |                                                                                |
| FIRST OFFENSE:                                                                                                                | Reprimand and \$5,000.00 fine.                  | <u>Denial or s</u> Suspension to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                               | Probation and \$5,000.00 fine.                  | <u>Denial or r</u> Revocation and \$10,000.00 fine.                            |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                    | <u>Reprimand</u>                                | <u>Denial or suspension with a corrective action plan</u>                      |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                   | <u>Suspension with a corrective action plan</u> | <u>Denial or revocation</u>                                                    |
| (39) Improper use of substances for muscle building or enhancement of athletic performance.<br>(Section 459.015(1)(ii), F.S.) |                                                 |                                                                                |

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| FIRST OFFENSE:                                                                                                                                                            | Reprimand and \$5,000.00 fine.                                                                                                                          | Suspension to be followed by probation and \$5,000.00 fine.                                                              |
| SECOND OFFENSE:                                                                                                                                                           | Probation and \$5,000.00 fine.                                                                                                                          | Revocation and \$10,000.00 fine.                                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>FIRST OFFENSE:                                                                                                                       | <u>Reprimand</u>                                                                                                                                        | <u>Suspension with a corrective action plan</u>                                                                          |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>SECOND OFFENSE:                                                                                                                      | <u>Suspension with a corrective action plan</u>                                                                                                         | <u>Revocation</u>                                                                                                        |
| (40) Misrepresenting, concealing a material fact during licensing, or disciplinary procedure.<br>(Section 459.015(1)(jj), F.S.)                                           |                                                                                                                                                         |                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                            | <del>Denial with ability to reapply immediately upon payment of \$5,000.00 fine or probation and \$5,000.00 fine.</del>                                 | <del>Denial and a \$7,500 fine with ability to reapply in not less than 3 years or revocation and \$7,500.00 fine.</del> |
| SECOND OFFENSE:                                                                                                                                                           | <del>Denial with ability to reapply in not less than 3 years and \$10,000.00 fine or suspension to be followed by probation and \$10,000.00 fine.</del> | <del>Denial of license and \$10,000 finewith no ability to reapply or revocation and \$10,000.00 fine.</del>             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>FIRST OFFENSE:                                                                                                                       | <u>Denial or suspension with a corrective action plan.</u>                                                                                              | <u>Denial or revocation.</u>                                                                                             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>SECOND OFFENSE:                                                                                                                      | <u>Denial or six (6) month suspension with a corrective action plan.</u>                                                                                | <u>Denial or revocation.</u>                                                                                             |
| (41) Improperly interfering with an investigation or disciplinary proceeding.<br>(Sections 456.072(1)(r) and 459.015(1)(kk), F.S.)                                        |                                                                                                                                                         |                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                            | Probation and \$10,000.00 fine.                                                                                                                         | Revocation and \$10,000.00 fine.                                                                                         |
| SECOND OFFENSE:                                                                                                                                                           | Suspension to be followed by probation and \$10,000.00 fine.                                                                                            | Revocation and \$10,000.00 fine.                                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>FIRST OFFENSE:                                                                                                                       | <u>Suspension with a corrective action plan.</u>                                                                                                        | <u>Revocation</u>                                                                                                        |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>SECOND OFFENSE:                                                                                                                      | <u>Suspension</u>                                                                                                                                       | <u>Revocation</u>                                                                                                        |
| (42) Failing to report any licensee who has <del>violated</del> violated the disciplinary act who provides services at the same office.<br>(Section 459.015(1)(ll), F.S.) |                                                                                                                                                         |                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                            | Letter of concern.                                                                                                                                      | Reprimand and \$1,000.00 fine.                                                                                           |
| SECOND OFFENSE:                                                                                                                                                           | Probation and \$2,000.00 fine.                                                                                                                          | Probation and \$5,000.00 fine.                                                                                           |
| THIRD OFFENSE:                                                                                                                                                            | Probation and \$7,500.00 fine.                                                                                                                          | Suspension to be followed by probation and \$10,000.00 fine.                                                             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>FIRST OFFENSE:                                                                                                                       | <u>Letter of concern.</u>                                                                                                                               | <u>Reprimand</u>                                                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS</u><br>SECOND OR SUBSEQUENT OFFENSE:                                                                                                        | <u>Suspension with a corrective action plan</u>                                                                                                         | <u>Reprimand and suspension with a corrective action plan.</u>                                                           |
| (43) Giving corroborating written medical expert opinion without reasonable investigation.                                                                                |                                                                                                                                                         |                                                                                                                          |

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| (Section 459.015(1)(mm), F.S.)                                                                                                                                 |                                                             |                                                              |
| FIRST OFFENSE:                                                                                                                                                 | Reprimand and \$5,000.00 fine.                              | Suspension to be followed by probation and \$5,000.00 fine.  |
| SECOND OFFENSE:                                                                                                                                                | Probation and \$5,000.00 fine.                              | Revocation and \$10,000.00 fine.                             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                                                     | <u>Reprimand</u>                                            | <u>Suspension with a corrective action plan.</u>             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                                                    | <u>Suspension with a corrective action plan.</u>            | <u>Revocation</u>                                            |
| (44) Failure to comply with guidelines for use of obesity drugs.<br>(Section 459.0135, F.S. and Rule 64B15-14.004, F.A.C.)                                     |                                                             |                                                              |
| FIRST OFFENSE:                                                                                                                                                 | Reprimand and \$5,000.00 fine.                              | Suspension to be followed by probation and \$5,000.00 fine.  |
| SECOND OFFENSE:                                                                                                                                                | Probation and \$5,000.00 fine.                              | Revocation and \$10,000.00 fine.                             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                                                     | <u>Reprimand</u>                                            | <u>Suspension with a corrective action plan.</u>             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                                                    | <u>Suspension with a corrective action plan.</u>            | <u>Revocation</u>                                            |
| (45) Falsely advertising or holding oneself out as a board-certified specialist.<br>(Section 459.015(1)(nn), F.S.)                                             |                                                             |                                                              |
| FIRST OFFENSE:                                                                                                                                                 | Reprimand and \$5,000.00 fine.                              | Probation and \$5,000.00 fine.                               |
| SECOND OFFENSE:                                                                                                                                                | Suspension to be followed by probation and \$7,500.00 fine. | Revocation and \$10,000.00 fine.                             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                                                     | <u>Reprimand</u>                                            | <u>Suspension with a corrective action plan.</u>             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                                                    | <u>Suspension with a corrective action plan.</u>            | <u>Revocation</u>                                            |
| (46) Failing to provide patients with information about their patient rights and how to file a complaint.<br>(Sections 456.072(1)(u) and 459.015(1)(oo), F.S.) |                                                             |                                                              |
| FIRST OFFENSE:                                                                                                                                                 | Letter of concern.                                          | Reprimand and \$1,000.00 fine.                               |
| SECOND OFFENSE:                                                                                                                                                | Probation and \$2,000.00 fine.                              | Probation and \$5,000.00 fine.                               |
| THIRD OFFENSE:                                                                                                                                                 | Probation and \$7,500.00 fine.                              | Suspension to be followed by probation and \$10,000.00 fine. |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                                                     | <u>Letter of concern.</u>                                   | <u>Reprimand</u>                                             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OR SUBSEQUENT OFFENSE:</u>                                                                                      | <u>Reprimand.</u>                                           | <u>Ten (10) day suspension with corrective action plan.</u>  |
| (47) Violating any rule adopted by the board or department.<br>(Sections 456.072(1)(b) and 459.015(1)(pp), F.S.)                                               |                                                             |                                                              |
| FIRST OFFENSE:                                                                                                                                                 | Denial or letter of concern and \$1,000.00                  | Denial or revocation <del>suspension to be</del>             |

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|                                                                                                                                                                                     | fine, demonstration of compliance with the rule, <u>and completion of a laws and rules course.</u>                                  | <del>followed by probation and \$5,000.00 fine, a reprimand, completion of a laws and rules course, and demonstration of compliance with the rule.</del> |
| SECOND OFFENSE:                                                                                                                                                                     | Denial or reprimand, completion of laws and rules course, demonstration of compliance with the rule, probation and \$7,500.00 fine. | Denial with <del>no ability to reapply</del> or revocation and \$10,000.00 fine.                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                    | <u>Denial or letter of concern and demonstration of compliance with the rule.</u>                                                   | <u>Denial or revocation.</u>                                                                                                                             |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                   | <u>Denial or suspension with a corrective action plan, a reprimand, and demonstration of compliance with the rule.</u>              | <u>Denial or revocation.</u>                                                                                                                             |
| (48) Using a Class III or a Class IV laser device without having complied with the rules adopted pursuant to section 501.122(2), F.S.<br>(Section 456.072(1)(d), F.S.)              |                                                                                                                                     |                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                                      | Reprimand and \$1,000.00 fine.                                                                                                      | Probation and \$5,000.00 fine.                                                                                                                           |
| SECOND OFFENSE:                                                                                                                                                                     | Suspension to be followed by probation and \$7,500.00 fine.                                                                         | Revocation and \$10,000.00 fine.                                                                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                    | <u>Reprimand</u>                                                                                                                    | <u>Suspension with a corrective action plan.</u>                                                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                   | <u>Suspension with a corrective action plan.</u>                                                                                    | <u>Revocation</u>                                                                                                                                        |
| (49) Failing to comply with the educational course requirements for human immunodeficiency virus and acquired immune deficiency syndrome.<br>(Section 456.072(1)(e), F.S.)          |                                                                                                                                     |                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                                      | Reprimand and \$2,500.00 fine.                                                                                                      | Probation and \$5,000.00 fine.                                                                                                                           |
| SECOND OFFENSE:                                                                                                                                                                     | Suspension to be followed by probation and \$7,500.00 fine.                                                                         | Revocation and \$10,000.00 fine.                                                                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                   | <u>Not applicable to telehealth registrants.</u>                                                                                    |                                                                                                                                                          |
| (50) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee.<br>(Section 456.072(1)(g), F.S.) |                                                                                                                                     |                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                                      | Reprimand and \$5,000.00 fine.                                                                                                      | Probation and \$10,000.00 fine.                                                                                                                          |
| SECOND OFFENSE:                                                                                                                                                                     | Suspension to be followed by probation and \$7,500.00 fine.                                                                         | Revocation and \$10,000.00 fine.                                                                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                    | <u>Reprimand</u>                                                                                                                    | <u>Suspension with a corrective action plan.</u>                                                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                   | <u>Suspension with a corrective action plan.</u>                                                                                    | <u>Revocation</u>                                                                                                                                        |

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| <u>SECOND OFFENSE:</u>                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (51) Failing to comply with the educational course requirements for domestic violence.<br>(Section 456.072(1)(s), F.S.)                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                    |
| FIRST OFFENSE:                                                                                                                                                                                                                | Reprimand and \$2,500.00 fine.                                                                                                                                                                                                                                                                                                                                                                                                        | Probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                                                                                                     |
| SECOND OFFENSE:                                                                                                                                                                                                               | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                                                                                                                                                                                                                                                                           | Revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                                                                                                   |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                             | <u>Not applicable to telehealth registrants.</u>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (52) Failing to comply with the requirements for profiling and credentialing.<br>(Section 456.072(1)(w), F.S.)                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                    |
| FIRST OFFENSE:                                                                                                                                                                                                                | \$2,500.00 fine.                                                                                                                                                                                                                                                                                                                                                                                                                      | Suspension to be followed by probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                                                                        |
| SECOND OFFENSE:                                                                                                                                                                                                               | Probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                                                                                                                        | Revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                                                                                                   |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                             | <u>Not applicable to telehealth registrants.</u>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (53) Failing to report to the board in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to a crime in any jurisdiction.<br>(Section 456.072(1)(x), F.S.) |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                    |
| FIRST OFFENSE:                                                                                                                                                                                                                | <del>Reprimand</del> Imposition of discipline that would have been imposed in Florida if the substantive violation occurred in Florida to suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine of <u>\$2,000.00</u> ranging from <del>\$1,000 to \$5,000.00.</del>                                                 | <del>Reprimand</del> Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to revocation or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken and an administrative fine of <u>ranging from \$5,000.00 or denial of licensure to \$10,000.00.</u> |
| SECOND OFFENSE:                                                                                                                                                                                                               | <del>Suspension to be followed by a period of probation</del> Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine of <u>ranging from \$5,000.00 to \$10,000.00.</u> | Revocation and an administrative fine of \$10,000.00 or denial of license until the licensee's license is unencumbered in the jurisdiction where disciplinary action was originally taken.                                                                                                                                                                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                             | <u>Reprimand</u>                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Reprimand or denial of licensure.</u>                                                                                                                                                                                                                                                                                                                                                                           |

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| <u>FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |                                                              |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Suspension with a corrective action plan.</u>            | <u>Revocation or denial of license.</u>                      |
| (54) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents pursuant to section 316.066, F.S., or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in such accidents.<br>(Section 456.072(1)(y), F.S.) |                                                             |                                                              |
| <u>FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Letter of concern.                                          | Reprimand and \$1,000.00 fine.                               |
| <u>SECOND OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Probation and \$2,000.00 fine.                              | Probation and \$5,000.00 fine.                               |
| <u>THIRD OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Probation and \$7,500.00 fine.                              | Suspension to be followed by probation and \$10,000.00 fine. |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Letter of concern</u>                                    | <u>Reprimand</u>                                             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OR SUBSEQUENT</u><br><u>OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>Suspension with a corrective action plan.</u>            | <u>Suspension</u>                                            |
| (55) Testing positive for any drug on any confirmed preemployment or employer-ordered drug screening.<br>(Section 456.072(1)(aa), F.S.)                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                              |
| <u>FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Probation and \$5,000.00 fine.                              | Suspension to be followed by probation and \$7,500.00 fine.  |
| <u>SECOND OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Suspension to be followed by probation and \$7,500.00 fine. | Revocation and \$10,000.00 fine.                             |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Suspension with a corrective action plan.</u>            | <u>Suspension</u>                                            |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Suspension</u>                                           | <u>Revocation</u>                                            |
| (56) Performing or attempting to perform health care services on the wrong patient, a wrong procedure, an unauthorized, unnecessary or unrelated procedure.<br>(Section 456.072(1)(bb), F.S.)                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                              |
| <u>FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Denial or probation and \$5,000.00 fine.                    | Denial or revocation and \$10,000.00 fine.                   |
| <u>SECOND OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Denial or suspension and \$10,000.00 fine.                  | Denial or revocation and \$10,000.00 fine.                   |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Denial or suspension with a corrective action plan.</u>  | <u>Denial or revocation.</u>                                 |

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| <u>FOR TELEHEALTH REGISTRANTS<br/>SECOND OFFENSE:</u>                                                                                                                                                                                                                                                                                                                              | <u>Denial or suspension.</u>                                                                                                                                                                                          | <u>Denial or revocation.</u>                                                                                                                                                                                                                                              |
| (57) Leaving a foreign body in a patient such as a sponge, clamp, forceps, surgical needle or other paraphernalia.<br>(Section 456.072(1)(cc), F.S.)                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                     | Denial or probation and \$5,000.00 fine.                                                                                                                                                                              | Denial or revocation and \$10,000.00 fine.                                                                                                                                                                                                                                |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                    | Denial or suspension and \$10,000.00 fine.                                                                                                                                                                            | Denial or revocation and \$10,000.00 fine.                                                                                                                                                                                                                                |
| <u>FOR TELEHEALTH REGISTRANTS<br/>FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                                                               | <u>Denial or suspension with a corrective action plan.</u>                                                                                                                                                            | <u>Denial or revocation.</u>                                                                                                                                                                                                                                              |
| <u>FOR TELEHEALTH REGISTRANTS<br/>SECOND OFFENSE:</u>                                                                                                                                                                                                                                                                                                                              | <u>Denial or suspension.</u>                                                                                                                                                                                          | <u>Denial or revocation.</u>                                                                                                                                                                                                                                              |
| (58) Being terminated for cause, from a treatment program for impaired practitioners, as described in section 456.076, F.S., for failure to comply, without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug-treatment or alcohol-treatment program.<br>(Section 456.072(1)(hh), F.S.) |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                     | <u>Suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation</u> <del>Stayed suspension and probation</del> and \$2,500.00 fine. | <del>Revocation</del> <u>Suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation and \$5,000.00 fine</u> <del>or denial of licensure</del> <u>revocation and \$10,000.00 fine.</u> |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                    | Suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation and \$7,500.00 fine.                                                   | <u>Revocation and \$10,000.00 fine or denial of licensure.</u>                                                                                                                                                                                                            |
| <u>FOR TELEHEALTH REGISTRANTS<br/>FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                                                               | <u>Suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by a corrective action plan.</u>                                                 | <u>Revocation or denial of licensure.</u>                                                                                                                                                                                                                                 |
| <u>FOR TELEHEALTH REGISTRANTS<br/>SECOND OFFENSE:</u>                                                                                                                                                                                                                                                                                                                              | <u>Reprimand and suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by a corrective action plan.</u>                                   | <u>Revocation or denial of licensure.</u>                                                                                                                                                                                                                                 |
| (59) Engaging in a pattern of practice when prescribing medicinal drugs or controlled substances which demonstrates                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |

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| a lack of reasonable skill or safety to patients, a violation of any provision of chapter 456, or sections 893.055 and 893.0551, F.S., a violation of the applicable practice act, or a violation of any rules adopted under this chapter or the applicable practice act of the prescribing practitioner.<br>(Section 456.072(1)(gg), F.S.) |                                                                              |                                                                |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                              | One year Probation and \$1,000.00 fine.                                      | Revocation and \$10,000.00 fine <u>or denial of licensure.</u> |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                             | Suspension to be followed by probation and \$5,000.00 fine.                  | Revocation and \$10,000.00 fine <u>or denial of licensure.</u> |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                            | <u>One (1) month suspension with a corrective action plan.</u>               | <u>Revocation or denial of licensure.</u>                      |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                                                                                                                                                                           | <u>Ninety (90) day suspension with a corrective action plan.</u>             | <u>Revocation or denial of licensure.</u>                      |
| (60) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 USC s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s.1343, s. 1347, s. 1349, or s. 1518, or 42 USC ss. 1320a-7b, relating to the Medicaid program.<br>(Section 456.072(1)(ii), F.S.)  |                                                                              |                                                                |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                              | Revocation and a fine of \$10,000.00 or denial of application for licensure. |                                                                |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                            | <u>Revocation or denial of application for licensure.</u>                    |                                                                |
| (61) Failing to remit the sum owed to the state for overpayment from the Medicaid program pursuant to a final order, judgment, or settlement.<br>(Section 456.072(1)(jj), F.S.)                                                                                                                                                             |                                                                              |                                                                |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                              | Letter of concern and a fine of \$500.00.                                    | Probation, and a fine of \$1,000.00.                           |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                             | Reprimand and a fine of \$500.00.                                            | Revocation and a fine of \$1,000.00.                           |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                            | <u>Letter of concern.</u>                                                    | <u>Suspension with a corrective action plan.</u>               |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                                                                                                                                                                           | <u>Reprimand</u>                                                             | <u>Revocation</u>                                              |
| (62) Being terminated from the State Medicaid program or any other state Medicaid program, or the federal Medicare program.<br>(Section 456.072(1)(kk), F.S.)                                                                                                                                                                               |                                                                              |                                                                |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                              | Letter of concern and a fine of \$500.00.                                    | <u>Denial or sSuspension and a fine of \$1,000.00.</u>         |

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| SECOND OFFENSE:                                                                                                                                                                                               | Reprimand and a fine of \$500.00.                                                                      | Denial or revocation and a fine of \$1,000.00. |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                                              | <u>Letter of concern</u>                                                                               | <u>Denial or suspension</u>                    |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                                             | <u>Reprimand</u>                                                                                       | <u>Denial or revocation</u>                    |
| (63) Being convicted of, or entering into a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, which relates to health care fraud.<br>(Section 456.072(1)(l), F.S.) |                                                                                                        |                                                |
| FIRST OFFENSE:                                                                                                                                                                                                | Revocation and fine of \$10,000.00 or denial of application for licensure.                             |                                                |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                                              | <u>Revocation or denial of application.</u>                                                            |                                                |
| (64) A violation of Rule 64B15-14.0051, F.A.C.                                                                                                                                                                |                                                                                                        |                                                |
| FIRST OFFENSE:                                                                                                                                                                                                | Probation for a term no less than two (2) years and a \$5,000.00 fine.                                 | Revocation.                                    |
| SECOND OFFENSE:                                                                                                                                                                                               | Suspension for a minimum of one (1) year to be followed by a term of probation and a \$10,000.00 fine. | Revocation.                                    |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                                              | <u>Seven (7) day suspension with a corrective action plan.</u>                                         | <u>Denial or revocation.</u>                   |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                                             | <u>Suspension for a minimum of one year.</u>                                                           | <u>Denial or revocation.</u>                   |
| (65) A violation of Rule 64B15-14.0052, F.A.C.                                                                                                                                                                |                                                                                                        |                                                |
| FIRST OFFENSE:                                                                                                                                                                                                | Probation for a term no less than one (1) year and a \$5,000.00 fine.                                  | Revocation.                                    |
| SECOND OFFENSE:                                                                                                                                                                                               | Suspension for a minimum of six months to be followed by a term of probation and a \$10,000.00 fine.   | Revocation.                                    |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                                              | <u>Not applicable to telehealth registrants.</u>                                                       |                                                |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                                             | <u>Not applicable to telehealth registrants.</u>                                                       |                                                |
| (66) Registration of pain clinic by a designated physician through misrepresentation or fraud.<br>(Section 459.015(1)(rr)1., F.S.)                                                                            |                                                                                                        |                                                |
| (a) For registering a pain clinic through misrepresentation.                                                                                                                                                  |                                                                                                        |                                                |
| FIRST OFFENSE:                                                                                                                                                                                                | Letter of concern and a \$1,000.00 fine.                                                               | Probation and a \$5,000.00 fine.               |
| SECOND OFFENSE:                                                                                                                                                                                               | Probation and a \$5,000.00 fine.                                                                       | Revocation and a \$10,000.00 fine.             |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                             | <u>Not applicable to telehealth registrants.</u>                                                       |                                                |

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| (b) For registering a pain clinic through fraud.                                                                                                                                                                                                                                                                                                                    |                                                                                                                                       |                                                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Revocation and a \$10,000.00 fine.                                                                                                    |                                                                                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                                                                                                                                                                   | <u>Not applicable to teleheath registrants.</u>                                                                                       |                                                                                                                                      |
| (67) Procuring or attempting to procure, the registration of a pain management clinic for any other person by making or causing to be made, any false representation.<br>(Section 459.015(1)(rr)2., F.S.)                                                                                                                                                           |                                                                                                                                       |                                                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Revocation and a \$10,000.00 fine.                                                                                                    |                                                                                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                                                                                                                                                                   | <u>Not applicable to teleheath registrants.</u>                                                                                       |                                                                                                                                      |
| (68) Failing to comply with any requirement of chapter 499, F.S., the Florida Drug and Cosmetic Act; 21 U.S.C., ss. 301-392, the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Drug Abuse Prevention Control Act; or chapter 893, F.S., the Florida Comprehensive Drug Abuse Prevention and Control Act.<br>(Section 459.015(1)(rr)3., F.S.) |                                                                                                                                       |                                                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Letter of concern and a \$1,000.00 fine.                                                                                              | Probation and a \$5,000.00 fine.                                                                                                     |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                     | Reprimand and a \$5,000.00 fine.                                                                                                      | Suspension, followed by a period of probation, and a \$10,000.00 fine.                                                               |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Reprimand and a \$7,500.00 fine.                                                                                                      | Revocation and a \$10,000.00 fine.                                                                                                   |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                                                                                                                                                                   | <u>Not applicable to teleheath registrants.</u>                                                                                       | <u>plan.</u>                                                                                                                         |
| (69) Being convicted of or found guilty of, regardless of adjudication to, a felony or any other crime involving moral turpitude, fraud, dishonesty, or deceit in any jurisdiction of the courts of this state, or any other state, or of the United States.<br>(Section 459.015(1)(rr)4., F.S.)                                                                    |                                                                                                                                       |                                                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Probation and a \$1,000.00 fine.                                                                                                      | Revocation and a \$10,000.00 fine <u>or</u> denial of licensure.                                                                     |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                     | Suspension and a \$5,000.00 fine.                                                                                                     | Revocation and a \$10,000.00 fine <u>or</u> denial of licensure.                                                                     |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                                                                                                                                                                   | <u>Not applicable to teleheath registrants.</u>                                                                                       |                                                                                                                                      |
| (70) Being convicted of, or disciplined by a regulatory agency of the Federal Government or a regulatory agency of another state for any offense that would constitute a violation of chapter 459, F.S.<br>(Section 459.015(1)(rr)5., F.S.)                                                                                                                         |                                                                                                                                       |                                                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | From imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in | Suspension until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and a \$5,000.00 |

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|                                                                                                                                                                                                                                                                                                                                                 | Florida and a \$1,000.00 fine.                                                                                                                                       | <u>fine or denial of licensure.</u>                              |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                 | From imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in Florida and a \$5,000.00 fine. | Revocation and a \$10,000.00 fine <u>or denial of licensure.</u> |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                                                                                                                                               | <u>Not applicable to teleheath registrants.</u>                                                                                                                      |                                                                  |
| (71) Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime which relates to the practice of, or the ability to practice, a licensed health care profession. (Section 459.015(1)(rr)6., F.S.)                                                                                              |                                                                                                                                                                      |                                                                  |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                  | Probation and a \$1,000.00 fine.                                                                                                                                     | Revocation and a \$10,000.00 fine <u>or denial of licensure.</u> |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                 | Suspension and a \$5,000.00 fine.                                                                                                                                    | Revocation and a \$10,000.00 fine <u>or denial of licensure.</u> |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                                                                                                                                               | <u>Not applicable to teleheath registrants.</u>                                                                                                                      |                                                                  |
| (72) Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime which relates to health care fraud. (Section 459.015(1)(rr)7., F.S.)                                                                                                                                                           |                                                                                                                                                                      |                                                                  |
| (a) Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime relating to healthcare fraud in dollar amounts in excess of \$5,000.00.                                                                                                                                                         |                                                                                                                                                                      |                                                                  |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                  | Revocation and a \$10,000.00 fine <u>or denial of licensure.</u>                                                                                                     |                                                                  |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                                                                                                                                               | <u>Not applicable to teleheath registrants.</u>                                                                                                                      |                                                                  |
| (b) Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime relating to healthcare fraud in dollar amounts of \$5,000.00 or less.                                                                                                                                                           |                                                                                                                                                                      |                                                                  |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                  | Suspension, followed by a period of probation, and a \$10,000.00 fine.                                                                                               | <u>Revocation or denial of licensure.</u>                        |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                 | Revocation and a \$10,000.00 fine.                                                                                                                                   |                                                                  |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                                                                                                                                               | <u>Not applicable to teleheath registrants.</u>                                                                                                                      |                                                                  |
| (73) Dispensing any medicinal drug based upon a communication that purports to be a prescription as defined in section 465.003(14) or 893.02, F.S., if the dispensing practitioner knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship. (Section 459.015(1)(rr)8., F.S.) |                                                                                                                                                                      |                                                                  |

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| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                       | Reprimand and a \$1,000.00 fine.                                      | Revocation and a \$10,000.00 fine <u>or denial of licensure.</u>                                     |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                      | Probation and a \$5,000.00 fine.                                      | Revocation and a \$10,000.00 fine <u>fine or denial of licensure.</u>                                |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                                                                                                                    | <u>Not applicable to teleheath registrants.</u>                       |                                                                                                      |
| (74) Failing to timely notify the Board of the date of his or her termination from a pain management clinic as required by section 459.0137(2)€, F.S.<br>(Section 459.015(1)(rr)9., F.S.)                                                                                                                            |                                                                       |                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                       | Letter of concern and a \$1,000.00 fine.                              | Probation and a \$5,000.00 fine.                                                                     |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                      | Reprimand and a \$5,000.00 fine.                                      | Suspension, followed by a period of probation, and a \$10,000.00 fine.                               |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                       | Suspension, followed by a period of probation, and a \$7,500.00 fine. | Revocation and a \$10,000.00 fine.                                                                   |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                                                                                                                    | <u>Not applicable to teleheath registrants.</u>                       |                                                                                                      |
| (75) Failing to timely notify the Department of the theft of prescription blanks from a pain management clinic or a breach of an osteopathic physician's electronic prescribing software or other methods for prescribing within 24 hours as required by section 459.0137(3), F.S.<br>(Section 459.015(1)(ss), F.S.) |                                                                       |                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                       | Letter of concern and a \$1,000.00 fine.                              | Probation and a \$5,000.00 fine <u>or denial of licensure.</u>                                       |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                      | Probation and a \$5,000.00 fine.                                      | Suspension, followed by a period of probation, and a \$10,000.00 fine <u>or denial of licensure.</u> |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                       | Suspension, followed by a period of probation, and a \$7,500.00 fine. | Revocation and a \$10,000.00 fine <u>or denial of licensure.</u>                                     |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                                                                                                                    | <u>Not applicable to teleheath registrants.</u>                       |                                                                                                      |
| <u>FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OR SUBSEQUENT</u><br><u>OFFENSE:</u>                                                                                                                                                                                                                                  | <u>Not applicable to teleheath registrants.</u>                       |                                                                                                      |
| (76) Promoting or advertising through any communication media the use, sale, or dispensing of any controlled substance appearing on any schedule in chapter 893, F.S.<br>(Section 459.015(1)(tt), F.S.)                                                                                                              |                                                                       |                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                       | Letter of concern and a \$1,000.00 fine.                              | 1 year suspension, followed by a period of probation, and a \$5,000.00 fine.                         |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                      | Reprimand and a \$5,000.00 fine.                                      | 1 year suspension, followed by a period of probation, and a \$10,000.00 fine.                        |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                                                                                                                    | <u>Letter of concern</u>                                              | <u>1 year suspension with a corrective</u>                                                           |

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| <u>FIRST OFFENSE:</u>                                                                                                                             |                                                                                                                                                 | <u>action plan.</u>                                                                                  |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                 | <u>Reprimand</u>                                                                                                                                | <u>1 year suspension with a corrective</u>                                                           |
| <u>SECOND OFFENSE:</u>                                                                                                                            |                                                                                                                                                 | <u>action plan.</u>                                                                                  |
| (77) Failure to comply with the controlled substance prescribing requirements of section 456.44, F.S.<br>(Section 456.072(1)(mm), F.S.)           |                                                                                                                                                 |                                                                                                      |
| <u>FIRST OFFENSE:</u>                                                                                                                             | Suspension of license for a period of six (6) months followed by a period of probation and an administrative fine in the amount of \$10,000.00. | Revocation and an administrative fine in the amount of \$10,000.00 <u>or denial of licensure.</u>    |
| <u>SECOND OFFENSE:</u>                                                                                                                            | Suspension of license for a period of one (1) year followed by a period of probation and an administrative fine in the amount of \$10,000.00.   | Revocation and an administrative fine in the amount of \$10,000.00 <u>or denial of licensure</u>     |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                 | <u>Suspension of license for a period of six (6) months with a corrective action plan.</u>                                                      | <u>Revocation or denial of licensure.</u>                                                            |
| <u>FIRST OFFENSE:</u>                                                                                                                             |                                                                                                                                                 |                                                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                 | <u>Suspension of license for a period of one (1) year with a corrective action plan.</u>                                                        | <u>Revocation or denial of licensure.</u>                                                            |
| <u>SECOND OFFENSE:</u>                                                                                                                            |                                                                                                                                                 |                                                                                                      |
| (78) Providing false or deceptive expert witness testimony related to the practice of medicine.<br>(Section 459.015(1)(qq), F.S.)                 |                                                                                                                                                 |                                                                                                      |
| <u>FIRST OFFENSE:</u>                                                                                                                             | Reprimand and an administrative fine of \$5,000.00.                                                                                             | Revocation and an administrative fine of \$10,000.00 <u>or denial of licensure..</u>                 |
| <u>SECOND OFFENSE:</u>                                                                                                                            | Suspension and an administrative fine of \$7,500.00.                                                                                            | Revocation and an administrative fine of \$10,000.00 <u>or denial of licensure..</u>                 |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                 | <u>Reprimand</u>                                                                                                                                | <u>Revocation or denial of licensure.</u>                                                            |
| <u>FIRST OFFENSE:</u>                                                                                                                             |                                                                                                                                                 |                                                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                 | <u>Suspension</u>                                                                                                                               | <u>Revocation or denial of licensure.</u>                                                            |
| <u>SECOND OFFENSE:</u>                                                                                                                            |                                                                                                                                                 |                                                                                                      |
| (79) Failure to comply with the requirements of section 390.0111(3), F.S., regarding termination of pregnancies.<br>(Section 456.072(1)(k), F.S.) |                                                                                                                                                 |                                                                                                      |
| <u>FIRST OFFENSE:</u>                                                                                                                             | Letter of concern and an administrative fine of \$1,000.00.                                                                                     | A period of probation and an administrative fine in the amount of \$2,500.00.                        |
| <u>SECOND OFFENSE:</u>                                                                                                                            | Reprimand and an administrative fine of \$2,500.00.                                                                                             | Suspension followed by a period of probation and an administrative fine in the amount of \$5,000.00. |
| <u>THIRD OFFENSE:</u>                                                                                                                             | Reprimand and an administrative fine of \$5,000.00.                                                                                             | Revocation and an administrative fine in the amount of \$10,000.00.                                  |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                 | <u>Letter of concern</u>                                                                                                                        | <u>Suspension with a corrective action plan.</u>                                                     |
| <u>FIRST OFFENSE:</u>                                                                                                                             |                                                                                                                                                 |                                                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                 | <u>Reprimand</u>                                                                                                                                | <u>Revocation</u>                                                                                    |
| <u>SECOND OR SUBSEQUENT</u>                                                                                                                       |                                                                                                                                                 |                                                                                                      |

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| OFFENSE:                                                                                                                                                                                                          |                                                                                        |                                                                                     |
| (80) Dispensing a controlled substance listed in Schedule II or Schedule III in violation of section 465.0276, F.S. (Section 459.015)(1)(uu), F.S.)                                                               |                                                                                        |                                                                                     |
| FIRST OFFENSE:                                                                                                                                                                                                    | Probation and an administrative fine of \$1,000.00.                                    | Revocation and an administrative fine of \$10,000.00 <u>or denial of licensure.</u> |
| SECOND OFFENSE:                                                                                                                                                                                                   | Suspension followed by a period of probation and an administrative fine of \$5,000.00. | Revocation and an administrative fine of \$10,000.00 <u>or denial of licensure.</u> |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                                                  | <u>One (1) month suspension with a corrective action plan.</u>                         | <u>Revocation or denial of licensure.</u>                                           |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                                                 | <u>Six (6) month suspension with a corrective action plan.</u>                         | <u>Revocation or denial of licensure.</u>                                           |
| (81) Willfully failing to comply with section 627.64194 or 641.513, F.S. with such frequency as to indicate a general business practice. (Section 459.015)(1)(vv), F.S.)                                          |                                                                                        |                                                                                     |
| FIRST OFFENSE:                                                                                                                                                                                                    | Letter of concern.                                                                     | Reprimand and an administrative fine in the amount of \$1,000.00 to \$5,000.00.     |
| SECOND OFFENSE:                                                                                                                                                                                                   | Reprimand.                                                                             | Revocation and an administrative fine in the amount of \$5,000.00 to \$10,000.00.   |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                                                  | <u>Letter of concern.</u>                                                              | <u>Reprimand</u>                                                                    |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                                                 | <u>Reprimand.</u>                                                                      | <u>Revocation</u>                                                                   |
| (82) Issuing a physician certification as defined in section 381.986, F.S., in a manner out of compliance with the requirements of that section and the rules adopted thereunder. (Section 459.015)(1)(ww), F.S.) |                                                                                        |                                                                                     |
| FIRST OFFENSE:                                                                                                                                                                                                    | Denial or probation and an administrative fine of \$1,000.00.                          | Denial or revocation and an administrative fine of \$5,000.00.                      |
| SECOND OFFENSE:                                                                                                                                                                                                   | Denial or suspension and an administrative fine of \$5,000.00.                         | Denial or revocation and an administrative fine of \$10,000.00.                     |
| <u>FOR TELEHEALTH REGISTRANTS</u>                                                                                                                                                                                 | <u>Not applicable to telehealth registrants.</u>                                       |                                                                                     |
| (83) Failure to consult the prescription drug monitoring system, as required by section 893.055(8), F.S. (Section 459.015)(1)(g), F.S.)                                                                           |                                                                                        |                                                                                     |
| FIRST OFFENSE:                                                                                                                                                                                                    | Letter of concern and an administrative fine of \$1,000.00.                            | Reprimand and an administrative fine of \$2,500.00.                                 |
| SECOND OFFENSE:                                                                                                                                                                                                   | Reprimand and an administrative fine of                                                | Suspension and an administrative                                                    |

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|                                                                                                                                                                                                                                                                                                                    | \$2,500.00.                                                                                                                                                              | fine of \$5,000.00.                                                                                                                                                  |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                     | Suspension and an administrative fine of \$5,000.00.                                                                                                                     | Revocation and an administrative fine in the amount of \$10,000.00.                                                                                                  |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                   | <u>Letter of concern</u>                                                                                                                                                 | <u>Reprimand</u>                                                                                                                                                     |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OR SUBSEQUENT OFFENSE:</u>                                                                                                                                                                                                                                                    | <u>Reprimand</u>                                                                                                                                                         | <u>Revocation</u>                                                                                                                                                    |
| (84) Failure to report adverse incidents in planned out-of-hospital births by section 459.015(1)(g), F.S.<br>(Section 459.015(1)(g), F.S.)                                                                                                                                                                         |                                                                                                                                                                          |                                                                                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                     | Letter of concern and an administrative fine of \$1,000.00.                                                                                                              | Reprimand and an administrative fine of \$2,500.00.                                                                                                                  |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                    | Reprimand and an administrative fine of \$2,500.00.                                                                                                                      | Suspension and an administrative fine of \$5,000.00.                                                                                                                 |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                     | Suspension and an administrative fine of \$5,000.00.                                                                                                                     | Revocation and an administrative fine in the amount of \$10,000.00.                                                                                                  |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                   | <u>Letter of concern</u>                                                                                                                                                 | <u>Reprimand</u>                                                                                                                                                     |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OR SUBSEQUENT OFFENSE:</u>                                                                                                                                                                                                                                                    | <u>Reprimand</u>                                                                                                                                                         | <u>Revocation</u>                                                                                                                                                    |
| (85) Performing a liposuction procedure in which more than 1,000 cubic centimeters of supernatant fat is removed, a Level II office surgery, or a Level III office surgery in an office that is not registered with the department pursuant to Section 458.328 or 459.0138, F.S.<br>(Section 459.015(1)(xx), F.S.) |                                                                                                                                                                          |                                                                                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                     | Twelve (12) months probation and an administrative fine of \$5,000.00 per day.                                                                                           | <del>Revocation</del> <u>Twelve (12) months suspension followed by a term of probation and an administrative fine of \$5,000.00 per day, or denial of licensure.</u> |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                    | Twelve (12) months suspension followed by a term of probation and permanent restriction from performing office surgery and an administrative fine of \$5,000.00 per day. | Revocation and an administrative fine of \$5,000.00 per day.                                                                                                         |
| <u>FOR TELEHEALTH REGISTRANTS FIRST OFFENSE:</u>                                                                                                                                                                                                                                                                   | <u>Not applicable to telehealth registrants.</u>                                                                                                                         |                                                                                                                                                                      |
| <u>FOR TELEHEALTH REGISTRANTS SECOND OFFENSE:</u>                                                                                                                                                                                                                                                                  | <u>Not applicable to telehealth registrants.</u>                                                                                                                         |                                                                                                                                                                      |
| (86) 1. <u>Violating any provision of chapters 459, 456, F.S., or any rules adopted pursuant thereto.</u><br>(Section 459.015,(1)(pp), F.S.)                                                                                                                                                                       |                                                                                                                                                                          |                                                                                                                                                                      |

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| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                             | Reprimand and an administrative fine of \$1,000.                | Denial or revocation.                                                    |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                            | Probation and an administration fine of \$5,000                 | Denial or revocation.                                                    |
| FOR TELEHEALTH REGISTRANTS<br>FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                               | Reprimand                                                       | Denial or revocation.                                                    |
| FOR TELEHEALTH REGISTRANTS<br>SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                              | Suspension with a corrective action plan                        | Denial or revocation.                                                    |
| 2. Performing a pelvic examination on a patient without the written consent of the patient or the patient's legal representative executed specific to, and expressly identifying, the pelvic examination.<br>(Sections 459.015(1)(pp), 456.51, F.S.)                                                                                                                                                                                       |                                                                 |                                                                          |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                             | Letter of concern and an administrative fine of \$1,000         | Denial or reprimand and an administrative fine of \$2,500.               |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                            | Reprimand and an administrative fine of \$2,500                 | Denial or probation and an administrative fine of \$5,000.               |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                             | Probation and an administrative fine of \$5,000                 | Denial or revocation and an administrative fine of \$10,000.             |
| FOR TELEHEALTH REGISTRANTS<br>FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                               | Letter of concern                                               | Denial or suspension with a correction action plan                       |
| FOR TELEHEALTH REGISTRANTS<br>SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                              | Minimum six (6) months suspension with a corrective action plan | Denial or revocation.                                                    |
| (87) Intentionally implanting a patient or causing a patient to be implanted with a human embryo without the recipient's consent to the use of that human embryo, or inseminating a patient or causing a patient to be inseminated with the human reproductive material, as defined in s. 784.086, of a donor without the recipient's consent to the use of human reproductive material from that donor.<br>(Section 456.072(1)(pp), F.S.) |                                                                 |                                                                          |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                             | Six (6) months probation and an administrative fine of \$5,000  | Denial or one (1) year suspension and an administrative fine of \$10,000 |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                            | One (1) year suspension and an administrative fine of \$7,500   | Denial or revocation.                                                    |
| FOR TELEHEALTH REGISTRANTS<br>FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                               | Six (6) months suspension with a corrective action plan         | Denial or one (1) year suspension with a corrective action plan.         |
| FOR TELEHEALTH REGISTRANTS<br>SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                              | One (1) year suspension with a corrective action plan           | Denial or revocation.                                                    |
| (88) Implanting a patient or causing a patient to be implanted with a human embryo created with the human reproductive material, as defined in s. 784.086, of the licensee, or inseminating                                                                                                                                                                                                                                                |                                                                 |                                                                          |

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| <u>a patient or causing a patient to be inseminated with the human reproductive material of the licensee.</u><br><u>(Section 459.015(1)(yy), F.S.)</u>  |                                                                      |                                                  |
| <u>FIRST OFFENSE:</u>                                                                                                                                   | <u>Revocation and an administrative fine of \$10,000.</u>            |                                                  |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                                              | <u>Denial or revocation.</u>                                         |                                                  |
| <u>(89) Prescribing controlled substances in violation of Section 456.47(2)(c), F.S.</u><br><u>(Section 456.47(2)(c), F.S.)</u>                         |                                                                      |                                                  |
| <u>FIRST OFFENSE:</u>                                                                                                                                   | <u>Reprimand and a \$5,000.00 fine</u>                               | <u>Revocation.</u>                               |
| <u>SECOND OFFENSE:</u>                                                                                                                                  | <u>Suspension and a \$10,000.00 fine</u>                             | <u>Revocation or denial of licensure.</u>        |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                                              | <u>Reprimand</u>                                                     | <u>Revocation.</u>                               |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                                             | <u>Suspension with a corrective action plan</u>                      | <u>Revocation or denial of licensure.</u>        |
| <u>(90) Failure to display hyperlink on telehealth registrant's website.</u><br><u>(Section 456.47(4)(c), F.S.)</u>                                     |                                                                      |                                                  |
| <u>FIRST OFFENSE:</u>                                                                                                                                   | <u>Not applicable to physicians licensed under Chapter 459, F.S.</u> |                                                  |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                                              | <u>Letter of concern.</u>                                            | <u>Suspension with a corrective action plan.</u> |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                                             | <u>Reprimand.</u>                                                    | <u>Revocation.</u>                               |
| <u>(91) Opening an office in Florida or providing in-person healthcare services to patients in Florida.</u><br><u>(Section 456.47(4)(f), F.S.)</u>      |                                                                      |                                                  |
| <u>FIRST OFFENSE:</u>                                                                                                                                   | <u>Not applicable to physicians licensed under Chapter 459, F.S.</u> |                                                  |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                                              | <u>Suspension with a corrective action plan.</u>                     | <u>Revocation or denial of licensure.</u>        |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                                             | <u>Revocation or denial of licensure.</u>                            |                                                  |
| <u>(92) Failure to report disciplinary action by another jurisdiction including pending disciplinary action.</u><br><u>(Section 456.47(4)(d), F.S.)</u> |                                                                      |                                                  |
| <u>FIRST OFFENSE:</u>                                                                                                                                   | <u>Not applicable to physicians licensed under Chapter 459, F.S.</u> |                                                  |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>FIRST OFFENSE:</u>                                                                                              | <u>Reprimand</u>                                                     | <u>Revocation or denial of licensure.</u>        |
| <u>FOR TELEHEALTH REGISTRANTS</u><br><u>SECOND OFFENSE:</u>                                                                                             | <u>Suspension with a corrective action plan.</u>                     | <u>Revocation or denial of licensure.</u>        |

*Rulemaking Authority 456.079, 456.47(7), 459.015(5), 459.0138 FS. Law Implemented 381.986(3)(a), 456.072, 456.079, 456.47, 456.50, 459.015, 459.0138 FS. History—New 9-30-87, Amended 10-28-91, 1-12-93, Formerly 21R-19.002, 61F9-19.002, 59W-19.002, Amended 2-2-98, 2-11-01, 6-*

*7-01, 2-26-02, 12-7-05, 11-14-06, 11-27-06, 5-10-10, 7-27-10, 11-10-11, 3-27-12, 7-3-12, 1-1-15, 11-27-16, 4-30-18, 8-9-18, 11-19-19, 2-12-20*

**64B15-19.002 Violations and Penalties.**

In imposing discipline upon applicants and licensees, the board shall act in accordance with the following disciplinary guidelines and shall impose a penalty within the range corresponding to the violations set forth below. The statutory language is intended to provide a description of the violation and is not a complete statement of the violation; the complete statement may be found in the statutory provision cited directly under each violation description.

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| <p>(1) Attempting to obtain, obtaining or renewing a license or certificate by bribery, fraud or through an error of the Department or board.<br/>(Sections 456.072(1)(h) and 459.015(1)(a), F.S.)</p> |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |
| <p>FIRST OFFENSE:</p>                                                                                                                                                                                  | <p>Denial with ability to reapply immediately upon payment of \$5,000.00 fine or probation and \$5,000.00 fine.</p>                                                                                                                                                                                                                                                 | <p>Denial with ability to reapply in not less than 3 years or revocation and \$7,500.00 fine.</p>                                                                                                                                                                                                                                                                    |
| <p>SECOND OFFENSE:</p>                                                                                                                                                                                 | <p>Denial with ability to ability to reapply in not less than 3 years and \$10,000.00 fine or suspension to be followed by probation and \$10,000.00 fine.</p>                                                                                                                                                                                                      | <p>Denial of license with no ability to reapply or revocation and \$10,000.00 fine.</p>                                                                                                                                                                                                                                                                              |
| <p>(2) Action taken against license by another jurisdiction.<br/>(Sections 456.072(1)(f) and 459.015(1)(b), F.S.)</p>                                                                                  |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |
| <p>FIRST OFFENSE:</p>                                                                                                                                                                                  | <p>Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine ranging from \$1,000.00 to \$5,000.00.</p> | <p>Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to revocation or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine ranging from \$5,000.00 to \$10,000.00.</p> |
| <p>SECOND OFFENSE:</p>                                                                                                                                                                                 | <p>Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was taken, and an administrative fine ranging from \$5,000.00 to \$10,000.00.</p>           | <p>Revocation and an administrative fine of \$10,000.00 or denial of license until the licensee's license is unencumbered in the jurisdiction where disciplinary action was originally taken.</p>                                                                                                                                                                    |
| <p>(3) Guilty of crime directly relating to practice or ability to practice.<br/>(Sections 456.072(1)(c) and 459.015(1)(c), F.S.)</p>                                                                  |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |
| <p>FIRST OFFENSE:</p>                                                                                                                                                                                  | <p>Probation and \$2,000.00 fine.</p>                                                                                                                                                                                                                                                                                                                               | <p>Revocation and \$5,000.00 fine or denial of license with ability to reapply for licensure in not less than 3 years revocation.</p>                                                                                                                                                                                                                                |

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| SECOND OFFENSE:                                                                                                                                                 | Suspension to be followed by probation and \$5,000.00 fine. | And \$10,000.00 fine or permanent denial of license.                                         |
| (4) False, deceptive, or misleading advertising.<br>(Section 459.015(1)(d), F.S.)                                                                               |                                                             |                                                                                              |
| FIRST OFFENSE:                                                                                                                                                  | Letter of concern.                                          | Reprimand and \$1,000.00 fine.                                                               |
| SECOND OFFENSE:                                                                                                                                                 | Probation and \$2,000.00 fine 3 month.                      | Probation and \$5,000.00 fine.                                                               |
| THIRD OFFENSE:                                                                                                                                                  | Suspension to be followed by probation and \$5,000.00 fine. | 1 year suspension to be followed by probation and \$5,000.00 fine.                           |
| (5) Failure to report another licensee in violation.<br>(Sections 456.072(1)(i) and 459.015(1)(e), F.S.)                                                        |                                                             |                                                                                              |
| FIRST OFFENSE:                                                                                                                                                  | Letter of concern.                                          | Reprimand and \$1,000.00 fine.                                                               |
| SECOND OFFENSE:                                                                                                                                                 | Reprimand and \$2,500.00 fine.                              | Probation and \$2,500.00 fine.                                                               |
| THIRD OFFENSE:                                                                                                                                                  | Probation and \$5,000.00 fine.                              | Suspension to be followed by probation and \$5,000.00 fine.                                  |
| (6) Aiding unlicensed practice.<br>(Sections 456.072(1)(j) and 459.015(1)(f), F.S.)                                                                             |                                                             |                                                                                              |
| FIRST OFFENSE:                                                                                                                                                  | Probation and \$2,500.00 fine.                              | Denial or revocation and \$5,000.00 fine.                                                    |
| SECOND OFFENSE:                                                                                                                                                 | Suspension to be followed by probation and \$5,000.00 fine. | Denial or revocation and \$10,000.00 fine.                                                   |
| (7) Failure to perform legal duty or obligation.<br>(Sections 456.072(1)(k) and 459.015(1)(g), F.S.)                                                            |                                                             |                                                                                              |
| FIRST OFFENSE:                                                                                                                                                  | Reprimand and \$1,000.00 fine.                              | Denial with ability to reapply after no less than 2 years or revocation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                                                 | Probation and \$5,000.00 fine.                              | Denial or revocation and \$10,000.00 fine.                                                   |
| (8) Failing to comply with the requirements for qualified physicians or medical directors required by Section 381.986(3), F.S.<br>(Section 456.072(1)(k), F.S.) |                                                             |                                                                                              |
| FIRST OFFENSE:                                                                                                                                                  | A letter of concern, and a fine of \$1,000.00.              | Probation and a fine of \$5,000.00.                                                          |
| SECOND OFFENSE:                                                                                                                                                 | A reprimand and a fine of \$5,000.00.                       | Revocation and a fine of \$10,000.00.                                                        |
| (9) Giving false testimony regarding the practice of medicine.<br>(Section 459.015(1)(h), F.S.)                                                                 |                                                             |                                                                                              |
| FIRST OFFENSE:                                                                                                                                                  | Reprimand and \$2,500.00 fine.                              | Probation and \$5,000.00 fine.                                                               |
| SECOND OFFENSE:                                                                                                                                                 | Suspension to be followed by probation and \$5,000.00 fine. | Revocation and \$10,000 fine or denial of license.                                           |
| (10) Filing a false report or failing to file                                                                                                                   |                                                             |                                                                                              |

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| a report as required.<br>(Sections 456.072(1)(l) and 459.015(1)(i), F.S.)                                                                                              |                                                                                                                         |                                                                                                                        |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand and \$5,000.00 fine.                                                                                          | Suspension to be followed by probation and \$10,000.00 fine or denial with ability to reapply in not less than 1 year. |
| SECOND OFFENSE:                                                                                                                                                        | Denial with ability to reapply in not less than 3 years or suspension to be followed by probation and \$10,000.00 fine. | Denial with no ability to reapply or revocation and \$10,000.00 fine.                                                  |
| (11) Kickbacks and unauthorized fee arrangements.<br>(Section 459.015(1)(j), F.S.)                                                                                     |                                                                                                                         |                                                                                                                        |
| FIRST OFFENSE:                                                                                                                                                         | Probation and \$2,500.00 fine.                                                                                          | Denial or suspension to be followed by probation and \$5,000.00 fine.                                                  |
| SECOND OFFENSE:                                                                                                                                                        | Denial or suspension to be followed by probation and \$10,000.00 fine.                                                  | Denial or revocation and a \$10,000.00 fine.                                                                           |
| (12) Failure to provide financial disclosure form to a patient being referred to an entity in which the referring physician is an investor.<br>(Section 456.053, F.S.) |                                                                                                                         |                                                                                                                        |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand.                                                                                                              | Reprimand and \$2,500.00 fine.                                                                                         |
| SECOND OFFENSE:                                                                                                                                                        | Reprimand and \$5,000.00 fine.                                                                                          | Probation and \$5,000.00 fine.                                                                                         |
| THIRD OFFENSE:                                                                                                                                                         | Probation and \$7,500.00 fine.                                                                                          | Suspension to be followed by probation and \$10,000.00 fine.                                                           |
| (13) Improper refusal to provide health care.<br>(Section 459.015(1)(k), F.S.)                                                                                         |                                                                                                                         |                                                                                                                        |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand and \$5,000.00 fine.                                                                                          | Probation and \$5,000.00 fine.                                                                                         |
| SECOND OFFENSE:                                                                                                                                                        | Suspension to be followed by probation and \$7,500.00 fine.                                                             | Revocation and \$10,000.00 fine.                                                                                       |
| (14) Sexual misconduct within the patient physician relationship.<br>(Sections 456.072(1)(v) and 459.015(1)(l), F.S.)                                                  |                                                                                                                         |                                                                                                                        |
| FIRST OFFENSE:                                                                                                                                                         | Probation and \$10,000.00 fine.                                                                                         | Denial of licensure or revocation and \$10,000.00 fine.                                                                |
| SECOND OFFENSE:                                                                                                                                                        | Suspension to be followed by probation and \$10,000.00 fine.                                                            | Denial of licensure or revocation and \$10,000.00 fine.                                                                |
| (15) Deceptive, untrue, or fraudulent misrepresentations in the practice of medicine.<br>(Sections 456.072(1)(a), (m) and 459.015(1)(m), F.S.)                         |                                                                                                                         |                                                                                                                        |
| FIRST OFFENSE:                                                                                                                                                         | Reprimand and \$10,000.00 fine.                                                                                         | Denial of licensure or suspension to be followed by probation and \$10,000.00 fine.                                    |

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| SECOND OFFENSE:                                                                                    | Denial of licensure or suspension to be followed by probation and \$10,000.00 fine. | Denial of licensure or revocation and \$10,000.00 fine.      |
| (16) Improper solicitation of patients.<br>(Section 459.015(1)(n), F.S.)                           |                                                                                     |                                                              |
| FIRST OFFENSE:                                                                                     | Reprimand and \$5,000.00 fine.                                                      | Probation and \$5,000.00 fine.                               |
| SECOND OFFENSE:                                                                                    | Suspension to be followed by probation and \$7,500.00 fine.                         | Revocation and \$10,000.00 fine.                             |
| (17) Failure to keep written medical records.<br>(Section 459.015(1)(o), F.S.)                     |                                                                                     |                                                              |
| FIRST OFFENSE:                                                                                     | Reprimand and \$5,000.00 fine.                                                      | Probation and \$5,000.00 fine.                               |
| SECOND OFFENSE:                                                                                    | Suspension to be followed by probation and \$7,500.00 fine.                         | Revocation and \$10,000.00 fine.                             |
| (18) Fraudulent, alteration or destruction of patient records.<br>(Section 459.015(1)(p), F.S.)    |                                                                                     |                                                              |
| FIRST OFFENSE:                                                                                     | Probation and \$5,000.00 fine.                                                      | Suspension to be followed by probation and \$7,500.00 fine.  |
| SECOND OFFENSE:                                                                                    | Suspension to be followed by probation and \$7,500.00 fine.                         | Revocation and \$10,000.00 fine.                             |
| (19) Exercising improper influence on patient.<br>(Sections 456.072(1)(n) and 459.015(1)(q), F.S.) |                                                                                     |                                                              |
| FIRST OFFENSE:                                                                                     | Probation and \$5,000.00 fine.                                                      | Suspension to be followed by probation and \$7,500.00 fine.  |
| SECOND OFFENSE:                                                                                    | Suspension to be followed by probation and \$7,500.00 fine.                         | Revocation and \$10,000.00 fine.                             |
| (20) Improper advertising of pharmacy.<br>(Section 459.015(1)(r), F.S.)                            |                                                                                     |                                                              |
| FIRST OFFENSE:                                                                                     | Letter of concern.                                                                  | Reprimand and \$1,000.00 fine.                               |
| SECOND OFFENSE:                                                                                    | Probation and \$2,000.00 fine.                                                      | Probation and \$5,000.00 fine.                               |
| THIRD OFFENSE:                                                                                     | Probation and \$7,500.00 fine.                                                      | Suspension to be followed by probation and \$10,000.00 fine. |
| (21) Performing, professional services not authorized by patient.<br>(Section 459.015(1)(s), F.S.) |                                                                                     |                                                              |
| FIRST OFFENSE:                                                                                     | Reprimand and \$5,000.00 fine.                                                      | Probation and \$5,000.00 fine.                               |
| SECOND OFFENSE:                                                                                    | Probation and \$7,500.00 fine.                                                      | Revocation and \$10,000.00 fine.                             |
| (22) Controlled substance violations.<br>(Section 459.015(1)(t), F.S.)                             |                                                                                     |                                                              |
| FIRST OFFENSE:                                                                                     | Probation and \$5,000.00 fine.                                                      | Suspension to be followed by probation and \$7,500.00 fine.  |
| SECOND OFFENSE:                                                                                    | Suspension to be followed by probation and \$7,500.00 fine.                         | Revocation and \$10,000.00 fine.                             |
| (23) Prescribing or dispensing of a scheduled drug by the physician to                             |                                                                                     |                                                              |

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| himself.<br>(Section 459.015(1)(u), F.S.)                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Probation and \$5,000.00 fine.                                                                                                                                                | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                   |
| SECOND OFFENSE:                                                                                                                                                                                                       | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                   | Revocation and \$10,000.00 fine.                                                                                                                                              |
| (24) Use of amygdalin (Laetrile).<br>(Section 459.015(1)(v), F.S.)                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Reprimand and \$5,000.00 fine.                                                                                                                                                | Probation and \$5,000.00 fine.                                                                                                                                                |
| SECOND OFFENSE:                                                                                                                                                                                                       | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                   | Revocation and \$10,000.00 fine.                                                                                                                                              |
| (25) Inability to practice medicine with skill and safety.<br>(Sections 456.072(1)(z) and 459.015(1)(w), F.S.)                                                                                                        |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Denial or probation and \$2,500.00 fine.                                                                                                                                      | Denial or suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                                                                                                       | Denial or suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                                                                                                                                    |
| (26) Gross Malpractice.<br>(Section 459.015(1)(x), F.S.)                                                                                                                                                              |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Denial or probation and \$7,500.00 fine.                                                                                                                                      | Denial or revocation and \$10,000.00 fine.                                                                                                                                    |
| SECOND OFFENSE:                                                                                                                                                                                                       | Denial or suspension to be followed by probation and \$7,500.00 fine.                                                                                                         | Denial or revocation and \$10,000.00 fine.                                                                                                                                    |
| (27) Repeated Malpractice as defined in Section 456.50, F.S.<br>(Section 459.015(1)(x), F.S.)                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Revocation or denial of license and fine of \$1,000.00.                                                                                                                       | Revocation or denial of license and fine of \$10,000.00.                                                                                                                      |
| (28) Failure to practice medicine in accordance with appropriate level of care, skill and treatment recognized in general law related to the practice of medicine.<br>(Sections 456.50(1)(g) and 459.015(1)(x), F.S.) |                                                                                                                                                                               |                                                                                                                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                                        | Letter of concern, up to one (1) year probation and \$1,000.00 fine.                                                                                                          | Denial or revocation and \$10,000.00 fine.                                                                                                                                    |
| SECOND OFFENSE:                                                                                                                                                                                                       | Two (2) year probation and \$7,500.00 fine.                                                                                                                                   | Denial or revocation and \$10,000.00 fine.                                                                                                                                    |
| (29) Improper performing of experimental treatment.<br>(Section 459.015(1)(y), F.S.)                                                                                                                                  |                                                                                                                                                                               |                                                                                                                                                                               |

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| FIRST OFFENSE:                                                                                                                     | Denial or reprimand and \$5,000.00 fine.                              | Denial or suspension to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                    | Denial or suspension to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                            |
| (30) Practicing beyond one's scope.<br>(Sections 456.072(1)(o) and 459.015(1)(z), F.S.)                                            |                                                                       |                                                                       |
| FIRST OFFENSE:                                                                                                                     | Denial or reprimand and \$5,000.00 fine.                              | Denial or suspension to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                    | Denial or suspension to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                            |
| (31) Delegation of professional responsibilities to unqualified person.<br>(Sections 456.072(1)(p) and 459.015(1)(aa), F.S.)       |                                                                       |                                                                       |
| FIRST OFFENSE:                                                                                                                     | Reprimand and \$2,500.00 fine.                                        | Denial or suspension to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                    | Denial or suspension to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                            |
| (32) Violation of law, rule, order, or failure to comply with subpoena.<br>(Sections 456.072(1)(q), (dd) and 459.015(1)(bb), F.S.) |                                                                       |                                                                       |
| FIRST OFFENSE:                                                                                                                     | Denial or reprimand and \$5,000.00 fine.                              | Denial or suspension to be followed by probation and \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                    | Denial or suspension to be followed by probation and \$7,500.00 fine. | Denial or revocation and \$10,000.00 fine.                            |
| (33) Restricting another from lawfully advertising services.<br>(Section 459.015(1)(cc), F.S.)                                     |                                                                       |                                                                       |
| FIRST OFFENSE:                                                                                                                     | Letter of concern.                                                    | Reprimand and \$1,000.00 fine.                                        |
| SECOND OFFENSE:                                                                                                                    | Probation and \$2,000.00 fine.                                        | Probation and \$5,000.00 fine.                                        |
| THIRD OFFENSE:                                                                                                                     | 3 month suspension to be followed by probation and a \$5,000.00 fine. | 1 year suspension to be followed by probation and \$5,000.00 fine.    |
| (34) Procuring, aiding or abetting an unlawful abortion.<br>(Section 459.015(1)(dd), F.S.)                                         |                                                                       |                                                                       |
| FIRST OFFENSE:                                                                                                                     | Probation and \$5,000.00 fine.                                        | Suspension to be followed by probation and \$7,500.00 fine.           |
| SECOND OFFENSE:                                                                                                                    | Suspension to be followed by probation and \$7,500.00 fine.           | Revocation and \$10,000.00 fine.                                      |
| (35) Presigning blank prescription forms.<br>(Section 459.015(1)(ee), F.S.)                                                        |                                                                       |                                                                       |
| FIRST OFFENSE:                                                                                                                     | Reprimand and \$5,000.00 fine.                                        | Suspension to be followed by probation and \$5,000.00 fine.           |
| SECOND OFFENSE:                                                                                                                    | Probation and \$5,000.00 fine.                                        | Revocation and \$10,000.00 fine.                                      |
| (36) Prescribing a Schedule II substance for office use.                                                                           |                                                                       |                                                                       |

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| (Section 459.015(1)(ff), F.S.)                                                                                                                        |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Reprimand and \$5,000.00 fine.                                                                                                               | Suspension to be followed by probation and \$5,000.00 fine.                                |
| SECOND OFFENSE:                                                                                                                                       | Probation and \$5,000.00 fine.                                                                                                               | Revocation and \$10,000.00 fine.                                                           |
| (37) Improper use of Schedule II amphetamine or sympathomimetic amine drug.<br>(Section 459.015(1)(gg), F.S.)                                         |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Reprimand and \$5,000.00 fine.                                                                                                               | Suspension to be followed by probation and \$5,000.00 fine.                                |
| SECOND OFFENSE:                                                                                                                                       | Probation and \$5,000.00 fine.                                                                                                               | revocation and \$10,000.00 fine.                                                           |
| (38) Failure to adequately supervise assisting personnel.<br>(Section 459.015(1)(hh), F.S.)                                                           |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Reprimand and \$5,000.00 fine.                                                                                                               | Suspension to be followed by probation and \$5,000.00 fine.                                |
| SECOND OFFENSE:                                                                                                                                       | Probation and \$5,000.00 fine.                                                                                                               | Revocation and \$10,000.00 fine.                                                           |
| (39) Improper use of substances for muscle building or enhancement of athletic performance.<br>(Section 459.015(1)(ii), F.S.)                         |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Reprimand and \$5,000.00 fine.                                                                                                               | Suspension to be followed by probation and \$5,000.00 fine.                                |
| SECOND OFFENSE:                                                                                                                                       | Probation and \$5,000.00 fine.                                                                                                               | Revocation and \$10,000.00 fine.                                                           |
| (40) Misrepresenting, concealing a material fact during licensing, or disciplinary procedure.<br>(Section 459.015(1)(jj), F.S.)                       |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Denial with ability to reapply immediately upon payment of \$5,000.00 fine or probation and \$5,000.00 fine.                                 | Denial with ability to reapply in not less than 3 years or revocation and \$7,500.00 fine. |
| SECOND OFFENSE:                                                                                                                                       | Denial with ability to reapply in not less than 3 years and \$10,000.00 fine or suspension to be followed by probation and \$10,000.00 fine. | Denial of license with no ability to reapply or revocation and \$10,000.00 fine.           |
| (41) Improperly interfering with an investigation or disciplinary proceeding.<br>(Sections 456.072(1)(r) and 459.015(1)(kk), F.S.)                    |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Probation and \$10,000.00 fine.                                                                                                              | Revocation and \$10,000.00 fine.                                                           |
| SECOND OFFENSE:                                                                                                                                       | Suspension to be followed by probation and \$10,000.00 fine.                                                                                 | Revocation and \$10,000.00 fine.                                                           |
| (42) Failing to report any licensee who has violated the disciplinary act who provides services at the same office.<br>(Section 459.015(1)(ll), F.S.) |                                                                                                                                              |                                                                                            |
| FIRST OFFENSE:                                                                                                                                        | Letter of concern.                                                                                                                           | Reprimand and \$1,000.00 fine.                                                             |
| SECOND OFFENSE:                                                                                                                                       | Probation and \$2,000.00 fine.                                                                                                               | Probation and \$5,000.00 fine.                                                             |

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| THIRD OFFENSE:                                                                                                                                                 | Probation and \$7,500.00 fine.                                                                                                      | Suspension to be followed by probation and \$10,000.00 fine.                                                                                                             |
| (43) Giving corroborating written medical expert opinion without reasonable investigation.<br>(Section 459.015(1)(mm), F.S.)                                   |                                                                                                                                     |                                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                 | Reprimand and \$5,000.00 fine.                                                                                                      | Suspension to be followed by probation and \$5,000.00 fine.                                                                                                              |
| SECOND OFFENSE:                                                                                                                                                | Probation and \$5,000.00 fine.                                                                                                      | Revocation and \$10,000.00 fine.                                                                                                                                         |
| (44) Failure to comply with guidelines for use of obesity drugs.<br>(Section 459.0135, F.S. and Rule 64B15-14.004, F.A.C.)                                     |                                                                                                                                     |                                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                 | Reprimand and \$5,000.00 fine.                                                                                                      | Suspension to be followed by probation and \$5,000.00 fine.                                                                                                              |
| SECOND OFFENSE:                                                                                                                                                | Probation and \$5,000.00 fine.                                                                                                      | Revocation and \$10,000.00 fine.                                                                                                                                         |
| (45) Falsely advertising or holding oneself out as a board-certified specialist.<br>(Section 459.015(1)(nn), F.S.)                                             |                                                                                                                                     |                                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                 | Reprimand and \$5,000.00 fine.                                                                                                      | Probation and \$5,000.00 fine.                                                                                                                                           |
| SECOND OFFENSE:                                                                                                                                                | Suspension to be followed by probation and \$7,500.00 fine.                                                                         | Revocation and \$10,000.00 fine.                                                                                                                                         |
| (46) Failing to provide patients with information about their patient rights and how to file a complaint.<br>(Sections 456.072(1)(u) and 459.015(1)(oo), F.S.) |                                                                                                                                     |                                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                 | Letter of concern.                                                                                                                  | Reprimand and \$1,000.00 fine.                                                                                                                                           |
| SECOND OFFENSE:                                                                                                                                                | Probation and \$2,000.00 fine.                                                                                                      | Probation and \$5,000.00 fine.                                                                                                                                           |
| THIRD OFFENSE:                                                                                                                                                 | Probation and \$7,500.00 fine.                                                                                                      | Suspension to be followed by probation and \$10,000.00 fine.                                                                                                             |
| (47) Violating any rule adopted by the board<br>or department.<br>(Sections 456.072(1)(b) and 459.015(1)(pp), F.S.)                                            |                                                                                                                                     |                                                                                                                                                                          |
| FIRST OFFENSE:                                                                                                                                                 | Denial or letter of concern and \$1,000.00 fine, demonstration of compliance with the rule.                                         | Denial or suspension to be followed by probation and \$5,000.00 fine, a reprimand, completion of a laws and rules course, and demonstration of compliance with the rule. |
| SECOND OFFENSE:                                                                                                                                                | Denial or reprimand, completion of laws and rules course, demonstration of compliance with the rule, probation and \$7,500.00 fine. | Denial with no ability to reapply or revocation and \$10,000.00 fine.                                                                                                    |
| (48) Using a Class III or a Class IV laser device without having complied with the rules adopted pursuant to section 501.122(2), F.S.                          |                                                                                                                                     |                                                                                                                                                                          |

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| (Section 456.072(1)(d), F.S.)                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |
| FIRST OFFENSE:                                                                                                                                                                                                                | Reprimand and \$1,000.00 fine.                                                                                                                                                                                                                                                                                                   | Probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                    |
| SECOND OFFENSE:                                                                                                                                                                                                               | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                                                                                                                                                                      | Revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                  |
| (49) Failing to comply with the educational course requirements for human immunodeficiency virus and acquired immune deficiency syndrome.<br>(Section 456.072(1)(e), F.S.)                                                    |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |
| FIRST OFFENSE:                                                                                                                                                                                                                | Reprimand and \$2,500.00 fine.                                                                                                                                                                                                                                                                                                   | Probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                    |
| SECOND OFFENSE:                                                                                                                                                                                                               | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                                                                                                                                                                      | Revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                  |
| (50) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee.<br>(Section 456.072(1)(g), F.S.)                                           |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |
| FIRST OFFENSE:                                                                                                                                                                                                                | Reprimand and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                   | Probation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                   |
| SECOND OFFENSE:                                                                                                                                                                                                               | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                                                                                                                                                                      | Revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                  |
| (51) Failing to comply with the educational course requirements for domestic violence.<br>(Section 456.072(1)(s), F.S.)                                                                                                       |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |
| FIRST OFFENSE:                                                                                                                                                                                                                | Reprimand and \$2,500.00 fine.                                                                                                                                                                                                                                                                                                   | Probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                    |
| SECOND OFFENSE:                                                                                                                                                                                                               | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                                                                                                                                                                      | Revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                  |
| (52) Failing to comply with the requirements for profiling and credentialing.<br>(Section 456.072(1)(w), F.S.)                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |
| FIRST OFFENSE:                                                                                                                                                                                                                | \$2,500.00 fine.                                                                                                                                                                                                                                                                                                                 | Suspension to be followed by probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                       |
| SECOND OFFENSE:                                                                                                                                                                                                               | Probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                   | Revocation and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                  |
| (53) Failing to report to the board in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to a crime in any jurisdiction.<br>(Section 456.072(1)(x), F.S.) |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |
| FIRST OFFENSE:                                                                                                                                                                                                                | Imposition of discipline that would have been imposed in Florida if the substantive violation occurred in Florida to suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine ranging from \$1,000 to \$5,000.00. | Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to revocation or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken and an administrative fine ranging from |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                               | \$5,000.00 to \$10,000.00.                                                                                                                                                                 |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Imposition of discipline comparable to discipline that would have been imposed in Florida if the substantive violation occurred in Florida to suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine ranging from \$5,000.00 to \$10,000.00. | Revocation and an administrative fine of \$10,000.00 or denial of license until the licensee's license is unencumbered in the jurisdiction where disciplinary action was originally taken. |
| (54) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents pursuant to section 316.066, F.S., or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in such accidents.<br>(Section 456.072(1)(y), F.S.) |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Letter of concern.                                                                                                                                                                                                                                                                                                                                            | Reprimand and \$1,000.00 fine.                                                                                                                                                             |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Probation and \$2,000.00 fine.                                                                                                                                                                                                                                                                                                                                | Probation and \$5,000.00 fine.                                                                                                                                                             |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Probation and \$7,500.00 fine.                                                                                                                                                                                                                                                                                                                                | Suspension to be followed by probation and \$10,000.00 fine.                                                                                                                               |
| (55) Testing positive for any drug on any confirmed preemployment or employer-ordered drug screening.<br>(Section 456.072(1)(aa), F.S.)                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                                                | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                                |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Suspension to be followed by probation and \$7,500.00 fine.                                                                                                                                                                                                                                                                                                   | Revocation and \$10,000.00 fine.                                                                                                                                                           |
| (56) Performing or attempting to perform health care services on the wrong patient, a wrong procedure, an unauthorized, unnecessary or unrelated procedure.<br>(Section 456.072(1)(bb), F.S.)                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Denial or probation and \$5,000.00 fine.                                                                                                                                                                                                                                                                                                                      | Denial or revocation and \$10,000.00 fine.                                                                                                                                                 |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Denial or suspension and \$10,000.00 fine.                                                                                                                                                                                                                                                                                                                    | Denial or revocation and \$10,000.00 fine.                                                                                                                                                 |
| (57) Leaving a foreign body in a patient such as a sponge, clamp, forceps, surgical needle or other paraphernalia.<br>(Section 456.072(1)(cc), F.S.)                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |

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| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Denial or probation and \$5,000.00 fine.                                                                                                                            | Denial or revocation and \$10,000.00 fine.                                                                                                                                                          |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Denial or suspension and \$10,000.00 fine.                                                                                                                          | Denial or revocation and \$10,000.00 fine.                                                                                                                                                          |
| (58) Being terminated for cause, from a treatment program for impaired practitioners, as described in section 456.076, F.S., for failure to comply, without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug-treatment or alcohol-treatment program.<br>(Section 456.072(1)(hh), F.S.)                                                                              |                                                                                                                                                                     |                                                                                                                                                                                                     |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Stayed suspension and probation and \$2,500.00 fine.                                                                                                                | Suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation and \$5,000.00 fine revocation and \$10,000.00 fine. |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Suspension until licensee is able to demonstrate to the Board ability to practice with reasonable skill and safety to be followed by probation and \$7,500.00 fine. |                                                                                                                                                                                                     |
| (59) Engaging in a pattern of practice when prescribing medicinal drugs or controlled substances which demonstrates a lack of reasonable skill or safety to patients, a violation of any provision of chapter 456, or sections 893.055 and 893.0551, F.S., a violation of the applicable practice act, or a violation of any rules adopted under this chapter or the applicable practice act of the prescribing practitioner.<br>(Section 456.072(1)(gg), F.S.) |                                                                                                                                                                     |                                                                                                                                                                                                     |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                  | One year Probation and \$1,000.00 fine.                                                                                                                             | Revocation and \$10,000.00 fine.                                                                                                                                                                    |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Suspension to be followed by probation and \$5,000.00 fine.                                                                                                         | Revocation and \$10,000.00 fine.                                                                                                                                                                    |
| (60) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 USC s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s.1343, s. 1347, s. 1349, or s. 1518, or 42 USC ss. 1320a-7b, relating to the Medicaid program.<br>(Section 456.072(1)(ii), F.S.)                                                                                                                      |                                                                                                                                                                     |                                                                                                                                                                                                     |

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| FIRST OFFENSE:                                                                                                                                                                                                 | Revocation and a fine of \$10,000.00 or denial of application for licensure.                           |                                      |
| (61) Failing to remit the sum owed to the state for overpayment from the Medicaid program pursuant to a final order, judgment, or settlement.<br>(Section 456.072(1)(jj), F.S.)                                |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Letter of concern and a fine of \$500.00.                                                              | Probation, and a fine of \$1,000.00. |
| SECOND OFFENSE:                                                                                                                                                                                                | Reprimand and a fine of \$500.00.                                                                      | Revocation and a fine of \$1,000.00. |
| (62) Being terminated from the State Medicaid program or any other state Medicaid program, or the federal Medicare program.<br>(Section 456.072(1)(kk), F.S.)                                                  |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Letter of concern and a fine of \$500.00.                                                              | Suspension and a fine of \$1,000.00. |
| SECOND OFFENSE:                                                                                                                                                                                                | Reprimand and a fine of \$500.00.                                                                      | revocation and a fine of \$1,000.00. |
| (63) Being convicted of, or entering into a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, which relates to health care fraud.<br>(Section 456.072(1)(ll), F.S.) |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Revocation and fine of \$10,000.00 or denial of application for licensure.                             |                                      |
| (64) A violation of Rule 64B15-14.0051, F.A.C.                                                                                                                                                                 |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Probation for a term no less than two (2) years and a \$5,000.00 fine.                                 | Revocation.                          |
| SECOND OFFENSE:                                                                                                                                                                                                | Suspension for a minimum of one (1) year to be followed by a term of probation and a \$10,000.00 fine. | Revocation.                          |
| (65) A violation of Rule 64B15-14.0052, F.A.C.                                                                                                                                                                 |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Probation for a term no less than one (1) year and a \$5,000.00 fine.                                  | Revocation.                          |
| SECOND OFFENSE:                                                                                                                                                                                                | Suspension for a minimum of six months to be followed by a term of probation and a \$10,000.00 fine.   | Revocation.                          |
| (66) Registration of pain clinic by a designated physician through misrepresentation or fraud.<br>(Section 459.015(1)(rr)1., F.S.)                                                                             |                                                                                                        |                                      |
| (a) For registering a pain clinic through misrepresentation.                                                                                                                                                   |                                                                                                        |                                      |
| FIRST OFFENSE:                                                                                                                                                                                                 | Letter of concern and a \$1,000.00 fine.                                                               | Probation and a \$5,000.00 fine.     |
| SECOND OFFENSE:                                                                                                                                                                                                | Probation and a \$5,000.00 fine.                                                                       | Revocation and a \$10,000.00 fine.   |
| (b) For registering a pain clinic through fraud.                                                                                                                                                               |                                                                                                        |                                      |

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| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Revocation and a \$10,000.00 fine.                                                                                                                                   |                                                                                                                                            |
| (67) Procuring or attempting to procure, the registration of a pain management clinic for any other person by making or causing to be made, any false representation.<br>(Section 459.015(1)(rr)2., F.S.)                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                            |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Revocation and a \$10,000.00 fine.                                                                                                                                   |                                                                                                                                            |
| (68) Failing to comply with any requirement of chapter 499, F.S., the Florida Drug and Cosmetic Act; 21 U.S.C., ss. 301-392, the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Drug Abuse Prevention Control Act; or chapter 893, F.S., the Florida Comprehensive Drug Abuse Prevention and Control Act.<br>(Section 459.015(1)(rr)3., F.S.) |                                                                                                                                                                      |                                                                                                                                            |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Letter of concern and a \$1,000.00 fine.                                                                                                                             | Probation and a \$5,000.00 fine.                                                                                                           |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                     | Reprimand and a \$5,000.00 fine.                                                                                                                                     | Suspension, followed by a period of probation, and a \$10,000.00 fine.                                                                     |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Reprimand and a \$7,500.00 fine.                                                                                                                                     | Revocation and a \$10,000.00 fine.                                                                                                         |
| (69) Being convicted of or found guilty of, regardless of adjudication to, a felony or any other crime involving moral turpitude, fraud, dishonesty, or deceit in any jurisdiction of the courts of this state, or any other state, or of the United States.<br>(Section 459.015(1)(rr)4., F.S.)                                                                    |                                                                                                                                                                      |                                                                                                                                            |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | Probation and a \$1,000.00 fine.                                                                                                                                     | Revocation and a \$10,000.00 fine.                                                                                                         |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                     | Suspension and a \$5,000.00 fine.                                                                                                                                    | Revocation and a \$10,000.00 fine.                                                                                                         |
| (70) Being convicted of, or disciplined by a regulatory agency of the Federal Government or a regulatory agency of another state for any offense that would constitute a violation of chapter 459, F.S.<br>(Section 459.015(1)(rr)5., F.S.)                                                                                                                         |                                                                                                                                                                      |                                                                                                                                            |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                                      | From imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in Florida and a \$1,000.00 fine. | Suspension until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and a \$5,000.00 fine. |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                                     | From imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in Florida and a \$5,000.00 fine. | Revocation and a \$10,000.00 fine.                                                                                                         |
| (71) Being convicted of, or entering a plea of guilty or nolo contendere to,                                                                                                                                                                                                                                                                                        |                                                                                                                                                                      |                                                                                                                                            |

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| regardless of adjudication, a crime which relates to the practice of, or the ability to practice, a licensed health care profession. (Section 459.015(1)(rr)6., F.S.)                                                                                                                                                                           |                                                                        |                                                                        |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                  | Probation and a \$1,000.00 fine.                                       | Revocation and a \$10,000.00 fine.                                     |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                 | Suspension and a \$5,000.00 fine.                                      | Revocation and a \$10,000.00 fine.                                     |
| (72) Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime which relates to health care fraud. (Section 459.015(1)(rr)7., F.S.)                                                                                                                                                           |                                                                        |                                                                        |
| (a) Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime relating to healthcare fraud in dollar amounts in excess of \$5,000.00.                                                                                                                                                         |                                                                        |                                                                        |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                  | Revocation and a \$10,000.00 fine.                                     |                                                                        |
| (b) Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime relating to healthcare fraud in dollar amounts of \$5,000.00 or less.                                                                                                                                                           |                                                                        |                                                                        |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                  | Suspension, followed by a period of probation, and a \$10,000.00 fine. |                                                                        |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                 | Revocation and a \$10,000.00 fine.                                     |                                                                        |
| (73) Dispensing any medicinal drug based upon a communication that purports to be a prescription as defined in section 465.003(14) or 893.02, F.S., if the dispensing practitioner knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship. (Section 459.015(1)(rr)8., F.S.) |                                                                        |                                                                        |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                  | Reprimand and a \$1,000.00 fine.                                       | Revocation and a \$10,000.00 fine.                                     |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                 | Probation and a \$5,000.00 fine.                                       | Revocation and a \$10,000.00 fine.                                     |
| (74) Failing to timely notify the Board of the date of his or her termination from a pain management clinic as required by section 459.0137(2)€, F.S. (Section 459.015(1)(rr)9., F.S.)                                                                                                                                                          |                                                                        |                                                                        |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                                                  | Letter of concern and a \$1,000.00 fine.                               | Probation and a \$5,000.00 fine.                                       |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                                                 | Reprimand and a \$5,000.00 fine.                                       | Suspension, followed by a period of probation, and a \$10,000.00 fine. |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                                                  | Suspension, followed by a period of probation, and a \$7,500.00 fine.  | Revocation and a \$10,000.00 fine.                                     |
| (75) Failing to timely notify the Department of the theft of prescription blanks from a pain management clinic or                                                                                                                                                                                                                               |                                                                        |                                                                        |

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| a breach of an osteopathic physician's electronic prescribing software or other methods for prescribing within 24 hours as required by section 459.0137(3), F.S. (Section 459.015(1)(ss), F.S.)      |                                                                                                                                                 |                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                       | Letter of concern and a \$1,000.00 fine.                                                                                                        | Probation and a \$5,000.00 fine.                                              |
| SECOND OFFENSE:                                                                                                                                                                                      | Probation and a \$5,000.00 fine.                                                                                                                | Suspension, followed by a period of probation, and a \$10,000.00 fine.        |
| THIRD OFFENSE:                                                                                                                                                                                       | Suspension, followed by a period of probation, and a \$7,500.00 fine.                                                                           | Revocation and a \$10,000.00 fine.                                            |
| (76) Promoting or advertising through any communication media the use, sale, or dispensing of any controlled substance appearing on any schedule in chapter 893, F.S. (Section 459.015(1)(tt), F.S.) |                                                                                                                                                 |                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                       | Letter of concern and a \$1,000.00 fine.                                                                                                        | 1 year suspension, followed by a period of probation, and a \$5,000.00 fine.  |
| SECOND OFFENSE:                                                                                                                                                                                      | Reprimand and a \$5,000.00 fine.                                                                                                                | 1 year suspension, followed by a period of probation, and a \$10,000.00 fine. |
| (77) Failure to comply with the controlled substance prescribing requirements of section 456.44, F.S. (Section 456.072(1)(mm), F.S.)                                                                 |                                                                                                                                                 |                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                       | Suspension of license for a period of six (6) months followed by a period of probation and an administrative fine in the amount of \$10,000.00. | Revocation and an administrative fine in the amount of \$10,000.00.           |
| SECOND OFFENSE:                                                                                                                                                                                      | Suspension of license for a period of one (1) year followed by a period of probation and an administrative fine in the amount of \$10,000.00.   | Revocation and an administrative fine in the amount of \$10,000.00.           |
| (78) Providing false or deceptive expert witness testimony related to the practice of medicine. (Section 459.015(1)(qq), F.S.)                                                                       |                                                                                                                                                 |                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                       | Reprimand and an administrative fine of \$5,000.00.                                                                                             | Revocation and an administrative fine of \$10,000.00.                         |
| SECOND OFFENSE:                                                                                                                                                                                      | Suspension and an administrative fine of \$7,500.00.                                                                                            | Revocation and an administrative fine of \$10,000.00.                         |
| (79) Failure to comply with the requirements of section 390.0111(3), F.S., regarding termination of pregnancies. (Section 456.072(1)(k), F.S.)                                                       |                                                                                                                                                 |                                                                               |
| FIRST OFFENSE:                                                                                                                                                                                       | Letter of concern and an administrative fine of \$1,000.00.                                                                                     | A period of probation and an administrative fine in the amount of \$2,500.00. |

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| SECOND OFFENSE:                                                                                                                                                                                                   | Reprimand and an administrative fine of \$2,500.00.                                    | Suspension followed by a period of probation and an administrative fine in the amount of \$5,000.00. |
| THIRD OFFENSE:                                                                                                                                                                                                    | Reprimand and an administrative fine of \$5,000.00.                                    | Revocation and an administrative fine in the amount of \$10,000.00.                                  |
| (80) Dispensing a controlled substance listed in Schedule II or Schedule III in violation of section 465.0276, F.S. (Section 459.015)(1)(uu), F.S.)                                                               |                                                                                        |                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                    | Probation and an administrative fine of \$1,000.00.                                    | Revocation and an administrative fine of \$10,000.00.                                                |
| SECOND OFFENSE:                                                                                                                                                                                                   | Suspension followed by a period of probation and an administrative fine of \$5,000.00. | Revocation and an administrative fine of \$10,000.00.                                                |
| (81) Willfully failing to comply with section 627.64194 or 641.513, F.S. with such frequency as to indicate a general business practice. (Section 459.015)(1)(vv), F.S.)                                          |                                                                                        |                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                    | Letter of concern.                                                                     | Reprimand and an administrative fine in the amount of \$1,000.00 to \$5,000.00.                      |
| SECOND OFFENSE:                                                                                                                                                                                                   | Reprimand.                                                                             | Revocation and an administrative fine in the amount of \$5,000.00 to \$10,000.00.                    |
| (82) Issuing a physician certification as defined in section 381.986, F.S., in a manner out of compliance with the requirements of that section and the rules adopted thereunder. (Section 459.015)(1)(ww), F.S.) |                                                                                        |                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                    | Denial or probation and an administrative fine of \$1,000.00.                          | Denial or revocation and an administrative fine of \$5,000.00.                                       |
| SECOND OFFENSE:                                                                                                                                                                                                   | Denial or suspension and an administrative fine of \$5,000.00.                         | Denial or revocation and an administrative fine of \$10,000.00.                                      |
| (83) Failure to consult the prescription drug monitoring system, as required by section 893.055(8), F.S. (Section 459.015)(1)(g), F.S.)                                                                           |                                                                                        |                                                                                                      |
| FIRST OFFENSE:                                                                                                                                                                                                    | Letter of concern and an administrative fine of \$1,000.00.                            | Reprimand and an administrative fine of \$2,500.00.                                                  |
| SECOND OFFENSE:                                                                                                                                                                                                   | Reprimand and an administrative fine of \$2,500.00.                                    | Suspension and an administrative fine of \$5,000.00.                                                 |
| THIRD OFFENSE:                                                                                                                                                                                                    | Suspension and an administrative fine of \$5,000.00.                                   | Revocation and an administrative fine in the amount of \$10,000.00.                                  |
| (84) Failure to report adverse incidents in planned out-of-hospital births by section 459.015(1)(g), F.S. (Section 459.015)(1)(g), F.S.)                                                                          |                                                                                        |                                                                                                      |

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| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                  | Letter of concern and an administrative fine of \$1,000.00.                                                                                                              | Reprimand and an administrative fine of \$2,500.00.                                                             |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                 | Reprimand and an administrative fine of \$2,500.00.                                                                                                                      | Suspension and an administrative fine of \$5,000.00.                                                            |
| THIRD OFFENSE:                                                                                                                                                                                                                                                                                                  | Suspension and an administrative fine of \$5,000.00.                                                                                                                     | Revocation and an administrative fine in the amount of \$10,000.00.                                             |
| (85) Performing a liposuction procedure in which more than 1,000 cubic centimeters of supernatant fat is removed, a Level II office surgery, or a Level III office surgery in an office that is not registered with the department pursuant to Section 458.328 or 459.0138, F.S. (Section 459.015(1)(xx), F.S.) |                                                                                                                                                                          |                                                                                                                 |
| FIRST OFFENSE:                                                                                                                                                                                                                                                                                                  | Twelve (12) months probation and an administrative fine of \$5,000.00 per day.                                                                                           | Twelve (12) months suspension followed by a term of probation and an administrative fine of \$5,000.00 per day. |
| SECOND OFFENSE:                                                                                                                                                                                                                                                                                                 | Twelve (12) months suspension followed by a term of probation and permanent restriction from performing office surgery and an administrative fine of \$5,000.00 per day. | Revocation and an administrative fine of \$5,000.00 per day.                                                    |

*Rulemaking Authority 456.079, 459.015(5), 459.0138 FS. Law Implemented 381.986(3)(a), 456.072, 456.079, 456.50, 459.015, 459.0138 FS. History—New 9-30-87, Amended 10-28-91, 1-12-93, Formerly 21R-19.002, 61F9-19.002, 59W-19.002, Amended 2-2-98, 2-11-01, 6-7-01, 2-26-02, 12-7-05, 11-14-06, 11-27-06, 5-10-10, 7-27-10, 11-10-11, 3-27-12, 7-3-12, 1-1-15, 11-27-16, 4-30-18, 8-9-18, 11-19-19, 2-12-20*



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## The 2019 Florida Statutes

[Title XXXII](#)  
REGULATION OF  
PROFESSIONS AND  
OCCUPATIONS

[Chapter 456](#)  
HEALTH PROFESSIONS AND  
OCCUPATIONS: GENERAL  
PROVISIONS

[View Entire Chapter](#)

456.47 Use of telehealth to provide services.—

(1) DEFINITIONS.—As used in this section, the term:

(a) “Telehealth” means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.

(b) “Telehealth provider” means any individual who provides health care and related services using telehealth and who is licensed or certified under s. [393.17](#); part III of chapter 401; chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part III, part IV, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part II or part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491; who is licensed under a multistate health care licensure compact of which Florida is a member state; or who is registered under and complies with subsection (4).

(2) PRACTICE STANDARDS.—

(a) A telehealth provider has the duty to practice in a manner consistent with his or her scope of practice and the prevailing professional standard of practice for a health care professional who provides in-person health care services to patients in this state.

(b) A telehealth provider may use telehealth to perform a patient evaluation. If a telehealth provider conducts a patient evaluation sufficient to diagnose and treat the patient, the telehealth provider is not required to research a patient’s medical history or conduct a physical examination of the patient before using telehealth to provide health care services to the patient.

(c) A telehealth provider may not use telehealth to prescribe a controlled substance unless the controlled substance is prescribed for the following:

1. The treatment of a psychiatric disorder;
2. Inpatient treatment at a hospital licensed under chapter 395;
3. The treatment of a patient receiving hospice services as defined in s. [400.601](#); or
4. The treatment of a resident of a nursing home facility as defined in s. [400.021](#).

(d) A telehealth provider and a patient may be in separate locations when telehealth is used to provide health care services to a patient.

(e) A nonphysician telehealth provider using telehealth and acting within his or her relevant scope of practice, as established by Florida law or rule, is not in violation of s. [458.327\(1\)\(a\)](#) or s. [459.013\(1\)\(a\)](#).

(3) RECORDS.—A telehealth provider shall document in the patient’s medical record the health care services rendered using telehealth according to the same standard as used for in-person services. Medical records, including video, audio, electronic, or other records generated as a result of providing such services, are confidential pursuant to ss. [395.3025\(4\)](#) and [456.057](#).

(4) REGISTRATION OF OUT-OF-STATE TELEHEALTH PROVIDERS.—

(a) A health care professional not licensed in this state may provide health care services to a patient located in this state using telehealth if the health care professional registers with the applicable board, or the department if there is no board, and provides health care services within the applicable scope of practice established by Florida law or rule.

(b) The board, or the department if there is no board, shall register a health care professional not licensed in this state as a telehealth provider if the health care professional:

1. Completes an application in the format prescribed by the department;
2. Is licensed with an active, unencumbered license that is issued by another state, the District of Columbia, or a possession or territory of the United States and that is substantially similar to a license issued to a Florida-licensed provider specified in paragraph (1)(b);

3. Has not been the subject of disciplinary action relating to his or her license during the 5-year period immediately prior to the submission of the application;
4. Designates a duly appointed registered agent for service of process in this state on a form prescribed by the department; and
5. Demonstrates to the board, or the department if there is no board, that he or she is in compliance with paragraph (e).

The department shall use the National Practitioner Data Bank to verify the information submitted under this paragraph, as applicable.

(c) The website of a telehealth provider registered under paragraph (b) must prominently display a hyperlink to the department's website containing information required under paragraph (h).

(d) A health care professional may not register under this subsection if his or her license to provide health care services is subject to a pending disciplinary investigation or action, or has been revoked in any state or jurisdiction. A health care professional registered under this subsection must notify the appropriate board, or the department if there is no board, of restrictions placed on his or her license to practice, or any disciplinary action taken or pending against him or her, in any state or jurisdiction. The notification must be provided within 5 business days after the restriction is placed or disciplinary action is initiated or taken.

(e) A provider registered under this subsection shall maintain professional liability coverage or financial responsibility, that includes coverage or financial responsibility for telehealth services provided to patients not located in the provider's home state, in an amount equal to or greater than the requirements for a licensed practitioner under s. [456.048](#), s. [458.320](#), or s. [459.0085](#), as applicable.

(f) A health care professional registered under this subsection may not open an office in this state and may not provide in-person health care services to patients located in this state.

(g) A pharmacist registered under this subsection may only use a pharmacy permitted under chapter 465, a nonresident pharmacy registered under s. [465.0156](#), or a nonresident pharmacy or outsourcing facility holding an active permit pursuant to s. [465.0158](#) to dispense medicinal drugs to patients located in this state.

(h) The department shall publish on its website a list of all registrants and include, to the extent applicable, each registrant's:

1. Name.
2. Health care occupation.
3. Completed health care training and education, including completion dates and any certificates or degrees obtained.
4. Out-of-state health care license with the license number.
5. Florida telehealth provider registration number.
6. Specialty.
7. Board certification.
8. Five-year disciplinary history, including sanctions and board actions.
9. Medical malpractice insurance provider and policy limits, including whether the policy covers claims that arise in this state.
10. The name and address of the registered agent designated for service of process in this state.

(i) The board, or the department if there is no board, may take disciplinary action against an out-of-state telehealth provider registered under this subsection if the registrant:

1. Fails to notify the applicable board, or the department if there is no board, of any adverse actions taken against his or her license as required under paragraph (d).
2. Has restrictions placed on or disciplinary action taken against his or her license in any state or jurisdiction.
3. Violates any of the requirements of this section.
4. Commits any act that constitutes grounds for disciplinary action under s. [456.072\(1\)](#) or the applicable practice act for Florida-licensed providers.

Disciplinary action taken by a board, or the department if there is no board, under this paragraph may include suspension or revocation of the provider's registration or the issuance of a reprimand or letter of concern. A suspension may be accompanied by a corrective action plan as determined by the board, or the department if there is no board, the completion of which may lead to the suspended registration being reinstated according to rules adopted by the board, or the department if there is no board.

(5) VENUE.—For the purposes of this section, any act that constitutes the delivery of health care services is deemed to occur at the place where the patient is located at the time the act is performed or in the patient's county of residence. Venue for a civil or administrative action initiated by the department, the appropriate board, or a patient who receives telehealth services from an out-of-state telehealth provider may be located in the patient's county of residence or in Leon County.

(6) EXEMPTIONS.—A health care professional who is not licensed to provide health care services in this state but who holds an active license to provide health care services in another state or jurisdiction, and who provides health care services using telehealth to a

patient located in this state, is not subject to the registration requirement under this section if the services are provided:

(a) In response to an emergency medical condition as defined in s. [395.002](#); or

(b) In consultation with a health care professional licensed in this state who has ultimate authority over the diagnosis and care of the patient.

(7) RULEMAKING.—The applicable board, or the department if there is no board, may adopt rules to administer this section.

History.—s. 1, ch. 2019-137.

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1  
2 An act relating to reproductive health; amending s.  
3 456.072, F.S.; providing grounds for disciplinary  
4 action; amending s. 456.074, F.S.; requiring the  
5 department to immediately suspend the license of  
6 certain health care practitioners under certain  
7 circumstances; creating s. 456.51, F.S.; defining the  
8 term "pelvic examination"; prohibiting health care  
9 practitioners and certain students from performing a  
10 pelvic examination on a patient without first  
11 obtaining the written consent of the patient or the  
12 patient's legal representative; providing exceptions;  
13 amending ss. 458.331 and 459.015, F.S.; providing  
14 grounds for disciplinary action; creating s. 784.086,  
15 F.S.; defining terms; establishing the criminal  
16 offense of reproductive battery; providing criminal  
17 penalties; providing an exception; tolling the period  
18 of limitations; providing that a recipient's consent  
19 to an anonymous donor is not a defense to the crime of  
20 reproductive battery; providing effective dates.

21  
22 Be It Enacted by the Legislature of the State of Florida:

23  
24 Section 1. Paragraph (pp) is added to subsection (1) of  
25 section 456.072, Florida Statutes, to read:

26 456.072 Grounds for discipline; penalties; enforcement.—

27 (1) The following acts shall constitute grounds for which  
28 the disciplinary actions specified in subsection (2) may be  
29 taken:

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30           (pp) Intentionally implanting a patient or causing a  
31 patient to be implanted with a human embryo without the  
32 recipient's consent to the use of that human embryo, or  
33 inseminating a patient or causing a patient to be inseminated  
34 with the human reproductive material, as defined in s. 784.086,  
35 of a donor without the recipient's consent to the use of human  
36 reproductive material from that donor.

37           Section 2. Subsection (1) of section 456.074, Florida  
38 Statutes, is amended to read:

39           456.074 Certain health care practitioners; immediate  
40 suspension of license.—

41           (1) The department shall issue an emergency order  
42 suspending the license of any person licensed under chapter 458,  
43 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,  
44 chapter 464, chapter 465, chapter 466, or chapter 484 who pleads  
45 guilty to, is convicted or found guilty of, or who enters a plea  
46 of nolo contendere to, regardless of adjudication, to:

47           (a) A felony under chapter 409, chapter 817, or chapter 893  
48 or under 21 U.S.C. ss. 801-970 or under 42 U.S.C. ss. 1395-1396;  
49 ~~or~~

50           (b) A misdemeanor or felony under 18 U.S.C. s. 669, ss.  
51 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s.  
52 1349, or s. 1518 or 42 U.S.C. ss. 1320a-7b, relating to the  
53 Medicaid program; or

54           (c) A felony under s. 784.086, relating to a reproductive  
55 battery.

56           Section 3. Section 456.51, Florida Statutes, is created to  
57 read:

58           456.51 Consent for pelvic examinations.—

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59       (1) As used in this section, the term "pelvic examination"  
60 means the series of tasks that comprise an examination of the  
61 vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or  
62 external pelvic tissue or organs using any combination of  
63 modalities, which may include, but need not be limited to, the  
64 health care provider's gloved hand or instrumentation.

65       (2) A health care practitioner, a medical student, or any  
66 other student receiving training as a health care practitioner  
67 may not perform a pelvic examination on a patient without the  
68 written consent of the patient or the patient's legal  
69 representative executed specific to, and expressly identifying,  
70 the pelvic examination, unless:

71       (a) A court orders performance of the pelvic examination  
72 for the collection of evidence; or

73       (b) The pelvic examination is immediately necessary to  
74 avert a serious risk of imminent substantial and irreversible  
75 physical impairment of a major bodily function of the patient.

76       Section 4. Paragraph (ww) is added to subsection (1) of  
77 section 458.331, Florida Statutes, to read:

78       458.331 Grounds for disciplinary action; action by the  
79 board and department.—

80       (1) The following acts constitute grounds for denial of a  
81 license or disciplinary action, as specified in s. 456.072(2):

82       (ww) Implanting a patient or causing a patient to be  
83 implanted with a human embryo created with the human  
84 reproductive material, as defined in s. 784.086, of the  
85 licensee, or inseminating a patient or causing a patient to be  
86 inseminated with the human reproductive material of the  
87 licensee.

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88 Section 5. Paragraph (yy) is added to subsection (1) of  
89 section 459.015, Florida Statutes, to read:

90 459.015 Grounds for disciplinary action; action by the  
91 board and department.—

92 (1) The following acts constitute grounds for denial of a  
93 license or disciplinary action, as specified in s. 456.072(2):

94 (yy) Implanting a patient or causing a patient to be  
95 implanted with a human embryo created with the human  
96 reproductive material, as defined in s. 784.086, of the  
97 licensee, or inseminating a patient or causing a patient to be  
98 inseminated with the human reproductive material of the  
99 licensee.

100 Section 6. Effective October 1, 2020, section 784.086,  
101 Florida Statutes, is created to read:

102 784.086 Reproductive battery.—

103 (1) As used in this section, the term:

104 (a) "Donor" means a person who donates reproductive  
105 material, regardless of whether for personal use or  
106 compensation.

107 (b) "Health care practitioner" has the same meaning as  
108 provided in s. 456.001.

109 (c) "Recipient" means a person who receives reproductive  
110 material from a donor.

111 (d) "Reproductive material" means any human "egg" or  
112 "sperm" as those terms are defined in s. 742.13, or a human  
113 zygote.

114 (e) "Zygote" means a fertilized ovum.

115 (2) A health care practitioner may not intentionally  
116 transfer into the body of a recipient human reproductive

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117 material or implant a human embryo of a donor, knowing the  
118 recipient has not consented to the use of the human reproductive  
119 material or human embryo from that donor.

120 (a) A health care practitioner who violates this section  
121 commits reproductive battery, a felony of the third degree,  
122 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

123 (b) A health care practitioner who violates this section  
124 and who is the donor of the reproductive material commits a  
125 felony of the second degree, punishable as provided in s.  
126 775.082, s. 775.083, or s. 775.084.

127 (3) Notwithstanding any other provision of law, the period  
128 of limitation for a violation under this section does not begin  
129 to run until the date on which the violation is discovered and  
130 reported to law enforcement or any other governmental agency.

131 (4) It is not a defense to the crime of reproductive  
132 battery that the recipient consented to an anonymous donor.

133 Section 7. Except as otherwise expressly provided in this  
134 act, this act shall take effect July 1, 2020.



**DEPARTMENT OF HEALTH  
ANESTHESIOLOGIST  
ASSISTANTS  
P.O. Box 6330  
Tallahassee, Florida 32399-6330  
(850) 245-4131**



**APPLICATION FOR LICENSURE AS AN  
ANESTHESIOLOGIST ASSISTANT  
(INSTRUCTIONS)**

Prior to completing the application, we strongly recommend that you carefully read Sections 458 and 459, Florida Statutes and Rule Chapters 64B8-31, and 64B15-7 Florida Administrative Code. You must know and comply with the laws and rules as they pertain to your professional practice. Laws and rules are subject to change at any time. For updated information refer to the following web-sites [www.leg.state.fl.us/](http://www.leg.state.fl.us/) (statutes) and [www.flrules.org](http://www.flrules.org) (Florida Administrative Code).

Please take personal responsibility for preparing your application. Carefully read and follow all instructions. If you have questions, call for clarification. Applicants are required to keep the application information updated during processing.

The Department strongly suggests that you refrain from making a commitment or accepting a position in Florida until you are licensed.

Upon employment as an Anesthesiologist Assistant, you must notify the Florida Department of Health, Board of Medicine, Anesthesiologist Assistants within 30 days of beginning such employment or after any subsequent changes in the supervising physician(s) and any address changes. An Anesthesiologist Assistant Protocol must be used for this purpose.

**THE FOLLOWING ITEMS MUST ACCOMPANY YOUR APPLICATION FOR LICENSURE AS AN ANESTHESIOLOGIST ASSISTANT: Copies must be legible. It is acceptable, and preferred that large documents be reduced to 8 1/2" x 11".**

**1. Applications and Initial License Fee:**

No application will be processed without the fees. Application and initial license fees must accompany the application. The application fee is non-refundable. The application fee is \$150 and the initial license fee is \$100 plus \$5.00 unlicensed activity fee for any person applying for licensure as an Anesthesiologist Assistant as provided in Sections 458 and 459, F.S., Submit a check, money order or cashier's check made payable to the Florida Department of Health in the amount of \$255. The biennial license period for Anesthesiologist Assistants is February 1 odd year through January 31 odd year.

**2. Anesthesiologist Assistant Diploma:** Submit a photocopy of your Anesthesiologist Assistant diploma. Additionally, you are responsible for mailing to your Anesthesiologist Assistants program the "Anesthesiologist Assistant Program Verification Form".

**3. NCCAA:** Submit a photocopy of your certificate issued to you by the National Commission on Certification of Anesthesiologist Assistants (NCCAA). If you have had a previous certificate that lapsed, please indicate the certification number. Chapters 458 and 459 require any person desiring to be licensed, as an Anesthesiologist Assistant, must have "satisfactorily passed a proficiency examination by an acceptable score established by the National Commission on Certification of Anesthesiologist Assistants (NCCAA). If an  
64B8-31.003 & 64B15-7.003, F.A.C. DH-MQA-1087, revised (06/2020)

applicant does not hold a current certificate issued by the NCCAA and has not actively practiced as an Anesthesiologist Assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the NCCAA to be eligible for licensure.” By Board rule, the Board may require an applicant who does not pass the NCCAA exam after five or more attempts to complete additional remedial education or training. Additionally, you are responsible for mailing the “NCCAA Verification Form” to NCCAA.

**4. Advanced Cardiac Life Support (ACLS) Certificate:** Submit a photocopy of your ACLS certificate issued by the American Heart Association.

**5. United States Military and/or Public Health:** Provide a copy of your discharge documents indicating type of discharge.

**6. Name:** List your name as it appears on your birth certificate and/or a legal name-change document. Nicknames or shortened versions are unacceptable. If you have a hyphenated last name, enter both names in the last name space. It will be recognized by the first letter of the first name; e.g., Diaz-Jones.

**7. Financial Responsibility:** Pursuant to Section 456.048(1), F.S., prior to licensure, the Anesthesiologist Assistant must provide a statement of liability coverage on forms approved by the Board.

**8. Letters of Recommendation:** Two current, original, personalized and individualized letters of recommendation from Anesthesiologists, (MD’s or DO’s) on his or her letterhead paper. Each letter must be addressed to the Board of Medicine and must have been written no more than six (6) months prior to the filing of the application. Letters addressed only "TO WHOM IT MAY CONCERN" and/or containing a signature stamp will not be accepted. Identical letters that appear to have been composed by the same person, or from family members, will not be accepted. If you are a recent graduate, your recommendation letters must be from your faculty anesthesiologists. If you were employed as an Anesthesiologist Assistant, your recommendation letters must be from supervising anesthesiologist. If clinical rotations are completed in a state other than your program and your preceptor physician is submitting a recommendation letter, please have the physician clarify his/her association with you. Letters should expound on your clinical skills and abilities.

**9. License Verifications: (AA, PA, LPN, RN, EMT, CNA, Paramedic, RT, TT, PT, etc.)**

Provide verification of licensure as an Anesthesiologist Assistant and/or any other healthcare practitioner in any state. Some agencies charge a fee for license verifications. If you are, or have been, licensed in the United States, contact each state and have them forward licensure/registration/certification, (including temporary licenses/permits) verification directly to the Board of Medicine. If no license/registration/ certification was required during your employment, please request that the state board provide such statement directly to this office. A copy of your license is not acceptable in lieu of a written verification of licensure from the State Licensing Agency. You may want to request state licensure verifications as soon as possible; some states can take up to 6 weeks to complete and mail verifications. Additionally, you are responsible for mailing the “Licensure Verification Form” to all state Medical Boards where you have ever held a license as a health care provider. (Not limited to Anesthesiologist Assistant licensure)

**10. Education, Training, Employment and Non-Employment History:** Question 17 must contain and account for all non-medical periods of time, including vacations and non-employment during the past five years. Question 18 must contain and account for all medical related employment. Omission of this information will cause a delay in the application process. Do not leave off more than 30 days.

**11. Activities:** You are required to update your application by providing the Board office with a written statement of your activities within 30 days of the Committee meeting to which your application is being considered.

**12. Supplemental Documents:** If any of the questions numbered 20-23 and 25-40 on the application are answered "Yes", you must submit a detailed statement, composed by you, explaining the circumstances. Should any of the questions in the "YES/NO" portion of the application fail to provide sufficient space for the requested information, use an additional page and number the additional information with the corresponding number in the application.

- For Questions 33-38: \* Reports from all treating physicians/hospitals/institutions/agencies, including admission and discharge summary regarding treatment on conduct assessment(s); mental or physical conditions. Reports must include all DSM III R/DSM IV, Axis I and II diagnoses and codes and Axis III condition and prescribed medications. Applicants, who have any history of those listed above, may be required to undergo a current conduct assessment through Florida's Professionals Resource Network (PRN). Also see "Supplemental Documents".
- For Questions 23, 25-29, and 39-40: \* Submit court copies of charges/arrest report(s), indictments(s) and judgment(s) and satisfaction of judgment(s) Submit copies of any litigation or any other proceedings in any court of law or equity, any criminal court, any arbitration Board or before any governmental Board or Agency, to which you have been a party, either as a plaintiff, defendant, co-defendant, or otherwise. Also see "Supplemental Documents".
- For Questions 20-22 and 32: \* Submit Copies of supporting documentation. Also see "Supplemental Documents".
- For Questions 30: \* Submit court copies of complaint(s), amended complaint(s), and judgment(s). If litigation is pending, the attorney representing the case must submit a letter addressed to the Committee on Anesthesiologist Assistants explaining the current litigation status. Submit a statement, composed by you, stating how many cases you have been named in and the details of your involvement. Also see "Supplemental Documents".

\*Section 456.013(3)(c), Florida Statutes, permits the Board to require your personal appearance.

|                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <p>The Total Fee (includes Application, License, and Unlicensed Activity Fees) <b>\$255</b></p> <p>Return all pages of the application. (Excluding instruction pages)</p> <p>Application must be typed or printed legibly.</p> | <p><b>DEPARTMENT OF HEALTH<br/>BOARD OF MEDICINE<br/>P.O. Box 6330<br/>Tallahassee, Florida 32399-6330<br/>(850) 245-4131</b></p> <p><b>APPLICATION FOR<br/>LICENSURE AS AN<br/>ANESTHESIOLOGIST<br/>ASSISTANT</b></p> | <p><b>For Deposit/Receipt Only</b></p> <p><b>CLIENT 1515</b></p> |
| <p>1. Today's Date:</p>                                                                                                                                                                                                        |                                                                                                                                                                                                                        |                                                                  |
| <p>2. Name: _____<br/>(First) (Middle) (Last)</p>                                                                                                                                                                              |                                                                                                                                                                                                                        |                                                                  |
| <p>3. List all legal name changes including marriage, maiden, or other:</p>                                                                                                                                                    |                                                                                                                                                                                                                        |                                                                  |
| <p>4. Mailing Address:<br/>_____<br/>(No. &amp; Street) (City, State) (Zip)</p>                                                                                                                                                |                                                                                                                                                                                                                        |                                                                  |
| <p>5. Permanent Address:<br/>_____<br/>(No. &amp; Street) (City, State) (Zip)</p>                                                                                                                                              |                                                                                                                                                                                                                        |                                                                  |
| <p>6. Date of Birth: (Month, Day, Year)</p>                                                                                                                                                                                    |                                                                                                                                                                                                                        |                                                                  |
| <p>7a. Primary Telephone Number:</p>                                                                                                                                                                                           | <p>7b. Alternate Telephone Number:</p>                                                                                                                                                                                 |                                                                  |
| <p><b>OPTIONAL:</b> E-mail Address:</p>                                                                                                                                                                                        |                                                                                                                                                                                                                        |                                                                  |
| <p><b>ACCREDITED ANESTHESIOLOGIST ASSISTANT PROGRAM:</b></p>                                                                                                                                                                   |                                                                                                                                                                                                                        |                                                                  |
| <p>8. Name and location of program:</p>                                                                                                                                                                                        |                                                                                                                                                                                                                        |                                                                  |
| <p>9. Dates of Attendance: (Month/Day /Year)</p> <p><b>From</b> <span style="margin-left: 200px;"><b>To</b></span></p>                                                                                                         |                                                                                                                                                                                                                        |                                                                  |

**CERTIFICATION HISTORY:**

|                                                                                                                                                                                     |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 10a. Have you ever taken the examination of the National Commission on Certification of Anesthesiologist Assistants?      YES <input type="checkbox"/> NO <input type="checkbox"/>  | 10b. Initial NCCAA exam dates; month and year.         |
| 11a. Have you ever failed the examination of the National Commission on Certification of Anesthesiologist Assistants?      YES <input type="checkbox"/> NO <input type="checkbox"/> | 11b. If yes, list all failed exam dates; month / year. |
| 12a. Are you re-certified by the NCCAA?      YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                               | 12b. List all NCCAA re-certification exam dates.       |
| 13. Have you completed the Advanced Cardiac Life Support program administered by the American Heart Association?      YES <input type="checkbox"/> NO <input type="checkbox"/>      | 14. List ACLS completion date; month and year.         |

**LICENSURE HISTORY:**

|                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15. In what states are/were you licensed/registered as a healthcare provider? (AA, EMT, CNA, RN, etc.) Include all temporary certificates/licenses. List the states, the license number, issue date and type of license. If non-applicable, indicate N/A or none. (see #9 on page 3 of the instructions) |
|                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                          |

**EDUCATION HISTORY:**

16. List, undergraduate, graduate and professional education – Starting with undergraduate education, list in chronological order all schools, colleges and universities attended, whether completed or not. Submit on a separate sheet if needed.

**COLLEGE OR UNIVERSITY:** List the name, location of school, dates of attendance and degrees earned.

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**OTHER TRAINING:**

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|  |

**NON-MEDICAL EMPLOYMENT HISTORY:**

17. In CHRONOLOGICAL order list all non-medical employment during the past 5 years until present. Give full name and address of the facility, dates of employment (month and year), positions / titles held, and reason for leaving. Failure to provide all required information will delay processing the application. Add additional sheets if necessary.

| NAME & ADDRESS OF FACILITY FOR NON-MEDICAL EMPLOYMENT DURING LAST 5 YRS | Dates of Employment (Month and Year) | Title of position held & reason for leaving |
|-------------------------------------------------------------------------|--------------------------------------|---------------------------------------------|
|                                                                         |                                      |                                             |
|                                                                         |                                      |                                             |
|                                                                         |                                      |                                             |
|                                                                         |                                      |                                             |
|                                                                         |                                      |                                             |
|                                                                         |                                      |                                             |

**MEDICAL EMPLOYMENT HISTORY:**

18. In CHRONOLOGICAL order list all medical related employment. Give full name and address of the facility, dates of employment (month and year), positions / titles held, and reason for leaving. Failure to provide all required information will delay processing the application. Add additional sheets if necessary.

| Name and Address of Employer | Dates of Employment<br>(Month and Year) | Title of position held & reason<br>for leaving |
|------------------------------|-----------------------------------------|------------------------------------------------|
|                              |                                         |                                                |
|                              |                                         |                                                |
|                              |                                         |                                                |
|                              |                                         |                                                |

**MILITARY HISTORY:**

19. Have you ever been in the United States Military and or Public Health Service? If yes, please list below the branch of service, rank and all dates of service. Provide a copy of your discharge document.

YES  NO

\_\_\_\_\_

**THE FOLLOWING QUESTIONS MUST BE ANSWERED YES OR NO. ALL AFFIRMATIVE ANSWERS MUST BE PERSONALLY EXPLAINED TO THE COUNCIL IN DETAIL ON AN ADDITIONAL SHEET. DOCUMENTATION SUBSTANTIATING THE EXPLANATION IS REQUIRED.**

20. Have you ever been denied a license as an Anesthesiologist Assistant or health care practitioner by any state board or other governmental agency of any state or country? YES  NO
21. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature, including, but not limited to, a charge of violation of the medical practice act, unprofessional or unethical conduct? YES  NO
22. Have you ever had a license to practice as an Anesthesiologist Assistant or other health care practitioner revoked, suspended, or other disciplinary action taken in any state, territory or country? YES  NO
23. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question YES  NO
24. I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation. YES  NO
25. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "no", skip to #26.) YES  NO
- 25a. If "yes" to 25, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? YES  NO
- 25b. If "yes" to 25, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes.) YES  NO
- 25c. If "yes" to 25, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? YES  NO
- 25d. If "yes" to 25, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or charges dismissed? (If "yes", please provide supporting documentation.) YES  NO
26. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? YES  NO
- 26a. If "yes" to 26, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? YES  NO
27. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 27a.) YES  NO
- 27a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? YES  NO
28. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If "No", do not answer 28a or 28b.) YES  NO
- 28a. Have you been in good standing with a state Medicaid program for the most recent five years? YES  NO
- 28b. Did the termination occur at least 20 years before the date of this application? YES  NO

29. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities (LEIE)? YES  NO
- a. If you responded "Yes" to the question above, are you listed because you defaulted or are delinquent on a student loan? YES  NO
- b. If you responded "Yes" to question 29.a., is the student loan default or delinquency the only reason you are listed on the LEIE? YES  NO
30. Have you ever been named in a lawsuit for malpractice or has any settlement or claim been paid on your behalf in relation to a claim of malpractice? YES  NO
31. Have you ever discontinued practice for any reason for a period of one month or longer? YES  NO
32. Have you ever had employment terminated for cause? YES  NO
33. In the last five years, have you been enrolled in, required to enter into, or participated in any drug and/or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years? YES  NO
34. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or YES  NO
35. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice medicine within the past five years? YES  NO
36. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice medicine? YES  NO
37. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years? YES  NO
38. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice medicine within the last five years? YES  NO
39. Have you had any felony convictions? YES  NO
40. Have you had any license revoked or denied? YES  NO

**AFFIDAVIT: (Applicable to questions 22, 39 and 40 only)**

The foregoing instrument was sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_ who is personally known to me or who has produced as identification \_\_\_\_\_ and did take an oath.

Name of Notary: \_\_\_\_\_ (typed, printed or stamped)

Signature of Notary: \_\_\_\_\_

Date Notary Commission Expires: \_\_\_\_\_

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Male  Female  Black  Caucasian  Hispanic  Native American  Other

**Statement of Applicant:**

I state that these statements are true and correct. I recognize that providing false information may result in denial of licensure, disciplinary action against my license, or criminal penalties pursuant to Sections 456.067, 775.083, and 775.084, Florida Statutes. I state that I have read Chapters 456, 458 and 459, and sections 766.301-306, F.S. and Chapters 64B8-31, and 64B15-7, Florida Administrative Code.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Board of Medicine information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I state that my answers and all statements made by me herein are true and correct.

Should I furnish any false information in this application, I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice Medicine in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the board within 30 days.

I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

---

**SIGNATURE OF APPLICANT:**

**DATE:**



**Department of Health, Board of Medicine**  
**ANESTHESIOLOGIST ASSISTANT FINANCIAL RESPONSIBILITY FORM**  
(Please Print the Following Information)

NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

Mailing address will not be published on the Internet.

PRACTICE LOCATION:

CITY:

STATE:

ZIP:

Practice locations will be published on the Internet.

**Financial Responsibility options are divided into two categories, coverage and exemptions.**  
**Choose only one option provided pursuant to s.456.048, Florida Statutes.**

**FINANCIAL RESPONSIBILITY COVERAGE:**

- 1. I have established an irrevocable letter of credit or an escrow account in an amount of \$100,000/ \$300,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- 2. I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.357, F.S.

**FINANCIAL RESPONSIBILITY EXEMPTIONS:**

- 3. I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
- 4. I do not practice medicine in the State of Florida.
- 5. I practice only in conjunction with my teaching duties at an accredited school or its main teaching hospitals.

Signature of Anesthesiologist Assistant

Date



National Commission for Certification  
of Anesthesiologist Assistants

From: Department of Health

contact@nccaa.org

Board of Medicine  
4052 Bald Cypress Way, Bin #C03  
Tallahassee, Florida 32399-3253

|       |       |        |      |
|-------|-------|--------|------|
| Name: |       |        |      |
|       | First | Middle | Last |

|                |   |   |
|----------------|---|---|
| Date of Birth: | / | / |
|----------------|---|---|

|                      |  |                                            |  |
|----------------------|--|--------------------------------------------|--|
| NCCAA Certificate #: |  | Previous NCCAA Certificate # if applicable |  |
|----------------------|--|--------------------------------------------|--|

|                                       |  |                                        |  |
|---------------------------------------|--|----------------------------------------|--|
| Number of times NCCAA exam was taken: |  | Number of times NCCAA exam was failed: |  |
|---------------------------------------|--|----------------------------------------|--|

|                 |  |  |  |
|-----------------|--|--|--|
| Dates of exams: |  |  |  |
|-----------------|--|--|--|

|                      |   |   |
|----------------------|---|---|
| Original issue date: | / | / |
|----------------------|---|---|

|                  |   |   |
|------------------|---|---|
| Expiration date: | / | / |
|------------------|---|---|

|  |  |
|--|--|
|  |  |
|--|--|

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Comments if any

Signature and title:

Date:

64B8-31.003 & 64B15-7.003, F.A.C. DH-MQA-1087, revised (06/2020)



**LICENSE VERIFICATION FORM**

(Mail to each state where you were/are licensed)

|            |                                                                                                                                                                    |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>To:</b> | <b>FROM: Department of Health<br/>Board of Medicine<br/>Anesthesiologist Assistants<br/>4052 Bald Cypress Way<br/>BIN #C03<br/>Tallahassee, Florida 32399-3253</b> |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The Anesthesiologist Assistant listed below has submitted an application for licensure in Florida. He/she states that he/she is/was licensed or registered in your state as a healthcare practitioner. Please complete and return this form as soon as possible. Thank you for your cooperation.

**\*Completed by applicant**

|       |        |      |
|-------|--------|------|
| _____ |        |      |
| First | Middle | LAST |
|       | *DOB:  | / /  |

**Completed by Medical Board**

|             |  |                 |  |
|-------------|--|-----------------|--|
| Profession: |  | License #:      |  |
| Issue date: |  | Expiration Date |  |

Was a temporary certificate issued prior to full licensure? YES  NO

|           |             |                  |
|-----------|-------------|------------------|
| License # | Issue date: | Expiration Date: |
|-----------|-------------|------------------|

Has any disciplinary action ever been taken against this license? YES  NO

If yes, please explain.

Verified by: \_\_\_\_\_ (signature)

Name: \_\_\_\_\_ (please print)

SEAL

Title: \_\_\_\_\_



## ANESTHESIOLOGIST ASSISTANT PROTOCOL INSTRUCTIONS AND INFORMATION

- ✓ Always submit pages 18 - 21 of the Protocol. (Do not return the instruction page.)
- ✓ The Anesthesiologist MUST sign page 20 and the Anesthesiologist Assistant MUST sign page 21.
- ✓ A separate Protocol form must be submitted for each individual practice setting. (Satellite offices DO NOT require separate forms but DO need to be listed.)
- ✓ If you do not receive your stamped copy of the Protocol form within 30 days, please call us at (850) 245-4131.
- ✓ Please maintain a copy of your signed Protocol form for credentialing purposes.
- ✓ Failure to submit any changes or up-dates within 30 days of the occurrence will result in disciplinary action. (mailing / practice locations, adding / deleting supervising physicians)
- ✓ With the exception of practicing in a government facility, only anesthesiologists with an unrestricted Florida license, and whose license is not on probation, is qualified to employ and supervise anesthesiologist assistants.
- ✓ Licensees are required to keep his/her protocol and licensure information current at all times.

### PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST(S):

Sections 458.3475 and 459.023, Florida Statutes, state that “an Anesthesiologist who directly supervises an anesthesiologist assistant must be qualified in the medical areas in which the anesthesiologist assistant performs and is liable for the performance of the anesthesiologist assistant.”

### Keep a copy of these frequently used phone numbers and Web sites

- **Anesthesiologist Assistant Website:** [www.flhealthsource.com](http://www.flhealthsource.com) (Applications, Protocols, renewal forms, CME requirements, address changes)
  - **MQA Services** (Look-up License, request an application, request license certification for another state medical board.)
- **Laws & Rules:** [www.leg.state.fl.us/](http://www.leg.state.fl.us/) and [www.flrules.org](http://www.flrules.org)
- **Web Board Address:** [www.flboardofmedicine.gov](http://www.flboardofmedicine.gov)
- **American Medical Association (AMA):** (312) 464-5000
- **American Academy of Anesthesiologist Assistants (AAAA):** (678) 222-4221
- **American Osteopathic Association (AOA):** (800) 621-1773
- **NCCAA:** (919) 573-5439
- **Medicaid:** (877) 267-2323    **Medicare:** (877) 267-2323    <http://www.cms.gov>

**ANESTHESIOLOGIST ASSISTANT PROTOCOL FORM**

Department of Health  
4052 Bald Cypress Way, Bin #C03  
Tallahassee, Florida 32399-3253  
(850) 245-4131

**IT IS THE RESPONSIBILITY OF THE ANESTHESIOLOGIST ASSISTANT TO KEEP THE PROTOCOL CURRENT.**

Sections 458.3475 and 459.023, Florida Statutes, and Rules 64B8-31 and 64B15-7, Florida Administrative Code, require that "Upon employment as a Anesthesiologist Assistant, a licensed Anesthesiologist Assistant must notify the Board office prior to such employment and/or after any subsequent changes in the supervising Anesthesiologist(s)". **Such notification shall include the full name, Florida license number and address of the supervising Anesthesiologist(s) as appropriate.**

A separate Protocol is required for each distinct practice, i.e., working full-time in one practice and then working part-time in an additional practice with different supervising Anesthesiologist (s) and would require two (2) completed Protocols. Satellite offices within the same practice do not constitute multiple practices, but must be documented on a single Protocol.

**ANESTHESIOLOGIST ASSISTANT DATA:**

**Name:**

**FL License #: AA**

Address Change? Yes  No

Employment Date:

/ /

Mailing Address:

Practice Address:

Home telephone #:

Practice telephone #:

E-mail Address:

**PLEASE INDICATE BELOW THE REASON (S) FOR SUBMITTING THIS FORM:**

Adding  Deleting  Primary Supervising Physician

Adding  Deleting  Alternate Supervising Physician

Adding  Deleting  Practice Location

Adding  Deleting  Satellite Location







## Electronic Fingerprinting

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method;
- You can find an approved Livescan Service Provider at: <http://www.flhealthsource.gov/background-screening/> (Select Locate a Provider).
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the Board office will not receive your background screening results;
- The ORI number for the **Board of Medicine is EDOH4510Z.**
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, including your Social Security number (SSN);
- Typically background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Aliases: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Citizenship: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

White/Latino(a); **B**-Black; **A**-Asian; **NA**-Native American; **U**-Unknown)

(**M**=Male; **F**=Female)

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transaction Control Number (TCN#): \_\_\_\_\_

(This will be provided to you by the Livescan service provider.)

Keep this form for your records.

## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

### NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

## **Privacy Statement**

**Authority:** The FBI's acquisition, preservation and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L.92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L.94-29; Pub.L.101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion of approval of your application.

**Social Security Account Number (SSAN):** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal Agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI (may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as many be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice, FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing the application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.



**DEPARTMENT OF HEALTH  
ANESTHESIOLOGIST  
ASSISTANTS  
P.O. Box 6330  
Tallahassee, Florida 32399-6330  
(850) 245-4131**



**APPLICATION FOR LICENSURE AS AN  
ANESTHESIOLOGIST ASSISTANT  
(INSTRUCTIONS)**

Prior to completing the application, we strongly recommend that you carefully read Sections 458 and 459, Florida Statutes and Rule Chapters 64B8-31, and 64B15-7 Florida Administrative Code. You must know and comply with the laws and rules as they pertain to your professional practice. Laws and rules are subject to change at any time. For updated information refer to the following web-sites [www.leg.state.fl.us/](http://www.leg.state.fl.us/) (statutes) and [www.flrules.org](http://www.flrules.org) (Florida Administrative Code).

**IMPORTANT NOTICE:**

Effective July 1, 2012, section 456.0635, Florida Statutes, provides that health care boards or the department **shall refuse** to issue a license, certificate or registration and **shall refuse** to admit a candidate for examination if the applicant:

1. ~~Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.~~

~~Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:~~

~~For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;~~

~~For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;~~

~~For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;~~

2. ~~Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years prior to the date of the application;~~

- ~~3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years;~~
- ~~4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;~~
- ~~5. Is Excluded currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Individuals and Entities.~~

Please take personal responsibility for preparing your application. Carefully read and follow all instructions. If you have questions, call for clarification. Applicants are required to keep the application information updated during processing.

The Department strongly suggests that you refrain from making a commitment or accepting a position in Florida until you are licensed.

Upon employment as an Anesthesiologist Assistant, you must notify the Florida Department of Health, Board of Medicine, Anesthesiologist Assistants within 30 days of beginning such employment or after any subsequent changes in the supervising physician(s) and any address changes. An Anesthesiologist Assistant Protocol must be used for this purpose.

**THE FOLLOWING ITEMS MUST ACCOMPANY YOUR APPLICATION FOR LICENSURE AS AN ANESTHESIOLOGIST ASSISTANT: Copies must be legible. It is acceptable, and preferred that large documents be reduced to 8 1/2" x 11".**

**1. Applications and Initial License Fee:**

No application will be processed without the fees. Application and initial license fees must accompany the application. The application fee is non-refundable. The application fee is \$150 and the initial license fee is \$100 plus \$5.00 unlicensed activity fee for any person applying for licensure as an Anesthesiologist Assistant as provided in Sections 458 and 459, F.S., Submit a check, money order or cashier's check made payable to the Florida Department of Health in the amount of \$255. The biennial license period for Anesthesiologist Assistants is February 1 odd year through January 31 odd year.

**2. Anesthesiologist Assistant Diploma:** Submit a photocopy of your Anesthesiologist Assistant diploma. Additionally, you are responsible for mailing to your Anesthesiologist Assistants program the "Anesthesiologist Assistant Program Verification Form".

**3. NCCAA:** Submit a photocopy of your certificate issued to you by the National Commission on Certification of Anesthesiologist Assistants (NCCAA). If you have had a previous certificate that lapsed, please indicate the certification number. Chapters 458 and 459 require any person desiring to be licensed, as an Anesthesiologist Assistant, must have "satisfactorily passed a proficiency examination by an acceptable score established by the National Commission on Certification of Anesthesiologist Assistants (NCCAA). If an applicant does not hold a current certificate issued by the NCCAA and has not actively practiced as an Anesthesiologist Assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the NCCAA to be eligible for licensure." By Board rule, the Board may require an applicant who does not pass the NCCAA exam after five or more attempts to complete additional remedial education or training. Additionally, you are responsible for mailing the "NCCAA Verification Form" to NCCAA.

**4. Advanced Cardiac Life Support (ACLS) Certificate:** Submit a photocopy of your ACLS certificate issued by the American Heart Association.

**5. United States Military and/or Public Health:** Provide a copy of your discharge documents indicating type of discharge.

**6. Name:** List your name as it appears on your birth certificate and/or a legal name-change document. Nicknames or shortened versions are unacceptable. If you have a hyphenated last name, enter both names in the last name space. It will be recognized by the first letter of the first name; e.g., Diaz-Jones.

**7. Financial Responsibility:** Pursuant to Section 456.048(1), F.S., prior to licensure, the Anesthesiologist Assistant must provide a statement of liability coverage on forms approved by the Board.

**8. Letters of Recommendation:** Two current, original, personalized and individualized letters of recommendation from Anesthesiologists, (MD's or DO's) on his or her letterhead paper. Each letter must be addressed to the Board of Medicine and must have been written no more than six (6) months prior to the filing of the application. Letters addressed only "TO WHOM IT MAY CONCERN" and/or containing a signature stamp will not be accepted. Identical letters that appear to have been composed by the same person, or from family members, will not be accepted. If you are a recent graduate, your recommendation letters must be from your faculty anesthesiologists. If you were employed as an Anesthesiologist Assistant, your recommendation letters must be from supervising anesthesiologist. If clinical rotations are completed in a state other than your program and your preceptor physician is submitting a recommendation letter, please have the physician clarify his/her association with you. Letters should expound on your clinical skills and abilities.

**9. License Verifications: (AA, PA, LPN, RN, EMT, CNA, Paramedic, RT, TT, PT, etc.)**

Provide verification of licensure as an Anesthesiologist Assistant and/or any other healthcare practitioner in any state. Some agencies charge a fee for license verifications. If you are, or have been, licensed in the United States, contact each state and have them forward licensure/registration/certification, (including temporary licenses/permits) verification directly to the Board of Medicine. If no license/registration/ certification was required during your employment, please request that the state board provide such statement directly to this office. A copy of your license is not acceptable in lieu of a written verification of licensure from the State Licensing Agency. You may want to request state licensure verifications as soon as possible; some states can take up to 6 weeks to complete and mail verifications. Additionally, you are responsible for mailing the "Licensure Verification Form" to all state Medical Boards where you have ever held a license as a health care provider. (Not limited to Anesthesiologist Assistant licensure)

**10. Education, Training, Employment and Non-Employment History:** Question 17 must contain and account for all non-medical periods of time, including vacations and non-employment during the past five years. Question 18 must contain and account for all medical related employment. Omission of this information will cause a delay in the application process. Do not leave off more than 30 days.

**11. Activities:** You are required to update your application by providing the Board office with a written statement of your activities within 30 days of the Committee meeting to which your application is being considered.

**12. Supplemental Documents:** If any of the questions numbered 20-23 and 25-40 on the application are answered "Yes", you must submit a detailed statement, composed by you, explaining the circumstances. Should any of the questions in the "YES/NO" portion of the application fail to provide sufficient space for the requested information, use an additional page and number the additional information with the corresponding number in the application.

- For Questions 33-38: \* Reports from all treating physicians/hospitals/institutions/agencies, including admission and discharge summary regarding treatment on conduct

assessment(s); mental or physical conditions. Reports must include all DSM III R/DSM IV, Axis I and II diagnoses and codes and Axis III condition and prescribed medications. Applicants, who have any history of those listed above, may be required to undergo a current conduct assessment through Florida's Professionals Resource Network (PRN). Also see "Supplemental Documents".

- For Questions 23, 25-29, and 39-40: \* Submit court copies of charges/arrest report(s), indictments(s) and judgment(s) and satisfaction of judgment(s) Submit copies of any litigation or any other proceedings in any court of law or equity, any criminal court, any arbitration Board or before any governmental Board or Agency, to which you have been a party, either as a plaintiff, defendant, co-defendant, or otherwise. Also see "Supplemental Documents".
- For Questions 20-22 and 32: \* Submit Copies of supporting documentation. Also see "Supplemental Documents".
- For Questions 30: \* Submit court copies of complaint(s), amended complaint(s), and judgment(s). If litigation is pending, the attorney representing the case must submit a letter addressed to the Committee on Anesthesiologist Assistants explaining the current litigation status. Submit a statement, composed by you, stating how many cases you have been named in and the details of your involvement. Also see "Supplemental Documents".

\*Section 456.013(3)(c), Florida Statutes, permits the Board to require your personal appearance.

|                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <p>The Total Fee (includes Application, License, and Unlicensed Activity Fees) <b>\$255</b></p> <p>Return all pages of the application. (Excluding instruction pages)</p> <p>Application must be typed or printed legibly.</p> | <p><b>DEPARTMENT OF HEALTH<br/>BOARD OF MEDICINE<br/>P.O. Box 6330<br/>Tallahassee, Florida 32399-6330<br/>(850) 245-4131</b></p> <p><b>APPLICATION FOR<br/>LICENSURE AS AN<br/>ANESTHESIOLOGIST<br/>ASSISTANT</b></p> | <p><b>For Deposit/Receipt Only</b></p> <p><b>CLIENT 1515</b></p> |
| <p>1. Today's Date:</p>                                                                                                                                                                                                        |                                                                                                                                                                                                                        |                                                                  |
| <p>2. Name: _____<br/>(First) (Middle) (Last)</p>                                                                                                                                                                              |                                                                                                                                                                                                                        |                                                                  |
| <p>3. List all legal name changes including marriage, maiden, or other:</p>                                                                                                                                                    |                                                                                                                                                                                                                        |                                                                  |
| <p>4. Mailing Address:<br/>_____<br/>(No. &amp; Street) (City, State) (Zip)</p>                                                                                                                                                |                                                                                                                                                                                                                        |                                                                  |
| <p>5. Permanent Address:<br/>_____<br/>(No. &amp; Street) (City, State) (Zip)</p>                                                                                                                                              |                                                                                                                                                                                                                        |                                                                  |
| <p>6. Date of Birth: (Month, Day, Year)</p>                                                                                                                                                                                    |                                                                                                                                                                                                                        |                                                                  |
| <p>7a. Primary Telephone Number:</p>                                                                                                                                                                                           | <p>7b. Alternate Telephone Number:</p>                                                                                                                                                                                 |                                                                  |
| <p><b>OPTIONAL:</b> E-mail Address:</p>                                                                                                                                                                                        |                                                                                                                                                                                                                        |                                                                  |
| <p><b>ACCREDITED ANESTHESIOLOGIST ASSISTANT PROGRAM:</b></p>                                                                                                                                                                   |                                                                                                                                                                                                                        |                                                                  |
| <p>8. Name and location of program:</p>                                                                                                                                                                                        |                                                                                                                                                                                                                        |                                                                  |
| <p>9. Dates of Attendance: (Month/Day /Year)</p> <p><b>From</b> <span style="float: right;"><b>To</b></span></p>                                                                                                               |                                                                                                                                                                                                                        |                                                                  |

**CERTIFICATION HISTORY:**

|                                                                                                                                                                                     |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 10a. Have you ever taken the examination of the National Commission on Certification of Anesthesiologist Assistants?      YES <input type="checkbox"/> NO <input type="checkbox"/>  | 10b. Initial NCCAA exam dates; month and year.         |
| 11a. Have you ever failed the examination of the National Commission on Certification of Anesthesiologist Assistants?      YES <input type="checkbox"/> NO <input type="checkbox"/> | 11b. If yes, list all failed exam dates; month / year. |
| 12a. Are you re-certified by the NCCAA?      YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                               | 12b. List all NCCAA re-certification exam dates.       |
| 13. Have you completed the Advanced Cardiac Life Support program administered by the American Heart Association?      YES <input type="checkbox"/> NO <input type="checkbox"/>      | 14. List ACLS completion date; month and year.         |

**LICENSURE HISTORY:**

|                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15. In what states are/were you licensed/registered as a healthcare provider? (AA, EMT, CNA, RN, etc.) Include all temporary certificates/licenses. List the states, the license number, issue date and type of license. If non-applicable, indicate N/A or none. (see #9 on page 3 of the instructions) |
|                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                          |

**EDUCATION HISTORY:**

16. List, undergraduate, graduate and professional education – Starting with undergraduate education, list in chronological order all schools, colleges and universities attended, whether completed or not. Submit on a separate sheet if needed.

**COLLEGE OR UNIVERSITY:** List the name, location of school, dates of attendance and degrees earned.

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|  |

**OTHER TRAINING:**

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**NON-MEDICAL EMPLOYMENT HISTORY:**

17. In CHRONOLOGICAL order list all non-medical employment during the past 5 years until present. Give full name and address of the facility, dates of employment (month and year), positions / titles held, and reason for leaving. Failure to provide all required information will delay processing the application. Add additional sheets if necessary.

| NAME & ADDRESS OF FACILITY FOR NON-MEDICAL EMPLOYMENT DURING LAST 5 YRS | Dates of Employment (Month and Year) | Title of position held & reason for leaving |
|-------------------------------------------------------------------------|--------------------------------------|---------------------------------------------|
|                                                                         |                                      |                                             |
|                                                                         |                                      |                                             |
|                                                                         |                                      |                                             |
|                                                                         |                                      |                                             |
|                                                                         |                                      |                                             |
|                                                                         |                                      |                                             |

**MEDICAL EMPLOYMENT HISTORY:**

18. In CHRONOLOGICAL order list all medical related employment. Give full name and address of the facility, dates of employment (month and year), positions / titles held, and reason for leaving. Failure to provide all required information will delay processing the application. Add additional sheets if necessary.

| Name and Address of Employer | Dates of Employment<br>(Month and Year) | Title of position held & reason<br>for leaving |
|------------------------------|-----------------------------------------|------------------------------------------------|
|                              |                                         |                                                |
|                              |                                         |                                                |
|                              |                                         |                                                |
|                              |                                         |                                                |

**MILITARY HISTORY:**

19. Have you ever been in the United States Military and or Public Health Service? If yes, please list below the branch of service, rank and all dates of service. Provide a copy of your discharge document.

YES  NO

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**THE FOLLOWING QUESTIONS MUST BE ANSWERED YES OR NO. ALL AFFIRMATIVE ANSWERS MUST BE PERSONALLY EXPLAINED TO THE COUNCIL IN DETAIL ON AN ADDITIONAL SHEET. DOCUMENTATION SUBSTANTIATING THE EXPLANATION IS REQUIRED.**

20. Have you ever been denied a license as an Anesthesiologist Assistant or health care practitioner by any state board or other governmental agency of any state or country? YES  NO
21. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature, including, but not limited to, a charge of violation of the medical practice act, unprofessional or unethical conduct? YES  NO
22. Have you ever had a license to practice as an Anesthesiologist Assistant or other health care practitioner revoked, suspended, or other disciplinary action taken in any state, territory or country? YES  NO
23. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question YES  NO
24. I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation. YES  NO
25. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "no", skip to #26.) YES  NO
- 25a. If "yes" to 25, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? YES  NO
- 25b. If "yes" to 25, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes.) YES  NO
- 25c. If "yes" to 25, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? YES  NO
- 25d. If "yes" to 25, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or charges dismissed? (If "yes", please provide supporting documentation.) YES  NO
26. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? YES  NO
- 26a. If "yes" to 26, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? YES  NO
27. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 27a.) YES  NO
- 27a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? YES  NO
28. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If "No", do not answer 28a or 28b.) YES  NO
- 28a. Have you been in good standing with a state Medicaid program for the most recent five years? YES  NO
- 28b. Did the termination occur at least 20 years before the date of this application? YES  NO
- ~~29. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?~~ YES  NO

29. Are you currently listed on the United States Department of Health and Human Services' Office of the Inspector General's List of Excluded Individuals and Entities (LEIE)? YES  NO

a. If you responded "Yes" to the question above, are you listed because you defaulted or are delinquent on a student loan? YES  No

b. If you responded "Yes" to question 29.a., is the student loan default or delinquency the only reason you are listed on the LEIE? YES  NO

- 30. Have you ever been named in a lawsuit for malpractice or has any settlement or claim been paid on your behalf in relation to a claim of malpractice? YES  NO
- 31. Have you ever discontinued practice for any reason for a period of one month or longer? YES  NO
- 32. Have you ever had employment terminated for cause? YES  NO
- 33. In the last five years, have you been enrolled in, required to enter into, or participated in any drug and/or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years? YES  NO
- 34. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment? YES  NO
- 35. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice medicine within the past five years? YES  NO
- 36. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice medicine? YES  NO
- 37. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years? YES  NO
- 38. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice medicine within the last five years? YES  NO
- 39. Have you had any felony convictions? YES  NO
- 40. Have you had any license revoked or denied? YES  NO

**AFFIDAVIT: (Applicable to questions 22, 39 and 40 only)**

The foregoing instrument was sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, By \_\_\_\_\_ who is personally known to me or who has produced as identification \_\_\_\_\_ and did take an oath.

Name of Notary \_\_\_\_\_ (typed, printed or stamped) Signature of Notary: \_\_\_\_\_

Date Notary Commission Expires: \_\_\_\_\_

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Male  Female  Black  Caucasian  Hispanic  Native American  Other

**Statement of Applicant:**

I state that these statements are true and correct. I recognize that providing false information may result in denial of licensure, disciplinary action against my license, or criminal penalties pursuant to Sections 456.067, 775.083, and 775.084, Florida Statutes. I state that I have read Chapters 456, 458 and 459, and sections 766.301-306, F.S. and Chapters 64B8-31, and 64B15-7, Florida Administrative Code.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Board of Medicine information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I state that my answers and all statements made by me herein are true and correct.

Should I furnish any false information in this application, I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice Medicine in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the board within 30 days.

I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

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**SIGNATURE OF APPLICANT:**

**DATE:**



**CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS  
DISCLOSURE\***

**Florida Department of Health  
Board of Medicine  
Anesthesiologist Assistant License Application**

**Name:** \_\_\_\_\_  
**Last** **First** **Middle**

**Social Security Number:** \_\_\_\_\_

\*This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

**Department of Health, Board of Medicine**  
**ANESTHESIOLOGIST ASSISTANT FINANCIAL RESPONSIBILITY FORM**  
(Please Print the Following Information)

NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

**Mailing address will not be published on the Internet.**

PRACTICE LOCATION:

CITY:

STATE:

ZIP:

**Practice locations will be published on the Internet.**

**Financial Responsibility options are divided into two categories, coverage and exemptions.**  
**Choose only one option provided pursuant to s.456.048, Florida Statutes.**

**FINANCIAL RESPONSIBILITY COVERAGE:**

1. I have established an irrevocable letter of credit or an escrow account in an amount of \$100,000/ \$300,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
2. I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.357, F.S.

**FINANCIAL RESPONSIBILITY EXEMPTIONS:**

3. I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
4. I do not practice medicine in the State of Florida.
5. I practice only in conjunction with my teaching duties at an accredited school or its main teaching hospitals.

Signature of Anesthesiologist Assistant

Date



National Commission on Certification of

From: Department of Health

~~Anesthesiologist Assistants~~  
~~P.O. Box 15519~~  
~~Atlanta, GA 30033-0519~~

Board of Medicine  
 4052 Bald Cypress Way, Bin #C03  
 Tallahassee, Florida 32399-3253

[contact@nccaa.org](mailto:contact@nccaa.org)

|       |       |        |      |
|-------|-------|--------|------|
| Name: |       |        |      |
|       | First | Middle | Last |

|                |   |   |   |
|----------------|---|---|---|
| Date of Birth: | / | / | / |
|----------------|---|---|---|

|                      |  |                                            |  |
|----------------------|--|--------------------------------------------|--|
| NCCAA Certificate #: |  | Previous NCCAA Certificate # if applicable |  |
|----------------------|--|--------------------------------------------|--|

|                                       |  |                                        |  |
|---------------------------------------|--|----------------------------------------|--|
| Number of times NCCAA exam was taken: |  | Number of times NCCAA exam was failed: |  |
|---------------------------------------|--|----------------------------------------|--|

|                 |  |  |  |
|-----------------|--|--|--|
| Dates of exams: |  |  |  |
|-----------------|--|--|--|

|                      |   |   |   |
|----------------------|---|---|---|
| Original issue date: | / | / | / |
|----------------------|---|---|---|

|                  |   |   |   |
|------------------|---|---|---|
| Expiration date: | / | / | / |
|------------------|---|---|---|

SEAL

Comments if any \_\_\_\_\_

Signature and title: \_\_\_\_\_ Date: \_\_\_\_\_



**LICENSE VERIFICATION FORM**

(Mail to each state where you were/are licensed)

|            |                                                                                                                                                                    |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>To:</b> | <b>FROM: Department of Health<br/>Board of Medicine<br/>Anesthesiologist Assistants<br/>4052 Bald Cypress Way<br/>BIN #C03<br/>Tallahassee, Florida 32399-3253</b> |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The Anesthesiologist Assistant listed below has submitted an application for licensure in Florida. He/she states that he/she is/was licensed or registered in your state as a healthcare practitioner. Please complete and return this form as soon as possible. Thank you for your cooperation.

**\*Completed by applicant**

|       |        |      |
|-------|--------|------|
| _____ |        |      |
| First | Middle | LAST |
| *DOB: |        | / /  |

**Completed by Medical Board**

|             |  |                 |  |
|-------------|--|-----------------|--|
| Profession: |  | License #:      |  |
| Issue date: |  | Expiration Date |  |

Was a temporary certificate issued prior to full licensure? YES  NO

|           |             |                  |
|-----------|-------------|------------------|
| License # | Issue date: | Expiration Date: |
|-----------|-------------|------------------|

Has any disciplinary action ever been taken against this license? YES  NO

If yes, please explain.

Verified by: \_\_\_\_\_ (signature)

Name: \_\_\_\_\_ (please print)

SEAL

Title: \_\_\_\_\_



## ANESTHESIOLOGIST ASSISTANT PROTOCOL INSTRUCTIONS AND INFORMATION

- ✓ Always submit pages 18 - 21 of the Protocol. (Do not return the instruction page.)
- ✓ The Anesthesiologist MUST sign page 20 and the Anesthesiologist Assistant MUST sign page 21.
- ✓ A separate Protocol form must be submitted for each individual practice setting. (Satellite offices DO NOT require separate forms but DO need to be listed.)
- ✓ If you do not receive your stamped copy of the Protocol form within 30 days, please call us at (850) 245-4131.
- ✓ Please maintain a copy of your signed Protocol form for credentialing purposes.
- ✓ Failure to submit any changes or up-dates within 30 days of the occurrence will result in disciplinary action. (mailing / practice locations, adding / deleting supervising physicians)
- ✓ With the exception of practicing in a government facility, only anesthesiologists with an unrestricted Florida license, and whose license is not on probation, is qualified to employ and supervise anesthesiologist assistants.
- ✓ Licensees are required to keep his/her protocol and licensure information current at all times.

### PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST(S):

Sections 458.3475 and 459.023, Florida Statutes, state that “an Anesthesiologist who directly supervises an anesthesiologist assistant must be qualified in the medical areas in which the anesthesiologist assistant performs and is liable for the performance of the anesthesiologist assistant.”

### Keep a copy of these frequently used phone numbers and Web sites

- **Anesthesiologist Assistant Website:** [www.flhealthsource.com](http://www.flhealthsource.com) (Applications, Protocols, renewal forms, CME requirements, address changes)
  - **MQA Services** (Look-up License, request an application, request license certification for another state medical board.)
- **Laws & Rules:** [www.leg.state.fl.us/](http://www.leg.state.fl.us/) and [www.flrules.org](http://www.flrules.org)
- **Web Board Address:** [www.flboardofmedicine.gov](http://www.flboardofmedicine.gov)
- **American Medical Association (AMA):** (312) 464-5000
- **American Academy of Anesthesiologist Assistants (AAAA):** (678) 222-4221
- **American Osteopathic Association (AOA):** (800) 621-1773
- **NCCAA:** (919) 573-5439
- **Medicaid:** (877) 267-2323    **Medicare:** (877) 267-2323    <http://www.cms.gov>









## Electronic Fingerprinting

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method;
- You can find an approved Livescan Service Provider at: <http://www.flhealthsource.gov/background-screening/> (Select Locate a Provider).
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the Board office will not receive your background screening results;
- The ORI number for the **Board of Medicine is EDOH4510Z.**
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, including your Social Security number (SSN);
- Typically background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Aliases: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Citizenship: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

White/Latino(a); **B**-Black; **A**-Asian; **NA**-Native American; **U**-Unknown)

(**M**=Male; **F**=Female)

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transaction Control Number (TCN#): \_\_\_\_\_

(This will be provided to you by the Livescan service provider.)

Keep this form for your records.

# FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

## NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

US Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division

## Privacy Statement

**Authority:** The FBI's acquisition, preservation and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L.92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L.94-29; Pub.L.101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion of approval of your application.

**Social Security Account Number (SSAN):** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal Agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI (may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as many be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice, FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing the application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.

**2020 MQA LEGISLATIVE SUMMARY**

| BILL #                                                                                             | TITLE                                 | BRIEF SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | COMMENTS | DATE SIGNED BY GOVERNOR |
|----------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------|
| <b>HB 59</b><br>   | <b>Automated Pharmacy Systems</b>     | <p>The bill expands current law to authorize a community pharmacy to provide outpatient dispensing through the use of an automated pharmacy system. The bill establishes criteria for such systems and a community pharmacy’s responsibilities when employing such a system.</p> <p><b>Effective Date:</b> 7/1/2020</p>                                                                                                                                                                                                                                                                                                                                                                |          |                         |
| <b>HB 81</b><br>   | <b>Health Care for Children</b>       | <p>The bill creates section 456.0496, Florida Statutes, requiring certain health care practitioners to ensure that the informational pamphlet on the screening for, and treatment of, preventable infant and childhood eye and vision disorders is provided to parents after a planned out-of-hospital birth</p> <p><b>Effective Date:</b> 7/1/2020</p>                                                                                                                                                                                                                                                                                                                                |          |                         |
| <b>HB 115</b><br> | <b>Keep Our Graduates Working Act</b> | <p>Keep Our Graduates Working Act; Prohibits state authority from denying license, refusing to renew license, or suspending or revoking license on basis of delinquency or default in payment of his or her student loan; provides exception to requirement that certain entities prohibit candidate from being examined for or issued, or having renewed license, certificate, or registration to practice health care profession if he or she is listed on specified federal list of excluded individuals &amp; entities; repeals provisions relating to health care practitioners in default on student loan or scholarship obligations.</p> <p><b>Effective Date:</b> 7/1/2020</p> |          |                         |
|                                                                                                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                         |

HB 389



**Practice of Pharmacy**

The bill authorizes a pharmacist to enter into a collaborative pharmacy practice agreement (CPPA) with a physician to manage chronic health conditions if the pharmacist meets certain qualifications. A CPPA must meet certain terms and specify the health conditions, treatments, and tests governed by the CPPA.

The bill prohibits a collaborating pharmacist from initiating or prescribing a controlled substance or modifying or discontinuing any medication that is prescribed by a health care practitioner who does not have a CPPA with the pharmacist.

The bill authorizes a pharmacist, who meets certain qualifications, to test or screen for and treat minor, nonchronic health conditions within the framework of a written protocol with a supervising physician. The conditions are limited to influenza, streptococcus, lice, skin conditions, and minor, uncomplicated infections.

The protocol must specify the patients that may be seen, instructions for obtaining a patient's medical history, instructions for treatment, and a process and schedule for the pharmacist to provide patient information to the supervising physician and the supervising physician to review the pharmacist's actions under the protocol.

The bill requires the Board of Pharmacy to adopt, by rule, a formulary of medicinal drugs that an authorized pharmacist may prescribe to treat minor, non-chronic health conditions. A pharmacist may not prescribe any controlled substance; however, the Board-developed formulary may include any non-controlled substance, including those that typically need a prescription to dispense, such as antibiotics, and over-the-counter medications.

Requires Board of Pharmacy to adopt rules in consultation with the Boards of Medicine and Osteopathic Medicine

**Signed by  
the  
Governor  
3/11/2020**

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|                                                                                                       |                        | <p>The bill authorizes a pharmacist to use certain laboratory or clinical tests, as well as any established screening procedures for which no test is available.</p> <p>A pharmacy in which a pharmacist provides services for minor, non-chronic health conditions must prominently display a sign advising a patient receiving such services to seek follow-up care from a physician. The Board of Pharmacy must adopt guidelines for advising a patient to seek follow-up care from a physician.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <p><b>SB 404</b></p>  | <p><b>Abortion</b></p> | <p>The bill prohibits a physician from performing an abortion on a minor unless the physician has received a notarized, written consent statement signed by the minor and her mother, father, or legal guardian and the physician has been presented with proof of identification and proof of parentage or guardianship by the parent or legal guardian. However, the consent requirement does not apply if:</p> <ul style="list-style-type: none"> <li>• Notice is not required under specified exceptions to the parental notice requirement;</li> <li>• The abortion is performed during a medical emergency when there is insufficient time to obtain consent;</li> <li>• The parent or guardian has waived the right to consent; or</li> <li>• The minor petitions the circuit court where she resides and receives a judicial waiver of parental consent.</li> </ul> <p>The bill also authorizes a third-degree felony penalty for a physician who recklessly or intentionally performs, or attempts to perform, an abortion on an unemancipated minor without the required consent.</p> |  |  |

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|                                                                                                       |                                   | <p>The bill also increases the penalty for violating requirements established for infants born alive in section 390.0111(12), Florida Statutes, from a first-degree misdemeanor to a third-degree felony.</p> <p><b>Effective Date:</b> 7/1/2020</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                |
| <p><b>HB 607</b></p>  | <p><b>Direct Care Workers</b></p> | <p>The bill authorizes Advanced Practice Registered Nurses (APRN) who meet certain criteria to practice primary care or midwifery without physician supervision or a protocol.</p> <p>The bill also authorizes an advisory council comprised of physicians, APRNs, and the state Surgeon General to make recommendations to the Board of Nursing on the standards of practice for such APRNs.</p> <p>The bill subjects such APRNs to disciplinary action if they commit specified prohibited acts related to unethical and substandard business practices. An APRN engaging in autonomous practice must report adverse incidents to the Department of Health (DOH), which must review each report to determine whether the APRN is subject to disciplinary action.</p> <p>The bill prohibits an insurer from requiring an insured to access care from an APRN engaging in autonomous practice rather than a physician.</p> <p>The bill authorizes DOH to award up to \$15,000 per year under the Medical Education Reimbursement and Loan Repayment Program to APRNs engaging in autonomous practice and practicing primary care in a public health program or that serves Medicaid recipients and other low-income patients in a primary care shortage area.</p> |  | <p><b><u>Signed by</u></b><br/> <b><u>the</u></b><br/> <b><u>Governor</u></b><br/> <b><u>3/11/2020</u></b></p> |

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|                                                                                                       |                                   | <p>The bill authorizes registered nurses to delegate certain tasks to a certified nursing assistant (CNA) or home health aide (HHA), including medication administration. The bill authorizes CNAs and HHAs to assist with preventive skin care, applying bandages, and nebulizer treatments.</p> <p>The bill authorizes the Agency for Health Care Administration to adopt rules training paid feeding assistants in nursing homes and prohibits facilities from counting paid feeding assistants toward minimum staffing standards.</p> <p><b>Effective Date:</b> 7/1/2020</p>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |  |
| <p><b>SB 698</b></p>  | <p><b>Reproductive Health</b></p> | <p>The bill requires the Department of Health (DOH), the Board of Medicine, or the Board of Osteopathic Medicine to take disciplinary action against the health care practitioner's license if he or she intentionally transfers an embryo or reproductive material into a recipient without the recipient's consent. DOH may issue an emergency order suspending the practitioner's license if he or she is found guilty of committing the felony of reproductive battery, which is discussed below.</p> <p>The bill also requires a health care practitioner, a medical student, or any other student who is receiving training as a health care practitioner to obtain the written consent of a patient or a patient's representative before performing a pelvic exam. Written consent for the pelvic exam is not required if a court orders the exam to collect evidence or if the exam is necessary to avert a serious risk of irreversible impairment of a major bodily function of the patient.</p> | <p>Section 6, s. 784.086 F.S., Reproductive Battery, effective date is October 1, 2020</p> |  |

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|                                                                                                       |                                 | <p>The bill creates the crime of reproductive battery. It is a third-degree felony for a health care practitioner to intentionally transfer human reproductive material into the body of a recipient or implant a human embryo of a donor, knowing that the recipient has not consented to the use of the reproductive material or embryo from that donor. If the health care practitioner is the donor of the reproductive material, the penalty is increased to a second-degree felony.</p> <p>The statute of limitations for prosecuting the crime of reproductive battery does not begin to run until the date that the violation is discovered and reported to a law enforcement agency or any other governmental agency. Additionally, it is not a defense to the crime that the recipient consented to the use of an anonymous donor.</p> <p><b>Effective date:</b> July 1, 2020</p>                                                                                                                                                                                          |                                       |  |
| <p><b>HB 713</b></p>  | <p><b>Health Regulation</b></p> | <p>The bill makes numerous updates and changes to programs and health care professions regulated under the Department of Health (DOH):</p> <ul style="list-style-type: none"> <li>• The bill grants rulemaking authority to the DOH for responsibilities relating to maximizing the use of existing programs and coordinating stakeholders and resources to develop a state strategic plan, including the process of selecting physicians under the Conrad 30 Waiver Program, and to encourage qualified physicians to relocate to Florida and practice in medically underserved and rural areas;</li> <li>• Requires an applicant for a health care professional license to provide his or her date of birth on the application;</li> <li>• Revises the DOH’s health care practitioner licensing provisions to permit the DOH to issue a temporary license, that expires in 60 days instead of 30 days, to a non-resident or non-citizen physician who has accepted a residency, internship, or fellowship in Florida and has not yet received a social security number;</li> </ul> | <p>Includes numerous MQA statutes</p> |  |

- Creates an exception to the 15-percent cap for self-referral for diagnostic imaging services normally imposed on solo or group practice settings for group practice entities that own an accountable care organization or an entity operating under an advanced alternative payment model, according to federal regulations, if such entity provides diagnostic imaging services and has more than 30,000 patients enrolled per year;
- Repeals a health care practitioner's failure to repay student loans as grounds for discipline by the DOH;
- Authorizes the DOH to issue medical faculty certificates to certain full-time faculty members of Nova Southeastern University and Lake Erie College of Osteopathic Medicine;
- Repeals the requirement that the Board of Medicine (BOM) conduct a triennial review of organizations that board-certify physicians in dermatology;
- Revises the composition of the Council on Physician Assistants, under the BOM, from four physicians and one physician assistant, to two physicians and three physician assistants;
- Revises the requirements for osteopathic internships and residencies to include those accredited by the Accreditation Council for Graduate Medical Education;
- Deregulates registered chiropractic assistants;
- Effective upon the bill becoming a law, allows a nursing education program seeking accreditation to apply to the Board of Nursing (BON) for a single extension of not more than two years if the program meets specific criteria and grants the BON rulemaking authority on criteria to qualify for the extension;
- Grants rulemaking authority to the BON to establish standards of practice, including discipline, for certified nursing assistants (CNA);
- Recognizes CNA certification in a U.S. territory or the District of Columbia for certification in Florida and eliminates the element of intent for violations of the practice act by CNAs;

- Defines the supplemental general dentistry education required for dental licensure applicants who have not graduated from a dental school accredited by the American Dental Association Commission on Dental Accreditation to exclude education in an advanced dental specialty;
- Repeals the requirement that dental and dental hygienist licensure examinations must be graded by Florida-licensed dentists and dental hygienists;
- Effective upon the bill becoming a law and applying retroactively to January 1, 2020, revives, reenacts, and amends statutory provisions relating to health access dental licenses, notwithstanding their sunset on January 1, 2020;
- Requires dentists and dental hygienists to report adverse incidents to the Board of Dentistry (BOD) and gives the BOD rulemaking authority;
- Authorizes an employee or independent contractor of a dental laboratory to engage in onsite consultation with a licensed dentist during a dental procedure and requires a dental laboratory to be inspected at least biennially;
- Requires an athletic trainer to work within his or her scope of practice as defined by the Board of Athletic Trainers and revises the educational and internship requirements for licensure;
- Requires the DOH to issue a single prosthetist-orthotist license to qualified applicants and establishes the educational requirements for dual registration;
- Revises massage therapy licensure requirements to:
  - Repeal Board of Massage Therapy (BMT) departmental examinations and require a BMT-specified national examination;
  - Eliminate massage apprenticeships as a path to licensure by 2023; and
  - Revise the definition of a massage therapy “apprentice” to include only those persons approved by the BMT to study colonic irrigation under a licensed massage therapist;

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|                                                                                                   |                                         | <ul style="list-style-type: none"> <li>• Updates the name of the accreditation body for psychology programs and revises the requirements for psychology licensure;</li> <li>• Limits the Board of Clinical Social Work, Marriage and Family Therapists, and Mental Health Counseling to the issuance of only one additional internship registration;</li> <li>• Revises the education, clinical, and licensure requirements for marriage and family therapists and licensed mental health counselors, including updating the program accrediting agencies;</li> </ul> <p><b>Effective Date:</b> 7/1/2020</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| <b>HB 743</b><br> | <b>Nonopioid Alternatives</b>           | <p>The bill revises these requirements for certain health care practitioners to inform patient or patient’s representative of nonopioid alternatives before prescribing or ordering an opioid drug by:</p> <ul style="list-style-type: none"> <li>• Requires that the patient or patient representative be provided with a printed copy of the pamphlet;</li> <li>• Authorizes a health care practitioner to discuss non-opioid alternatives with, and provide the pamphlet to the patient’s representative rather than the patient;</li> <li>• Clarifies that the discussion of alternatives and providing the pamphlet is required when providing care that requires administering anesthesia that involves using an opioid listed as a Schedule II controlled substance;</li> <li>• Removing the requirement to address non-opioid alternatives when a drug is dispensed or administered; and</li> <li>• Exempting hospice services and care provided in a hospital critical care unit or emergency department from the requirement to discuss non-opioid alternatives with a patient or provide a pamphlet.</li> </ul> <p><b>Effective Date:</b> 7/1/2020</p> |  |  |
| <b>SB 1742</b>                                                                                    | <b>Home Medical Equipment Providers</b> | <p>The bill exempts medical doctors, osteopathic physicians, and chiropractic physicians from the requirement to be licensed as a</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |

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|  |  | home medical equipment provider in order to sell or rent electrostimulation medical equipment and supplies to their own patients in the course of their practice. |  |  |
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**Effective date:** July 1, 2020

**DRAFT LANGUAGE FOR REVIEW BY COUNCIL ON PHYSICIAN ASSISTANTS - JUNE, 2020**

64B8-30.003 Physician Assistant Licensure.

(1) Requirements for Licensure.

(a) All applicants for licensure as physician assistants shall apply on Form DH-MQA 2000, entitled “Physician Assistant Application for Licensure,” (revised ~~6/20~~ 8/16), hereby adopted and incorporated by reference, and can be obtained from the website at <http://www.flrules.org/Gateway/reference.asp?No=Ref-07600>, or <http://flboardofmedicine.gov/licensing/physician-assistant-licensure/>.

(b) In addition, upon employment, a licensed physician assistant must notify the Board of Medicine, in writing, utilizing Form DH-MQA 2004, entitled “Supervision Data Form,” (revised 8/10), hereby adopted and incorporated by reference, which can be obtained from the Board of Medicine’s website at <http://flboardofmedicine.gov/licensing/physician-assistant-licensure/>, within 30 days of such employment. Any subsequent changes to the physician assistant’s employment must also be made, in writing, within 30 days of such change, utilizing this same form.

(c) Applicants who have been granted a temporary license pursuant to Section 458.347(7)(e) or 459.022(7)(e), F.S., are eligible to seek an extension of the temporary license by submitting Form DH-MQA 1076, entitled “Extension of Temporary Licensure Application,” (Rev. 4/16), hereby adopted and incorporated by reference, and can be obtained from the website at <http://www.flrules.org/Gateway/reference.asp?No=Ref-07167>, or <http://flboardofmedicine.gov/licensing/physician-assistant-licensure/>.

(2) Applicants who have not passed the National Commission on Certification of Physician Assistants Physician Assistant National Certifying Exam within five (5) attempts and have not practiced as a fully licensed physician assistant shall be required to successfully complete a minimum of three (3) months in a full-time review course at an accredited physician assistant program approved by the Chair of the Council on Physician Assistants. Said completion shall be documented by a letter signed by the head of the program stating that the applicant has satisfactorily completed the course.

(3) Restrictions. For purposes of carrying out the provisions of Sections 458.347(7) and 459.022, F.S., every physician assistant is prohibited from being supervised by any physician whose license to practice medicine is on probation.

(4) Registration as a dispensing physician assistant shall be made on the form set forth in subsection 64B8-4.029(4), F.A.C.

Rulemaking Authority 456.013, 456.031(2), 456.033, 458.309, 458.347 FS. Law Implemented 456.013, 456.0135, 456.017, 456.031, 456.033, 456.0635, 458.347, 459.022 FS. History—New 4-28-76, Amended 11-15-78, 10-23-80, 12-4-85, Formerly 21M-17.03, Amended 5-13-87, 11-15-88, 11-15-90, 1-9-92, 5-6-93, Formerly 21M-17.003, Amended 9-21-93, Formerly 61F6-17.003, Amended 9-8-94, 11-30-94, 10-25-95, 3-25-96, Formerly 59R-30.003, Amended 6-7-98, 8-19-99, 5-28-00, 3-3-02, 5-19-03, 10-19-03, 11-17-03, 9-5-05, 12-12-05, 10-30-06, 2-25-07, 5-20-09, 2-2-10, 12-6-10, 1-27-13, 2-22-15, 7-27-16, 9-26-16, 12-4-16,\_\_\_\_\_.

# Do Professionalism Lapses in Medical School Predict Problems in Residency and Clinical Practice?

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## Abstract

### Purpose

Recognizing that physicians must exhibit high levels of professionalism, researchers have attempted to identify the precursors of clinicians' professionalism difficulties, typically using retrospective designs that trace sanctioned physicians back to medical school. To better establish relative risk for professionalism lapses in practice, however, this relationship must also be studied prospectively. Therefore, this study investigated the sequelae of medical school professionalism lapses by following students with medical school professionalism problems into residency and practice.

### Method

Beginning in 2014, 108 graduates from Harvard Medical School and Case

Western Reserve University School of Medicine who appeared before their schools' review boards between 1993 and 2007 for professionalism-related reasons were identified, as well as 216 controls matched by sex, minority status, and graduation year. Prematriculation information and medical school performance data were collected for both groups. Outcomes for the groups were studied at 2 points in time: ratings by residency directors, and state medical board sanctions and malpractice suits during clinical practice.

### Results

Compared with controls, students who appeared before their schools' review boards were over 5 times more likely to undergo disciplinary review during

residency (16% vs 3%, respectively) and almost 4 times more likely to require remediation or counseling (35% vs 9%, respectively). During clinical practice, 10% of those who had made review board appearances were sued or sanctioned vs 5% of controls. Logistic regression for these outcomes indicated, however, that professionalism lapses in medical school were not the only, or even the most important, predictor of problems in practice.

### Conclusions

Students with professionalism lapses in medical school are significantly more likely to experience professionalism-related problems during residency and practice, although other factors may also play an important predictive role.

**G**iven the substantial time and resources society invests in the selection and training of physicians and the responsibility placed upon them, practicing physicians are expected to adhere to the highest standards of professionalism.<sup>1-5</sup> When medical graduates fail to live up to their professional responsibilities, society incurs substantial real and opportunity costs in the form of wasted resources and lost workforce.<sup>6,7</sup>

Prior research has attempted to understand the precursors of physicians' lapses in professionalism. For instance,

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Papadakis and others have reported that physicians disciplined by their state medical boards were found to exhibit lapses in professionalism during medical school at a higher frequency than case-controlled, nondisciplined peers.<sup>8-12</sup> Studies such as these have relied upon a classic retrospective design, in which the outcome of interest (physicians' being sanctioned by their state boards) was the starting point, following which the study subjects were followed backward in time to identify precursors. Methodological concerns have been raised about inferences that can be drawn from retrospective studies such as these<sup>13,14</sup>; moreover, some have even reported, mistakenly, that students in medical school who had professionalism lapses were later found to exhibit professionalism difficulties,<sup>15</sup> when in fact the temporal link was in the reverse direction.

Although a few prospective studies have been reported, most have followed students over a relatively short period of time, typically from early in medical school through the third

year or internship.<sup>16-19</sup> In the present study, we took a prospective approach by starting with a targeted predictor, students' nonprofessional behavior in medical school, and then following the students forward in time to determine whether this was associated with later professionalism-related outcomes in residency and practice. Adopting a simulated prospective design, we identified a student sample with a "preexisting condition" (appearances before their schools' review boards), matched these with case controls, and determined the extent to which the 2 groups experienced professionalism problems later in their careers. Focusing on the sequelae of professionalism problems in medical school, we asked the following: Do students who appeared before their schools' review boards differ from their peers on professionalism-related outcomes at 2 subsequent points in time? Compared with other variables, to what extent are professionalism problems in medical school predictive of negative outcomes in residency and practice?

## Method

### Participants

In 2014, records of the Promotion and Review Board at Harvard Medical School (HMS) and the Committee on Students at Case Western Reserve University (CWRU) School of Medicine were reviewed to identify all medical school graduates through 2007 who been required to come before the committees based upon a complaint of nonprofessional behavior (students who did not graduate, regardless of reason, were excluded). Reasons for the students' appearances varied, but these included standard concerns such as academic dishonesty and interpersonal problems with peers, faculty, and/or patients. Although substance abuse or psychiatric problems may have been identified in the course of pursuing some of these cases, reasons for appearances derived from specific forms of inappropriate behavior. We selected a latest graduation date of 2007 as a cutoff to provide time for virtually all identified students to have completed their medical training and entered the physician workforce. Based upon power calculations, we sought a minimum sample of 100 students, at least 50 cases per school, who had had professionalism problems, and selected 2 within-school controls for every identified student. To identify 50 cases per school with files that were complete enough to be usable, we had to search records back as far as 1993, which resulted in a total sample of 324: 165 students from HMS, consisting of 55 review board cases (referred to as RB cases) plus 110 nonboard cases (referred to as NB controls), and a total of 159 from CWRU (53 RB cases plus 106 NB cases). At both schools, each RB case was matched with 2 case controls (NB cases) based on 3 variables: gender, underrepresented status in medicine, and year of graduation. The data were kept in password-protected deidentified files under Level 3 conditions of security, with the provision that additional data could be added by reference to a given student's coded identification number, at which point all data were once again immediately deidentified. On behalf of both schools, this project was reviewed by the HMS Institutional Review Board and approved via expedited review.

### Data collected

We collected data from 4 time periods:

Time 1 (T1) consisted of all available prematriculation data, both demographic

and performance based, that were held in common by the 2 schools' admissions and registrar's offices. These were: Parental level of education, whether U.S.-born or not, selectivity of undergraduate college, college major, and total Medical College Admission Test (MCAT) score.

Time 2 (T2) data consisted of performance data during medical school: grades for the 6 clerkships that were common to both schools (medicine, neurology, obstetrics–gynecology, pediatrics, surgery, and psychiatry) and United States Medical Licensing Examination (USMLE) Step 1 and Step 2 Clinical Knowledge (CK) scores.

Time 3 (T3) data consisted of performance data during residency, collected via electronic survey, with the exception of USMLE Step 3 scores, which were obtained from the Federation of State Medical Boards (FSMB). For each case, we determined the individual's residency program as well as the name of the program director at that time, obtained via annual editions of the American Medical Association Graduate Medical Education Directory.<sup>20</sup> Through institutional websites, public information searches, and phone calls, we attempted to obtain current email addresses for the program directors. If current information could not be obtained for that individual, we contacted senior administrators in the programs, requested the name and contact information of an attending physician who had worked closely with the resident in question, and sent the survey to that person.

The survey identified the name of the resident and the year in which he or she entered the program. We stated that we were conducting follow-up research on some of our medical students, with no indication of the criteria used to select the individuals. If the program directors were not sufficiently familiar with the person, they were instructed to return the survey uncompleted.

The survey contained 10 questions relating to professional behaviors for each resident, such as “treated colleagues with respect” and “took responsibility for shortcomings/errors.” Because several years had passed, the survey directors could indicate that they had no recollection or leave out any item. For these 10 questions, those with sufficient

recollection were offered 3 simple response categories in order to capture the respondents' global affect: “generally met standards for the residents in your program,” “was exceptional or exceeded standards,” and “was unacceptable or did not meet standards.” We asked 2 additional questions reflecting positivity (“received recognition for high-level clinical work,” “received a leadership position”) and 2 reflecting negativity (“required remediation or counseling,” “underwent disciplinary review”). The directors were asked how enthusiastic they would have been had this resident applied for a staff position and to supply up to 2 adjectives that came to mind to describe the trainee. (The survey instrument is available in Supplemental Digital Appendix 1, available at <http://links.lww.com/ACADMED/A786>.) For 14 of the 324 students, we found no evidence that they had entered residency, reducing the survey sample to 310. We received usable responses for 155 students (response rate 50%).

Time 4 (T4) data consisted of post-training information. The FSMB provided data on whether the physicians in our sample had been sanctioned by their state medical boards for some form of misdeed, and the National Practitioner Data Bank (NPDB) provided data on whether these physicians had been sued for malpractice. These data covered a period from 1993, when the earliest student graduated, through 2013, at which point the FSMB and NPDB data were captured.

### Analyses

We analyzed the data in 2 phases. In phase 1, our main purpose was to determine whether significant differences existed between the RB cases and NB controls for each outcome. For these univariate analyses, we used *t* tests and chi-square tests, as appropriate. The data were analyzed with R version 3.5.1 and RStudio version 1.1.456 (Foundation for Statistical Computing, Vienna, Austria).

Phase 2 involved multivariate logistic regression analyses for 2 dichotomous outcomes: whether the individual had required remediation or undergone disciplinary review during residency (T3) and whether the individual had been sued or sanctioned during clinical practice (T4). All T1 and T2 variables were entered in predicting the T3 outcome,

and all T1, T2, and T3 variables were entered in predicting the T4 outcome. For each outcome, we tested all possible combinations of predictors to conduct an exhaustive search of the entire model space, selecting from the many possible models the one model with a package of variables that in combination produced the greatest adjusted  $R^2$ . For the T3 outcome, we tested for homoskedasticity, the constancy of variance of model errors, by examining the associations between the predictor variables and the residuals of the model using the White Test.<sup>21</sup> Because the number of variables in the T4 predictive model were too large to run the White Test, the Breusch-Pagan Test<sup>22</sup> was used to test for homoskedasticity for this outcome.

## Results

Overall characteristics of the combined sample as well as a comparison of the RB cases and NB controls on prematriculation characteristics (T1) and performance during medical school (T2) are presented in Table 1. We found no significant differences in the prematriculation data between the RB cases and NB controls on father's or mother's level of education, selectivity rating of undergraduate college, college major, or MCAT scores. Twenty-eight percent of RB cases were born outside of the United States, compared with 18% of NB controls, falling just short of statistical significance ( $P < .06$ ). Inspection of the data collected during medical school indicated that NB controls consistently outperformed RB cases, including USMLE Step 1 scores, Step 2 CK scores, and grades for all 6 clerkships.

As shown in the first section of Table 2, residency directors' ratings were significantly more negative for RB cases than NB controls on 6 of the 10 behavioral questions (with another question falling just short;  $P = .06$ ). RB cases were more than 5 times more likely than NB controls to be rated as not meeting standards for "being trustworthy and responsible" (26% of RB cases did not meet standards vs 5% of NB controls) and not meeting standards for "being honest in representing their actions" (19% vs 4%, respectively). In addition, 19% of RB cases were rated as deficient in "incorporating feedback to make changes," compared with 4% of NB controls. The only 2 items not indicating

large group differences pertained to direct care of patients, yet twice as many NB controls received special recognition for their clinical work (48% of NB controls vs 24% of RB cases).

RB cases were also approximately 4 times more likely to have required remediation or counseling (35% vs 9%, respectively) and more than 5 times more likely to have undergone disciplinary review (16% vs 3%, respectively). Residency directors would have been strongly enthusiastic to hire 56% of NB controls, compared with only 29% of RB case cases. Finally, while most of the unprompted adjectives residency directors used to describe both groups were positive, the rate of negative adjectives they generated (e.g., unmotivated, overconfident, rigid) was more than twice as high for RB cases than for NB controls (27% vs 12%, respectively).

Postresidency data demonstrated that instances of state medical board actions and malpractice suits brought during the early years of clinical practice for both groups were few. Malpractice suits were brought against 6% of RB cases and 4% of NB controls. Similarly, the rate of state medical board sanctions was 4% among RB cases compared with 1% of NB controls, neither difference reaching statistical significance. Combining the 2 outcomes into a single "sued or sanctioned" index aggregated the occurrences (no individual had experienced both), and the combined index showed a rate of 10% among RB cases vs 5% among NB controls.

Concerning the multivariate analyses, the exhaustive model search yielded a 5-variable best-fit model with an adjusted  $R^2$  of 0.17 (with an F statistic of 4.64;  $P < .001$ ) for the dichotomous T3 outcome, whether the resident required remediation or review. The 5 explanatory variables were: RB vs NB (case vs control), Step 2 CK score, MCAT total score, and grades in internal medicine and obstetrics-gynecology (see Table 3). The result of the White Test did not find evidence of heteroskedasticity ( $P > .05$ )

For the sued-or-sanctioned (T4) outcome, the best-fit model, with an adjusted  $R^2$  of 0.24, contained 11 variables (see Table 3). RB vs NB was one of these, in addition to 6 of the survey items about professional behavior

that were completed by the residency directors. MCAT score in addition to Step 2 CK and Step 3 scores were included in the final model, as was the student's clerkship grade in neurology. The Breusch-Pagan test did not find evidence of heteroskedasticity ( $P > .05$ ).

## Discussion

This study provides consistent and compelling evidence that medical students who exhibit lapses in professionalism during medical school show a higher frequency of deficiencies in professionalism during residency and demonstrate a tendency to be sued or sanctioned more frequently than matched controls. Residency directors rated trainees who had appeared before their medical schools' review boards as having significantly more deficiencies in professionalism, and review board cases were more likely to require remediation or counseling and to undergo disciplinary review than controls. Once in practice, those who appeared before their medical schools' review boards were sued or sanctioned at a ratio of 2:1 compared with controls.

By providing a prospective link between medical school lapses in professionalism and subsequent deficiencies both early (poor evaluations while in residency) and late (malpractice suits as well as sanctions while in practice), the findings of this study strengthen, complement, and expand existing knowledge about the relationship between early and late professionalism problems among physicians. In addition to offering data supporting the simple relationship between lapses in professionalism during medical school and after graduation, however, our multivariate analyses provide cautionary evidence that early lapses in professionalism may not be the only, or even the most important, predictor of problems once in practice.

Our prematriculation data, which contain information commonly available to admissions committees, did not generate any noteworthy predictors of professionalism lapses during medical school. Perhaps recent approaches such as multi-mini-interviews may generate useful insights into future nonprofessional behavior.<sup>23,24</sup> However, while mixed accounts of after-the-fact remediation efforts for instances of

Table 1

**Univariate Analyses: Characteristics of Prematriculation and Medical School Variables for the Sample as a Whole, and Comparing RB Cases and NB Controls, From a Study of Medical School Professionalism Lapses and Problems in Residency and Practice, Harvard Medical School and Case Western Reserve University School of Medicine, 2014**

| Variable                                                | Full sample,<br>no./total (%) | RB cases,<br>no./total (%) | NB controls,<br>no./total (%) | P value <sup>a</sup> |
|---------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|----------------------|
| <b>Prematriculation (T1)</b>                            |                               |                            |                               |                      |
| Gender                                                  |                               |                            |                               | —                    |
| Female                                                  | 99/324 (31)                   | 33/108 (31)                | 66/215 (31)                   |                      |
| Male                                                    | 225/324 (69)                  | 75/108 (69)                | 150/215 (69)                  |                      |
| Ethnicity                                               |                               |                            |                               | —                    |
| Underrepresented in medicine                            | 97/315 (31)                   | 33/107 (31)                | 64/208 (31)                   |                      |
| Not underrepresented                                    | 218/315 (69)                  | 74/107 (69)                | 144/208 (69)                  |                      |
| Country of birth                                        |                               |                            |                               | .064                 |
| United States                                           | 238/301 (79)                  | 67/93 (72)                 | 171/208 (82)                  |                      |
| Outside United States                                   | 63/301 (21)                   | 26/93 (28)                 | 37/208 (18)                   |                      |
| Father's highest level of education                     |                               |                            |                               | .271                 |
| High school or less                                     | 17/209 (7)                    | 8/71 (11)                  | 9/158 (6)                     |                      |
| Some college through Masters                            | 98/209 (43)                   | 27/71 (38)                 | 71/158 (45)                   |                      |
| Doctoral                                                | 114/209 (50)                  | 36/71 (51)                 | 78/158 (49)                   |                      |
| Mother's highest level of education                     |                               |                            |                               | .492                 |
| High school or less                                     | 36/209 (17)                   | 9/66 (14)                  | 27/143 (19)                   |                      |
| Some college through Masters                            | 139/209 (67)                  | 44/66 (67)                 | 95/143 (66)                   |                      |
| Doctoral                                                | 34/209 (16)                   | 13/66 (20)                 | 21/143 (15)                   |                      |
| MCAT total score                                        |                               |                            |                               | .893                 |
| < 25                                                    | 33/268 (12)                   | 10/88 (11)                 | 23/180 (13)                   |                      |
| 25–40                                                   | 172/268 (64)                  | 56/88 (64)                 | 116/180 (64)                  |                      |
| > 40                                                    | 63/268 (24)                   | 22/88 (25)                 | 41/180 (23)                   |                      |
| Selectivity rank of undergraduate institution           |                               |                            |                               | .430                 |
| Moderate                                                | 33/295 (11)                   | 14/96 (15)                 | 19/199 (10)                   |                      |
| High                                                    | 82/295 (28)                   | 25/96 (26)                 | 57/199 (29)                   |                      |
| Extremely high                                          | 180/295 (61)                  | 57/96 (59)                 | 123/199 (62)                  |                      |
| College major                                           |                               |                            |                               | .483                 |
| Physics/chemistry                                       | 45/290 (16)                   | 15/93 (16)                 | 30/197 (15)                   |                      |
| Biological sciences                                     | 143/290 (49)                  | 43/93 (46)                 | 100/197 (51)                  |                      |
| Math/engineering                                        | 25/290 (9)                    | 7/93 (8)                   | 18/197 (9)                    |                      |
| Social/behavioral sciences                              | 36/290 (12)                   | 14/93 (15)                 | 22/197 (11)                   |                      |
| Humanities/liberal arts                                 | 33/290 (11)                   | 9/93 (10)                  | 24/197 (12)                   |                      |
| Other                                                   | 8/290 (3)                     | 5/93 (5)                   | 3/197 (2)                     |                      |
| <b>Medical school (T2)</b>                              |                               |                            |                               |                      |
| Step 1 score                                            |                               |                            |                               | .002                 |
| < 205                                                   | 72/279 (26)                   | 37/96 (39)                 | 35/183 (19)                   |                      |
| 205–233                                                 | 129/279 (46)                  | 39/96 (41)                 | 90/183 (49)                   |                      |
| > 233                                                   | 78/279 (28)                   | 20/96 (21)                 | 58/183 (32)                   |                      |
| Step 2 CK score                                         |                               |                            |                               | .004                 |
| < 195                                                   | 62/286 (22)                   | 30/95 (32)                 | 32/191 (17)                   |                      |
| 195–234                                                 | 168/286 (59)                  | 54/95 (57)                 | 114/191 (60)                  |                      |
| > 234                                                   | 56/286 (20)                   | 11/95 (12)                 | 45/191 (24)                   |                      |
| Students achieving highest clerkship grade <sup>b</sup> |                               |                            |                               |                      |
| Internal medicine                                       | 101/321 (31)                  | 19/106 (18)                | 82/215 (38)                   | .0004                |
| Surgery                                                 | 88/319 (28)                   | 19/106 (18)                | 69/213 (32)                   | .0096                |
| Obstetrics–gynecology                                   | 86/319 (27)                   | 12/105 (11)                | 74/214 (35)                   | .0001                |
| Pediatrics                                              | 73/317 (23)                   | 9/103 (9)                  | 64/214 (30)                   | .0001                |
| Psychiatry                                              | 59/316 (19)                   | 11/104 (11)                | 48/212 (23)                   | .0150                |
| Neurology                                               | 72/278 (26)                   | 16/91 (18)                 | 56/187 (30)                   | .0392                |

Abbreviations: RB, review board; NB, nonboard; MCAT, Medical College Admission Test; CK, clinical knowledge.

<sup>a</sup>P values calculated using chi-square test to compare RB cases with NB controls for each variable.

<sup>b</sup>Both schools used a 4-category grading scale. At Harvard Medical School, the designation for highest grade was high honors, and at Case Western Reserve University School of Medicine, the highest designation was honors.

Table 2

**Univariate Analyses: Characteristics of Residency and Medical Practice Variables for the Sample as a Whole and Comparing Between RB Cases and NB Controls, From a Study of Medical School Professionalism Lapses and Problems in Residency and Practice, Harvard Medical School and Case Western Reserve University School of Medicine, 2014**

| Variable                                                    | Full sample<br>no./total (%) | RB cases<br>no./total (%) | NB controls<br>no./total (%) | P value <sup>a</sup> |
|-------------------------------------------------------------|------------------------------|---------------------------|------------------------------|----------------------|
| <b>During residency (T3)</b>                                |                              |                           |                              |                      |
| Fulfilled responsibilities in a timely/responsible manner   |                              |                           |                              | .059                 |
| <i>Exceeded standards</i>                                   | 56/123 (46)                  | 7/27 (36)                 | 49/96 (51)                   |                      |
| <i>Met standards</i>                                        | 59/123 (48)                  | 17/27 (63)                | 42/96 (44)                   |                      |
| <i>Did not meet standards</i>                               | 8/123 (7)                    | 3/27 (11)                 | 5/96 (5)                     |                      |
| Treated colleagues with respect                             |                              |                           |                              | .008                 |
| <i>Exceeded standards</i>                                   | 64/123 (52)                  | 7/27 (26)                 | 57/96 (59)                   |                      |
| <i>Met standards</i>                                        | 491/123 (40)                 | 16/27 (59)                | 33/96 (34)                   |                      |
| <i>Did not meet standards</i>                               | 10/123 (8)                   | 4/27 (15)                 | 6/96 (6)                     |                      |
| Incorporated feedback to make changes in behavior           |                              |                           |                              | .029                 |
| <i>Exceeded standards</i>                                   | 46/122 (38)                  | 7/27 (26)                 | 39/95 (41)                   |                      |
| <i>Met standards</i>                                        | 67/122 (55)                  | 15/27 (56)                | 52/95 (55)                   |                      |
| <i>Did not meet standards</i>                               | 9/122 (7)                    | 5/27 (19)                 | 4/95 (4)                     |                      |
| Honest in representing actions/information                  |                              |                           |                              | .041                 |
| <i>Exceeded standards</i>                                   | 63/123 (51)                  | 12/27 (44)                | 51/96 (53)                   |                      |
| <i>Met standards</i>                                        | 51/123 (41)                  | 10/27 (37)                | 4/96 (43)                    |                      |
| <i>Did not meet standards</i>                               | 9/123 (7)                    | 5/27 (19)                 | 4/96 (4)                     |                      |
| Nondefensive in accepting criticism                         |                              |                           |                              | .060                 |
| <i>Exceeded standards</i>                                   | 51/123 (41)                  | 8/27 (30)                 | 43/96 (45)                   |                      |
| <i>Met standards</i>                                        | 59/123 (48)                  | 13/27 (48)                | 46/96 (48)                   |                      |
| <i>Did not meet standards</i>                               | 13/123 (11)                  | 6/27 (22)                 | 7/96 (7)                     |                      |
| Successful in establishing rapport with patients and family |                              |                           |                              | .283                 |
| <i>Exceeded standards</i>                                   | 66/122 (54)                  | 11/27 (54)                | 55/95 (58)                   |                      |
| <i>Met standards</i>                                        | 52/122 (43)                  | 15/27 (43)                | 37/95 (39)                   |                      |
| <i>Did not meet standards</i>                               | 4/122 (3)                    | 1/27 (3)                  | 3/95 (3)                     |                      |
| Functioned well as a member of the team                     |                              |                           |                              | .020                 |
| <i>Exceeded standards</i>                                   | 59/123 (48)                  | 7/27 (26)                 | 52/96 (54)                   |                      |
| <i>Met standards</i>                                        | 55/123 (45)                  | 16/27 (59)                | 39/96 (41)                   |                      |
| <i>Did not meet standards</i>                               | 9/123 (7)                    | 4/27 (15)                 | 5/96 (5)                     |                      |
| Took responsibility for shortcomings/errors                 |                              |                           |                              | .005                 |
| <i>Exceeded standards</i>                                   | 47/122 (39)                  | 7/27 (26)                 | 40/95 (42)                   |                      |
| <i>Met standards</i>                                        | 63/122 (52)                  | 13/27 (48)                | 50/95 (53)                   |                      |
| <i>Did not meet standards</i>                               | 12/122 (10)                  | 7/27 (6)                  | 5/95 (5)                     |                      |
| Demonstrated care/compassion with patients                  |                              |                           |                              | .581                 |
| <i>Exceeded standards</i>                                   | 61/123 (50)                  | 11/27 (41)                | 50/96 (52)                   |                      |
| <i>Met standards</i>                                        | 58/123 (47)                  | 15/27 (56)                | 43/96 (45)                   |                      |
| <i>Did not meet standards</i>                               | 4/123 (3)                    | 1/27 (4)                  | 3/96 (3)                     |                      |
| Always trustworthy/responsible                              |                              |                           |                              | .004                 |
| <i>Exceeded standards</i>                                   | 62/121 (51)                  | 9/27 (33)                 | 53/94 (56)                   |                      |
| <i>Met standards</i>                                        | 47/121 (39)                  | 11/27 (41)                | 36/94 (38)                   |                      |
| <i>Did not meet standards</i>                               | 12/121 (10)                  | 7/27 (26)                 | 5/94 (5)                     |                      |
| How feel if resident had applied for position on staff      |                              |                           |                              | .040                 |
| <i>Strongly enthusiastic</i>                                | 62/124 (50)                  | 8/28 (29)                 | 54/96 (56)                   |                      |
| <i>Mildly enthusiastic</i>                                  | 44/124 (35)                  | 13/28 (46)                | 31/96 (32)                   |                      |
| <i>Mildly unenthusiastic</i>                                | 10/124 (8)                   | 3/28 (11)                 | 7/96 (7)                     |                      |
| <i>Strongly unenthusiastic</i>                              | 8/124 (6)                    | 4/28 (14)                 | 4/96 (4)                     |                      |
| Did resident receive recognition for clinical work?         |                              |                           |                              | .089                 |
| Yes                                                         | 38/90 (42)                   | 5/21 (24)                 | 33/69 (48)                   |                      |
| No                                                          | 52/90 (58)                   | 16/21 (26)                | 36/69 (52)                   |                      |

(Table continues)

Table 2  
(Continued)

| Variable                                        | Full sample<br>no./total (%) | RB cases<br>no./total (%) | NB controls<br>no./total (%) | P value <sup>a</sup> |
|-------------------------------------------------|------------------------------|---------------------------|------------------------------|----------------------|
| Did resident receive a leadership position?     |                              |                           |                              | .313                 |
| Yes                                             | 30/103 (29)                  | 4/22 (18)                 | 26/81 (32)                   |                      |
| No                                              | 73/103 (71)                  | 18/22 (82)                | 55/81 (68)                   |                      |
| Did resident require remediation or counseling? |                              |                           |                              | .003                 |
| Yes                                             | 17/117 (15)                  | 9/26 (35)                 | 8/91 (9)                     |                      |
| No                                              | 100/117 (85)                 | 17/26 (65)                | 83/91 (91)                   |                      |
| Did resident undergo disciplinary review?       |                              |                           |                              | .057                 |
| Yes                                             | 7/117 (6)                    | 4/25 (16)                 | 3/92 (3)                     |                      |
| No                                              | 110/117 (94)                 | 21/25 (84)                | 89/92 (97)                   |                      |
| <b>During independent practice (T4)</b>         |                              |                           |                              |                      |
| Sued for malpractice?                           |                              |                           |                              | .437                 |
| Yes                                             | 15/317 (5)                   | 7/108 (6)                 | 8/209 (4)                    |                      |
| No                                              | 302/317 (95)                 | 101/108 (94)              | 201/209 (96)                 |                      |
| Sanctioned by state board?                      |                              |                           |                              | .368                 |
| Yes                                             | 7/317 (2)                    | 4/108 (4)                 | 3/209 (1)                    |                      |
| No                                              | 310/317 (98)                 | 104/108 (96)              | 206/209 (99)                 |                      |
| Sued or sanctioned?                             |                              |                           |                              | .161                 |
| Yes                                             | 22/317 (7)                   | 11/108 (10)               | 11/209 (5)                   |                      |
| No                                              | 295/317 (93)                 | 97/108 (90)               | 198/209 (95)                 |                      |

Abbreviations: RB, review board; NB, nonboard.

<sup>a</sup>P values calculated using chi-square test to compare RB cases with NB controls for each variable.

students' nonprofessional behavior have been reported,<sup>25-27</sup> we know of no existing evidence to assist admissions committees to make effective screening decisions for professionalism before matriculation.<sup>28</sup>

In medical school, we found that students who appeared before their schools' review boards received lower clinical clerkship grades. A possible explanation for this relationship may be that interpersonal sensitivity, reliability, and ability to work well in teams are likely to be as critical as knowledge or skills in determining clerkship grades. More surprising is the finding that RB cases, who performed just as well as NB controls on the MCAT, performed significantly worse on standardized tests such as Step 1 and Step 2 CK examinations.

Multivariate analyses showed that scores on standardized tests and some clerkship grades were included in the best-fit models predicting problems in professionalism during both residency and post-training practice, confirming previously reported findings.<sup>29-31</sup> A tempting interpretation of this finding is that professionalism deficits are more likely to occur among those who are academically less talented. By way of

speculation, we ask whether it is possible that weaker performance on national licensing exams may result as much from a lack of commitment and preparation as from a lack of knowledge or ability.

#### Limitations

Among the limitations of our findings, our sample was not large and came from 2 highly selective medical schools, and occurrences such as state medical board sanctions and malpractice suits were relatively uncommon. In addition, we were not able to study the extent to which remediation-oriented activities initiated at the 2 sites affected the outcomes.

Another possible concern is that in spite of the fact that we took the perspective of a prospective study by selecting cases who had an identifiable "risk factor" and collected data about them later in their careers to test the predictive validity of this variable, some of the data were collected after the fact. Objective outcome data, recorded in real time and stored in institutional records, remain unaffected by when they were interrogated. We acknowledge that subjective data such as residency directors' recollections may be influenced by retrospective biases; nonetheless, while random error may

have been introduced by the program directors' retrospections, we have no reason to suspect that this affected the results by introducing systematic bias. Last, research on memory indicates that recollection in the form global affect tends to remain relatively intact in spite of the passage of time.<sup>32,33</sup>

We also note that the duration of post-training independent clinical practice in our study was limited to early-career observations. Rather than a limitation, however, it is possible that this underestimated the relationship rather than vice versa. Had the number of suits and sanctions in the case and control groups continued to diverge in later career as they had begun to do in early career, medical school professionalism lapses might have been even more closely associated with full-career sanctions. Similarly, the fact that we studied only graduates of the 2 schools and their outcomes during residency and practice may have actually underestimated the negative impact of nonprofessionalism, as professionally challenged students who did not complete their undergraduate or graduate training did not enter the medical workforce, and, obviously, could not be counted among the ranks of those sued or sanctioned.

Table 3

**Multivariate Analyses: Best Fitting Models for Whether Residents Were Subject to Remediation or Disciplinary Review and Whether Independent Practitioners Had Malpractice Suits or Sanctions, From a Study of Medical School Professionalism Lapses and Problems in Residency and Practice, Harvard Medical School and Case Western Reserve University School of Medicine, 2014**

| Variable                                                                         | Estimate | Standard error | T value | P value |
|----------------------------------------------------------------------------------|----------|----------------|---------|---------|
| <b>Did resident undergo remediation of disciplinary review? (T3)<sup>a</sup></b> |          |                |         |         |
| Intercept                                                                        | 0.45     | 0.21           | 2.13    | .04     |
| RB case or not                                                                   | 0.23     | 0.09           | 2.63    | .01     |
| Step 2 CK score                                                                  | -0.12    | 0.07           | -1.77   | .08     |
| MCAT total score                                                                 | 0.04     | 0.06           | 0.60    | .55     |
| Internal medicine clerkship grade                                                | -0.09    | 0.05           | -1.71   | .09     |
| Obstetrics-gynecology clerkship grade                                            | 0.02     | 0.06           | 0.42    | .68     |
| <b>Was the practitioner sued or sanctioned? (T4)<sup>b</sup></b>                 |          |                |         |         |
| Intercept                                                                        | 1.11     | 0.63           | 1.77    | .09     |
| Step 2 CK score                                                                  | -0.00    | 0.08           | -0.05   | .96     |
| Step 3 score                                                                     | -0.00    | 0.00           | -1.65   | .11     |
| MCAT total score                                                                 | 0.08     | 0.07           | -1.12   | .27     |
| Neurology clerkship grade                                                        | 0.12     | 0.05           | 2.24    | .03     |
| Fulfilled responsibilities in timely manner                                      | -0.12    | 0.08           | -1.43   | .16     |
| Treated colleagues with respect                                                  | -0.18    | 0.06           | -2.78   | .009    |
| Received recognition for clinical work                                           | 0.05     | 0.06           | 0.75    | .46     |
| Received a leadership position                                                   | 0.06     | 0.05           | 1.07    | .29     |
| Required remediation or counseling                                               | -0.15    | 0.07           | -2.09   | .04     |
| Underwent disciplinary review                                                    | 0.14     | 0.10           | -2.09   | .19     |

Abbreviations: T3, Time 3 (during residency); RB, review board; CK, clinical knowledge; MCAT, Medical College Admission Test; T4, Time 4 (during independent practice).

<sup>a</sup>F statistic = 4.64; *P* = .0009.

<sup>b</sup>F statistic = 2.20; *P* < .04.

### Implications and future directions

These issues provide insight into directions for future research. For instance, while getting into disciplinary trouble may itself be predictive, an individual's response to being disciplined and to attempts at remediation may be a sensitive predictor of the person's risk status for future difficulties. Reflective ability and self-insight are key issues that may predict long-term outcomes.<sup>34,35</sup> In addition, differences in "explanatory style,"<sup>36,37</sup> a concept from the field of social psychology, may help account for reasons why some people accept personal responsibility and incorporate negative feedback to improve, while others discount negative feedback and reject personal blame, feeling nonresponsible at best or victimized at worst. We attempted to extract such data from institutional records but found that, too often, the records lacked sufficient detail.

### Conclusions

This investigation has illuminated the relationship between early and later lapses

of professionalism in several unique ways: by providing prospectively derived evidence about the long-term sequelae of professionalism lapses in medical school, by offering evidence about outcomes at 2 key points in time, by broadening the array of outcomes typically studied, and by supplying information about the relative predictive value of early problems in professionalism compared with other possible determinants of negative post-medical school performance.

Medical schools face the dilemma of walking a fine line between overreacting and underreacting to students who act nonprofessionally. To respond too strongly or quickly by censoring or dismissing remediable students risks the premature loss of talented potential contributors to the profession. At the opposite extreme is the "failure to fail."<sup>38,39</sup> Taking too permissive an approach may all but guarantee a certain level of professional difficulties among medical school graduates.

This study sets the stage for future efforts to design evidence-based approaches to both prevention and treatment and for ways of considering admissions decisions as well as approaches to and solutions for early nonprofessionalism. We propose that a diverse group of medical schools, working with related organizations and other stakeholders such as the Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, FSMB, and NPDB delineate the variables hypothesized to be most predictive of problems in professionalism; systematically identify forms of remediation used; and engage in systematic, large-scale, and longitudinal data collection. Such an initiative would enable educators to generate evidence-based prediction models that are both sensitive and specific, that are capable of identifying potential future offenders, and that could lead to effective programs of early intervention.

*Dedication:* Dr. Miles Shore passed away in June 2019 at the age of 90, during the editing process of this manuscript. Among his substantial contributions to Harvard Medical School and the broader community, he served for many years as Chair of the HMS Promotion and Review Board. In that role, he was a champion of the value of professionalism in students, and he was both the inspiration for and a coinvestigator in the project that resulted in this publication. We hope that this piece of scholarship will, in a small way, serve to honor his memory and achievements.

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*Ethical approval:* This study was approved on November 4, 2013, by the Office of Human Research Administration of Harvard Medical School on behalf of both study sites (HMS & CWRU), protocol #MOD 13-1223-01.

*Data:* Data from the Federation of State Medical Boards and National Practitioner Data Bank were used with permission, with the understanding that the identification of all participants would be protected.

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## **ANNUAL BUSINESS MEETING MINUTES**

Saturday, May 2, 2020  
Virtual Meeting via ZOOM  
11:00 AM – 1:00 PM Central

### **Fellows Present:**

Jimmy Adams, DO, West Virginia Board of Osteopathic Medicine  
Jim Andriole, DO, Past President, AAOE; Florida Board of Osteopathic Medicine  
Molly Biehl, DO, Montana Board of Medical Examiners  
Alexios Carayannopoulos, DO, Vice President, AAOE; Rhode Island Board of Medical Licensure and Discipline  
Jim DiRenna, DO, Missouri Board of Registration for the Healing  
Jone Geimer-Flanders, DO, Hawaii Medical Board  
Dana Shaffer, DO, Past President, AAOE; Kentucky Board of Medical Licensure  
Scott Thomas, DO, Maine Board of Osteopathic Licensure  
Anna Hayden, DO, Past President, AAOE; Florida Board of Osteopathic Medicine  
Gary Hill, DO, Alabama Board of Medical Examiners  
Ron Januchowski, DO, South Carolina Board of Medical Examiners  
Karen O'Mara, DO, Illinois Division of Professional Regulation  
Geraldine O'Shea, DO, Past President, AAOE; Osteopathic Medical Board of California  
Samir Pancholi, DO, Nevada Osteopathic Board of Medicine  
Hemesh Patel, DO, Osteopathic Medical Board of California  
Joel Rose, DO, Florida Board of Osteopathic Medicine  
Otto Sabando, DO, New Jersey State Board of Medical Examiners  
Sandra Schwemmer, DO, Florida Board of Osteopathic Medicine  
Jill Shaw, DO, Oregon Medical Board  
Amit Shelat, DO, New York State Board for Medicine (Licensure)  
Barby Simmons, DO, Georgia Composite Medical Board  
Ryan Smith, DO, Maine Board of Osteopathic Licensure  
Scott Steingard, DO, Chair, FSMB; Arizona Board of Osteopathic Examiners in Medicine and Surgery  
David Tannehill, DO, Missouri Board of Registration for the Healing  
Barbara E. Walker, DO, Immediate Past President, AAOE; North Carolina Medical Board  
Michael Wieting, DO, Secretary-Treasurer, AAOE; Tennessee Board of Osteopathic Examiners  
Andrew Yuan, DO, Connecticut Medical Examining Board  
Joseph Zammuto, DO, Osteopathic Medical Board of California  
Jan Zieren, DO, Tennessee Board of Osteopathic Examiners

### **Non-Members/Observers Present:**

Humayun J. Chaudhry, DO, President & CEO, Federation of State Medical Boards (FSMB)  
John Gimpel, DO, President & CEO, National Board of Osteopathic Medical Examiners (NBOME)

## **AOA Leaders/Staff:**

Ronald Burns, DO, President

Kim Kuman, Executive Assistant, State Government Affairs

Raine Richards, JD, Director, State Government Affairs

- I. AAOE President J. Michael Wieting, DO called the meeting to order at 11:00 AM.
- II. Dr. Wieting presented the agenda; Anna Hayden, DO made a motion to adopt the agenda; seconded by Jimmy Adams, DO; approved unanimously. Final February 29, 2020 meeting minutes were presented as informational.
- III. **FSMB Candidates, Committees and Workgroups** – J. Michael Wieting, President, AAOE
  - a. Candidates presented as informational:
    - i. Chair-elect: Kenneth B. Simons, MD – Wisconsin
    - ii. Board of Trustees (\*at least 1 non-physician must be elected):
      1. Jeffrey D. Carter, MD – Missouri
      2. Katie L. Templeton, JD – Oklahoma Osteopathic
      3. Barbara E. Walker, DO – North Carolina
      4. Richard A. Whitehouse, JD – Kentucky
      5. Sherif Z. Zaafran, MD – Texas
    - iii. Nominating Committee (\*at least 1 public member must be elected):
      1. Alexander S. Gross, MD – Georgia
      2. Reverend Janet Harman – West Virginia Medical
      3. John “Jake” M. Manahan, JD – Minnesota
      4. J. Michael Wieting, DO – Tennessee Osteopathic
  - b. Committees and Workgroups
    - i. AAOE fellows encouraged to become involved and serve on FSMB committees and workgroups.

## **IV. Affiliate Partners Update**

- a. **Federation of State Medical Boards (FSMB) Update** – Humayun J. Chaudhry, DO, President & CEO, FSMB and Scott Steingard, DO, Chair, FSMB
  - i. Humayun Chaudhry, DO discussed FSMB’s Response to COVID-19:
    1. Mobilized data and advocacy resources to assist states and territories to quickly increase health care workforce
    2. Free access to FSMB Physician Data Center (PDC) to enable hospitals to quickly/accurately verify medical licenses
    3. Creation of Ad Hoc Task Force on Pandemic Preparedness (later renamed Pandemic Response) - February 25, 2020
    4. Development of a COVID-19 website with state-by-state details on waivers of license renewal requirements/deadlines & other resources
    5. Released recommendations for license portability during pandemic
  - ii. State and Territorial – Response to COVID-19
    1. States increasing flexibility by temporarily waiving/modifying medical licensure requirements to meet the needs of their population:
      - a. 49 states - modified medical licensure requirements and/or renewals for out of state health care professionals
      - b. 45 states - modified in-state medical licensure requirements for telehealth from other states

- c. 33 states - expedited licensure for retired or inactive physicians
  - d. 29 states - Interstate Medical Licensure Compact
  - e. 11 states - allow early MD and DO graduates to provide care under the supervision of a licensed physician before July 1, 2020
- iii. New York State Response to COVID-19 – Epicenter
- 1. 100,000 volunteers answered Governor Cuomo’s call for health care workers to treat NY patients
  - 2. FSMB worked with states and territories to help verify credentials of physicians and PAs using FSMB’s Physician Data Center (PDC)
  - 3. The PDC database ([www.DocInfo.org](http://www.DocInfo.org)) includes current and historical medical licensure information for every physician and PA in the U.S.
    - a. Name, DOB, Medical Education, Licensure Status and History, Disciplinary History, Specialty Certification Status
- iv. Coalition for Physician Accountability – April 9, 2020
- 1. FSMB partnered with leaders of the AMA, AOA, CMSS, AAMC, AACOM, ACCME, ACGME, ECFMG, LCME, NBME, and NBOME to issue a consensus statement:
    - a. “Strengthened efforts must be in place to safeguard the public and... protect our nation’s health care workforce during the COVID-19 pandemic so they remain able to meet the public’s needs.”
- v. Lessons Learned
- 1. States and territories need:
    - a. Flexibility to rapidly expand access to quality health care in an emergency
    - b. Accurate/Current Electronic Data & Records
      - i. Along with hospitals, medical boards need the capability to rapidly verify qualifications and credentials of physicians and PAs (through FSMB’s Physician Data Center) who are already licensed in the US
      - ii. Along with medical schools, medical boards need to move beyond paper credentials (“wet” signatures) and transcripts
    - c. Safeguards for the public as well as for health care workers
    - d. Creation of the U.S. Public Health Service’s Ready Reserve Corps under the CARES Act (2020) is timely
- vi. Scott Steingard, DO acknowledged the hard work that has been done by Dr. Chaudhry and FSMB staff during the pandemic.
- b. **National Board of Osteopathic Medical Examiners (NBOME) Update** – John Gimpel, DO, President & CEO, NBOME and Geraldine O’Shea, DO, Board Chair, NBOME
- i. Geraldine O’Shea, DO reviewed NBOME’s mission and an overview of their recent activities
  - ii. John Gimpel, DO presented a review of NBOME’s portfolio across the education, licensure, and practice spectrum
  - iii. Overview of COMLEX exam series
  - iv. Response to COVID-19 and Issues Related to Licensing
    - 1. Exam postponements, self-proctoring and rescheduling discussed

- a. Rescheduling fees waived
  - b. Need to ensure safe testing environments
- v. UME to GME
  - 1. Resources available for the transition from medical school to residency
  - 2. Reach out to Program Directors
    - a. COMLEX-USA Percentile Score Converter
- vi. NRMP Match 2020 (first single GME match)
  - 1. 90.7% of DO seniors matched
  - 2. 81% Fellowship match
- vii. 2020 US Osteopathic Medical Regulatory Summit
  - 1. Summit has been postponed (TBD)
  - 2. Focus of summit will be defining osteopathic distinctiveness
- viii. Hospitals have received financial support – COMs at a disadvantage because the majority do not have affiliated hospitals
- c. **AOA Update** – Raine Richards, JD, Director, AOA State Government Affairs
  - i. Goal of the Bureau of State Government Affairs (BSGA) is to develop policy – Dr. Flanders is the current AAOE representative to the BSGA
  - ii. All 50 states slated to hold legislative sessions this year; COVID-19 has caused 20 to suspend/cancel or postpone sessions, and legislation is focused on COVID-19
  - iii. Federal COVID-19 Advocacy
    - 1. Advocating for:
      - a. Financial Relief
      - b. Medical Liability Reform
      - c. Protections to shield physician volunteers from additional liability for services rendered in response to a disaster
      - d. Student Debt Relief
      - e. Non-Profit Support
      - f. Paid Medical Leave
    - 2. Accomplished:
      - a. Financial Relief
        - i. \$175 billion for providers in areas heavily impacted by pandemic
        - ii. Expanded loans for small businesses
        - iii. Financial relief for federal student loan borrowers
      - b. Telehealth
        - i. Medicare:
          - 1. Increased payment rates for telehealth
          - 2. Expanded telehealth flexibilities (i.e. audio-only)
        - ii. A high-deductible health plan with a health savings account can cover telehealth services
      - c. Liability Protections
        - i. Liability protections shielding physician volunteers from additional liability for services rendered in response to a disaster; a future “ask” will be to extend this to non-volunteer physicians
      - d. Funding for Medical Supplies
        - i. Additional funding allocated for shortages in medical supplies (i.e. ventilators, PPE)

iv. State COVID-19 Advocacy

1. Letters

- a. Requested medical malpractice protections for physicians responding to the COVID-19 emergency in nine states
- b. Requested relief from medical malpractice premiums for physicians in solo or small group practices in nine states
- c. Template letter drafted for state affiliates to use to ask their State Opioid Treatment Authorities to request blanket exceptions from opioid use disorder treatment restrictions from the U.S. Substance Abuse and Mental Health Services Administration

2. Future Advocacy

- a. Extended workers' comp protections for "essential workers" who contract COVID in the course of their employment
- b. Opposition to Medicaid budget cuts
- c. State medical board flexibility in licensing renewal/CME requirements during the state of emergency

**V. AAOE Budget Report – J. Michael Wieting, DO, President, AAOE**

- a. The status of FY20 AAOE budget was shared. Currently, the organization is under budget, largely due to the shift in the Annual Meeting to a virtual format.

**VI. Appointment of AAOE Secretary -Treasurer – J. Michael Wieting, DO, President, AAOE**

- a. Dr. Wieting addressed the vacancy of the AAOE's Secretary -Treasurer position. He asked the Fellows if there was interest in the open position. Hearing none, per the AAOE Bylaws, Dr. Wieting suggested the nomination of Jan D. Zieren, DO, Tennessee Board of Osteopathic Examiners.
  - i. A motion was made to nominate Dr. Zieren for AAOE Secretary-Treasurer by Jone Geimer-Flanders, DO; seconded by Barbara Walker, DO.
  - ii. Dr. Zieren was honored to accept the nomination.
  - iii. Motion carried unanimously.
- b. Dr. Zieren welcomed to the AAOE Executive Committee.

**VII. FSMB Annual Meeting Reports – J. Michael Wieting, DO, President, AAOE**

- a. Dr. Wieting presented the FSMB Annual Meeting reports that would be considered during the FSMB meeting later that afternoon.

**VIII. AOA 2019 Referred and 2015 Sunset Resolutions – Raine Richards, JD, Director, AOA  
State Government Affairs**

- a. Ms. Richards provided relevant policies to the Fellows that will be considered before the 2020 AOA House of Delegates. She encouraged review of the policies and solicited feedback.

**IX. State Roundtable: Medical Licensing Board Activity Related to COVID-19**

- a. The following states provided updates:
  - i. Alabama: Relaxed telemedicine and telehealth requirements; and DEA regulations for practitioners prescribing controlled substances with no history of abuse

- ii. California: Governor relaxed the physician-to-Nurse Practitioner (NP) ratio to 1:4; independent practice for NPs struck down, waiver for CME until pandemic subsides
- iii. Connecticut: Governor mirrored activity in New York and New Jersey to create more access to telemedicine and utilize retired physicians in the pandemic response
- iv. Florida: The Licensure Modernization Act is awaiting the Governor's signature
- v. Georgia: Remote board meetings; relaxing telehealth requirements and license renewal requirements for 2020 and 2021
- vi. Hawaii: Medical Practice Act suspended March 14, 2020; all license renewals are due June 30, 2020; waiting for the Governor's decision
- vii. Kentucky: Executive Order by the Governor; expediting licenses and reaching out to retired physicians
- viii. Maine: PAs granted independent practice; brief respite from the push toward a composite medical board
- ix. Missouri: Executive Order from Governor on March 15, 2020; board holding licensing, malpractice and operational meetings virtually
- x. Montana: No CME requirements above those required by a DO's Certifying Board (if any)
- xi. New Jersey: Executive Order by the Governor for emergency licensure for foreign physicians; retired physicians asked to come back
- xii. New York: Epicenter of the pandemic; Governor issuing Executive Orders on a daily basis; been liberal with allowing providers to practice without NY licenses; expiring licenses automatically extended for six months; CME is a non-issue as it is audit based; reached out to retired physicians
- xiii. North Carolina: Virtual meetings being held successfully
- xiv. Oregon: Virtual board meetings held; CME is audit-based
- xv. Rhode Island: Board still holding disciplinary meetings; considering field/alternative hospitals
- xvi. South Carolina: Administrative meetings held; no disciplinary activity

#### **X. Announcements/Adjournment**

- a. Dr. Wieting announced that the AOA House of Delegates (HOD) meeting has been rescheduled for October 13-14 in Austin, TX. More information about the AAOE Business Meeting that is normally held in conjunction with the HOD will be sent out as it becomes available. AOA event updates can be viewed [here](#).
- b. Support was suggested for FSMB candidates Barbara Walker, DO (Board of Directors); J. Michael Wieting, DO (Nominating Committee); Katie Templeton, JD, Oklahoma State Board of Osteopathic Examiners (Board of Directors)
- c. Dr. Wieting asked for a motion to adjourn. Otto Sabando, DO made a motion to adjourn, seconded by Dr. Walker.
- d. Meeting adjourned at 1:02 PM by Dr. Wieting.

## MEETING MINUTES SUMMARY

### COUNCIL ON PHYSICIAN ASSISTANTS TELECONFERENCE FLORIDA BOARD OF MEDICINE June 4, 2020

The Council was called to order at 2:02 p.m. and reviewed 4 licensure cases.

**Approved for Licensure: 2**

Tabs 1 and 3

**Tabled: 1**

Tab 2

**Denied Request to Lift Condition (direct supervision for 6 months): 1**

Tab 4

### **Approval of April 2, 2020 Meeting Minutes**

The Council recommended approval of the minutes for the meeting held on April 2, 2020. The motion was seconded and carried unanimously.

### **Approved List of Full and Temporary Physician Assistants Licenses issued March 5, 2020 – May 13, 2020**

A motion was made to ratify the licensure list from the agenda. The motion was seconded and carried unanimously.

### **RULES DISCUSSION**

#### **Tab 7 – Rules Discussion**

Purpose: To delete the 16-credit hour graduate clerkship since it is no longer offered at Nova Southeastern University and replace it with proof of recertification by NCCPA.

**Rule 64B8-30.005, F.A.C. – Physician Assistant Licensure Renewal and Reactivation – Board of Medicine**

**Rule 64B15-6.0035, F.A.C. – Physician Assistant Licensure Renewal and Reactivation – Board of Osteopathic Medicine**

After discussion, a motion was made, seconded, and carried unanimously to approve the modifications to the rules, 64B8-30.005 and 64B15-6.0035, F.A.C. A motion was made and seconded that the proposed rules will not have an adverse impact on small business and will not likely to directly or indirectly increase regulatory costs to any entity in excess of \$200,000 in the aggregate in Florida within one year after the implementation of the rule. The Council also voted “no” to minor violation and “no” to adding a sunset provision to this rule. The motion carried 5/0.

**Tab 8 – Rules Discussion**

Purpose: To implement the legislative change as it relates to HB115.

**Rule 64B8-30.003, F.A.C. – Physician Assistant Licensure- Board of Medicine**

**Rule 64B15-6.003, F.A.C. – Physician Assistant Licensure – Board of Osteopathic Medicine**

After the discussion, a motion was made, seconded, and carried unanimously to open for rule development, 64B8-30.003 and 64B15-6.003, F.A.C. provided that HB 115 is signed into law. A motion was made and seconded that the proposed rules will not have an adverse impact on small business and will not likely to directly or indirectly increase regulatory costs to any entity in excess of \$200,000 in the aggregate in Florida within one year after the implementation of the rule. The Council also voted “no” to minor violation and “no” to adding a sunset provision to this rule. The motion carried 5/0.

**COUNCIL BUSINESS**

There was no council business for discussion.

**NEW BUSINESS**

There was no new business for discussion.

The meeting adjourned at 3:26 p.m.

**MEETING MINUTES**  
**COUNCIL ON PHYSICIAN ASSISTANTS TELECONFERENCE**  
**FLORIDA BOARD OF MEDICINE**  
**June 4, 2020**

**Teleconference Call In Number**

**Toll Free: 1-888-585-9008**

**Conference Room Number:**

**432 162 565 #**

To accommodate individuals required to appear before the Council, the Chair may adjust the sequence of the agenda items. The minutes reflect the actual sequence of events rather than the original agenda order.

Ms. Alonso called the meeting to order at 2:02 p.m. Those present included the following:

**Members Present:**

Dayne Alonso, PA-C – Chair  
David Diamond, MD – Vice-Chair  
Joel Rose, DO  
Luz Pages, MD  
Jorge Lopez, MD

**Staff Present:**

Claudia Kemp, Executive Director  
Wendy Alls, Program Operations Administrator

**Court Reporter:**

Lindsey Sampson, Court Reporter  
[kay@tallahasseecourtreporting.com](mailto:kay@tallahasseecourtreporting.com)  
1500 Mahan Drive, Suite 140  
Tallahassee, FL 32308  
Phone: (850) 222-5491

**Board Counsel:**

Donna McNulty, Esquire  
Nancy Murphy, Certified Paralegal

**PERSONAL APPEARANCES**

**Tab 1 – Katie Riegler, PA-C**

Issue(s):

Alabama Medical Board Action  
Health History

The applicant was present. After discussion, a motion was made to approve the application for licensure. The motion was seconded, which carried 5/0.

Action Taken: The Council voted to approve the application for licensure.

**Tab 2 – Dominic Salvatore Ascioti, PA-C**

Issue(s):

- New York Medical Board Action
- Health History
- Criminal History
- Pending Malpractice Case

The applicant was present. After discussion, a motion was made to table the application for up to six (6) months pending the evaluation and recommendation from PRN and require the applicant to reappear before the Council on Physician Assistants. The motion was seconded, which carried 5/0. The applicant waived the 90-day requirement.

Action Taken: The Council voted to table the application for up to six (6) months pending the evaluation and recommendation from PRN and require the applicant to reappear before the Council on Physician Assistants.

**Tab 3 – Jennifer Lynn DeFilippo, PA-C**

Issue(s):

- New York Medical Board Action
- Health History
- Criminal History

The applicant was present. After discussion, a motion was made to approve the application for licensure. The motion was seconded, which carried 4/1.

Action Taken: The Council voted to approve the application for licensure.

**INDIVIDUAL CONSIDERATIONS**

**Tab 4 – Michelle Vorce Laguens, PA-C**

Issue(s): Request to lift condition of direct supervision for six (6) months

The applicant was present. The Council made a motion to deny the request to lift the condition of direct supervision for six (6) months. The motion was seconded, which carried, 5/0.

Action Taken: The Council voted to deny the request to lift the condition of direct supervision for six (6) months.

**Tab 5 - Approval of April 2, 2020 Meeting Minutes**

The Council recommended approval of the minutes for the meeting held on April 2, 2020. The motion was seconded and carried unanimously.

Action Taken: The Council voted to approve the minutes for the meeting held on April 2, 2020.

**Tab 6 - List of Full and Temporary Physician Assistants Licenses issued March 5, 2020 – May 13, 2020**

A motion was made to ratify the licensure list from the agenda. The motion was seconded and carried unanimously.

Action Taken: The Council voted to ratify the list of licensees.

**Tab 7 – Rules Discussion**

**Rule 64B8-30.005, F.A.C. – Physician Assistant Licensure Renewal and Reactivation – Board of Medicine**  
**Rule 64B15-6.0035, F.A.C. – Physician Assistant Licensure Renewal and Reactivation – Board of Osteopathic Medicine**

After discussion, a motion was made, seconded, and carried unanimously to approve the modifications to the rules, 64B8-30.005 and 64B15-6.0035, F.A.C. A motion was made and seconded that the proposed rules will not have an adverse impact on small business and will not likely to directly or indirectly increase regulatory costs to any entity in excess of \$200,000 in the aggregate in Florida within one year after the implementation of the rule. The Council also voted “no” to minor violation and “no” to adding a sunset provision to this rule. The motion carried 5/0.

**Tab 8 – Rules Discussion**

**Rule 64B8-30.003, F.A.C. – Physician Assistant Licensure- Board of Medicine**  
**Rule 64B15-6.003, F.A.C. – Physician Assistant Licensure – Board of Osteopathic Medicine**

After the discussion, a motion was made, seconded, and carried unanimously to open for rule development, 64B8-30.003 and 64B15-6.003, F.A.C. provided that HB 115 is signed into law. A motion was made and seconded that the proposed rules will not have an adverse impact on small business and will not likely to directly or indirectly increase regulatory costs to any entity in excess of \$200,000 in the aggregate in Florida within one year after the implementation of the rule. The Council also voted “no” to minor violation and “no” to adding a sunset provision to this rule. The motion carried 5/0.

**FYI -** The Council briefly discussed HB 115 and HB 713 and the legislative summary.

**COUNCIL BUSINESS**

There was no council business for discussion.

**NEW BUSINESS**

There was no new business for discussion.

The meeting adjourned at 3:26 p.m.

## **ROLL CALL**

Florida Board of Medicine  
Credentials Committee Teleconference  
June 4, 2020

### **Teleconference Number**

**Toll Free: 1-888-585-9008**

### **Conference Room #:**

**432 162 565 #**

**Start: 8:01 AM**

**Licensure cases ended: 12:15 PM**

**Adjourned: 12:22 PM**

| <b>Member/Staff</b>                                 | <b>Present</b> | <b>Absent</b> | <b>Arrived</b> |
|-----------------------------------------------------|----------------|---------------|----------------|
| <b>Robert London, MD - Chair</b>                    | <b>X</b>       |               |                |
| <b>Scot Ackerman, MD – Vice Chair</b>               | <b>X</b>       |               |                |
| <b>Hector Vila, MD</b>                              | <b>X</b>       |               |                |
| <b>Mr. Andre Perez, Consumer Member</b>             | <b>X</b>       |               |                |
| <b>Eleonor Pimentel, MD</b>                         | <b>X</b>       |               |                |
| <b>Donna McNulty, Esquire Board Counsel</b>         | <b>X</b>       |               |                |
| <b>Claudia Kemp, Executive Director</b>             | <b>X</b>       |               |                |
| <b>Wendy Alls, Program Operations Administrator</b> | <b>X</b>       |               |                |

**BOARD OF PHARMACY  
JOINT RULES COMMITTEE  
RULES WORKSHOP  
July 29, 2020  
9:00 A.M. ET  
Call In Number: (888) 585-9008  
Conference Code: 599-196-982(#)**

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

**I. CALL TO ORDER/ROLL CALL**

**MEMBERS PRESENT**

Jeffrey Mesaros, PharmD, JD, Chair  
Jeenu Philip, BPharm,  
Jonathan Hickman, PharmD  
Mark Mikhael, PharmD  
David Wright, BPharm

**BOARD OF MEDICINE MEMBERS:**

Hector Vila, MD

**STAFF PRESENT**

Jessica Sapp, Executive Director  
Traci Zeh, Program Administrator

**BOARD COUNSEL**

David Flynn, Esq.  
Senior Assistant Attorney General  
Christopher Dierlam, Esq.  
Assistant Attorney General

**BOARD OF OSTEOPATHIC MEDICINE MEMBERS:**

Joel B. Rose, DO  
Michelle R. Mendez, DO

**COURT REPORTER**

For the Record  
150 Mahan Drive, Suite 140  
Tallahassee, FL 32308  
(850) 222-5491  
(850) 224-5316 (Fax)

**II. RULES DEVELOPMENT WORKSHOP**

- a. 64B16-31.007, F.A.C., Collaborative Practice Certification: Chronic Health Conditions
- b. 64B16-31.039, F.A.C., Test and Treat Certification: Formulary of Medicinal Drugs

**III. RULES DISCUSSION**

- a. HB 389 Practice of Pharmacy
  - i. Chapter 64B16-31, F.A.C., Collaborative Practice and Test and Treat Certifications

**IV. ADJOURNMENT**

**BOARD OF PHARMACY  
JOINT RULES COMMITTEE  
RULES WORKSHOP  
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Senior Assistant Attorney General  
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Assistant Attorney General

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**III. RULES DISCUSSION**

- a. HB 389 Practice of Pharmacy
  - i. Chapter 64B16-31, F.A.C., Collaborative Practice and Test and Treat Certifications

**IV. ADJOURNMENT**

## **64B16-31.007 Collaborative Practice Certification: Chronic Health Conditions.**

Pursuant to Section 465.1865, F.S., the Board hereby adopts the following list of chronic health conditions for which a pharmacist certified pursuant to section 465.1865, F.S., can provide specified patient care services to patients of a collaborating physician pursuant to a pending Collaborative Pharmacy Practice Agreement:

- 1) Hyperlipidemia;
- 2) Hypertension;
- 3) Anti-coagulation management;
- 4) Smoking cessation;
- 5) Osteoporosis and Osteoarthritis;
- 6) Opioid use disorder; and
- 7) Those chronic health conditions enumerated in section 465.1865(1)(b), F.S.
- 8) Any disease state that is expected to last greater than one (1) year or more and will require ongoing medical treatment and drug therapy services.

### **64B16-31.039 Test and Treat Certification: Formulary of Medical Drugs**

(1) Pursuant to section 465.1895, F.S., the Board hereby incorporates all medicinal drugs approved by the United States Food and Drug Administration (“FDA”) as the formulary of medicinal drugs that a pharmacist may prescribe pursuant to a written test and treat protocol.

~~(b) All compounded medicinal drugs that utilize only active pharmaceutical ingredients approved by the FDA.~~

(2) A pharmacist may not prescribe controlled substances as described in s. 893.03 or 21 U.S.C. s. 812.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

## Zeh, Traci

---

**Subject:** FW: Proposed Rule 64B16-31.007

**From:** Sapp, Jessica

**Sent:** Thursday, July 2, 2020 12:29 PM

**To:** 'Mary Thomas' <[MThomas@flmedical.org](mailto:MThomas@flmedical.org)>; [nulandlaw@aol.com](mailto:nulandlaw@aol.com); [David.Flynn@myfloridalegal.com](mailto:David.Flynn@myfloridalegal.com)

**Cc:** Winn, Jason D. <[jwinn@jwinnlaw.com](mailto:jwinn@jwinnlaw.com)>

**Subject:** RE: Proposed Rule 64B16-31.007

Good afternoon,

This is to inform you that a rule development workshop on proposed rules 64B16-31.007, F.A.C. and 31.039, F.A.C. has been scheduled in conjunction with our joint rules committee meeting for Wednesday, July 29, 2020 at 9:00 a.m.

Regards,

**Jessica Sapp**

**Executive Director**

Department of Health | Division of Medical Quality Assurance

Bureau of Health Care Practitioner Regulation

4052 Bald Cypress Way Bin C-04

Tallahassee, FL 32399-1708

Phone 850/245-4463

[www.FloridasDentistry.gov](http://www.FloridasDentistry.gov)

[www.FloridasPharmacy.gov](http://www.FloridasPharmacy.gov)



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---

**From:** Mary Thomas <[MThomas@flmedical.org](mailto:MThomas@flmedical.org)>

**Sent:** Monday, June 29, 2020 12:34 PM

**To:** [nulandlaw@aol.com](mailto:nulandlaw@aol.com); Sapp, Jessica <[Jessica.Sapp@flhealth.gov](mailto:Jessica.Sapp@flhealth.gov)>; [David.Flynn@myfloridalegal.com](mailto:David.Flynn@myfloridalegal.com)

**Cc:** Winn, Jason D. <[jwinn@jwinnlaw.com](mailto:jwinn@jwinnlaw.com)>

**Subject:** RE: Proposed Rule 64B16-31.007

Ms. Sapp,

On behalf of the Florida Medical Association and the Florida Osteopathic Medical Association, I would like to echo Mr. Nuland's comments and concerns and formally request a rule development workshop on the proposed rules within Chapter 64B16-31, F.A.C.

Thank you,

Mary



Mary Thomas, Esq.  
Assistant General Counsel  
1430 Piedmont Dr. E  
Tallahassee, FL 32308  
850.224.6496  
[www.flmedical.org](http://www.flmedical.org)  
[facebook](#) | [twitter](#) | [linkedin](#)

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---

**From:** CHRIS NULAND <[nulandlaw@aol.com](mailto:nulandlaw@aol.com)>  
**Sent:** Monday, June 29, 2020 11:56 AM  
**To:** [Jessica.Sapp@flhealth.gov](mailto:Jessica.Sapp@flhealth.gov); [David.Flynn@myfloridalegal.com](mailto:David.Flynn@myfloridalegal.com)  
**Subject:** Proposed Rule 64B16-31.007

**This message came from an external source. Please do not click LINKS if unexpected or unusual.**

**Law Offices of Christopher L. Nuland, P.A.**  
4427 Herschel Street  
Jacksonville, FL 32210  
(904) 355-1555  
[nulandlaw@aol.com](mailto:nulandlaw@aol.com)

Dear Ms. Sapp:

Thank you for the opportunity to have spoken briefly at last week's Board of Pharmacy Rules Committee meeting with regard to the above rule.

As I and my clients believe that questions still remain as to whether the existence of subsection (8) is supported by sufficient statutory authority, is arbitrary and capricious in its wording, as well as whether the addition of certain diseases has been supported by competent substantial evidence, the Florida Chapter of the American College of Physicians and the Florida Academy of Family Physicians would like to request a formal workshop on the proposed rule.

Thank you for your time and consideration of this request, and I hope you all stay well.

Sincerely,

CHRIS NULAND  
[nulandlaw@aol.com](mailto:nulandlaw@aol.com)

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# FLORIDA SOCIETY OF RHEUMATOLOGY

4909 Lannie Road, Suite B | Jacksonville, FL 32218

Fsr@fsrmd.org | Phone: (904) 765-7004 | Fax: (904) 765-7767 | www.floridarheumatology.org

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JEANNE TORBETT, CMP, CMMM  
Executive Director

TEENA DIOTTE  
Executive Manager

Thursday, July 2, 2020

Florida Board of Pharmacy  
4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32399-3258

## RE: Rule Making Authority 465.1865, 64B16-31.007 Collaborative Practice Certification – Chronic Health Conditions

Dear Board of Pharmacy Committee Members,

The Florida Society of Rheumatology (FSR) represents the physicians and other medical professionals practicing rheumatology in the state of Florida and facilitates the recognition of the role of the rheumatologist as the provider of choice for patients with arthritis, chronic pain, osteoporosis, and musculoskeletal disease.

We manage a select, specific group of highly complex autoimmune diseases that require specialized medications that modulate the immune system - much like oncologists who use chemotherapy, immunomodulatory and at times immunosuppressive medications to treat cancer. These medications have specific indications, target the immune system, and have to prescribe with great care and consideration to the appropriate patient, in order to maximize effectiveness and minimize side effects.

In response to the Collaborative Practice Certification – Chronic Health Conditions, the FSR respectfully requests that **section (8) eight, “any disease state that is expected to last greater than (1) year or more and will require ongoing medical treatment and drug therapy services”** be deleted from the proposed rule. The FSR agrees that the Board of Pharmacy has the authority to approve certain chronic health conditions, but to unilaterally allow all chronic health conditions to be subjected to this agreement raises serious concerns for the care and safety of our patient community.

FSR believes the Board of Pharmacy shares our concern to protect the health, safety and welfare of our unique patient population, and each condition should be considered prior to inclusion. Just because a health condition is expected to last greater than (1) year, does nothing in the consideration as to if the disease state lends itself well to a written constraints of collaborative practice and if comorbidities outside the chronic condition also need to be part of the management of the drug therapies in question.



@FloridaRheums

After all, the pharmacist is not managing the disease, but the drug therapies to be used in treating that disease, and the pharmacist does not go to school or have the required training to be a specialist in any one disease type, so we believe training must be added to the CME requirements for each disease state added.

Furthermore, the FSR opposes the BOP from including **“osteoporosis” in section (5) five of the Collaborative Practice Certification – Chronic Health Conditions**. There are many choices in the treatment of osteoporosis. The choice of the right treatment depends on the severity of the disease as well as comorbidities. It is not a simple decision in many cases whether the patient should or should not receive treatment. There are many drug choices for therapy in osteoporosis. The choice of which drug should be used not only depends on the severity of disease but also other additional diseases the patient may have, or comorbidities. So, the choice of which drug to use in a specific patient is a complex decision, within a mostly elder and fragile patient population.

The diagnosis must be verified by thorough review of the patient’s history, bone mineral density scan results and often, imaging study. Cognitive evaluation is also done by the physician to verify the diagnosis and severity of disease to select the right drug. After verifying that the diagnosis is, in fact, osteoporosis, the patient’s history of related comorbidities is determined and the severity of each of those must be ascertained to select the medication which will not only be the most effective, but importantly, the safest for that unique patient.

Osteoporosis is complex to manage and could result in permanent negative patient outcomes if treated improperly. There are a number of underlying causes/contributing factors for osteoporosis which must be evaluated and treated differently for optimal treatment results. We oppose the management of this condition by consulting pharmacists, and this disease does not fit into a simple algorithm of care such as the other conditions contemplated under a collaborative agreement.

We do not object to **“osteoarthritis” being included in section (5) five**. When treating osteoarthritis, care pathways are more straightforward algorithms of care, conducive to a collaborative agreement.

However, many of our patients have arthritis that represents an inflammatory and/or autoimmune disease. These are complex diseases that even physicians outside of our specialty do not manage. These diseases require complex assessments to ascertain whether the current treatment is effective and safe. Conducting these assessments is not simple and straightforward. It is often not obvious whether a treatment regimen should be changed. It takes specialized training and experience to be skilled enough to conduct these assessments competently.

In the case of the best known of these diseases, rheumatoid arthritis, such assessment includes obtaining validated patient reported outcomes, conducting a physical exam including a swollen and tender joint count, as well as review of radiology and laboratory findings. Synthesizing this information and then making the decision whether treatment should be changed is something that is beyond the scope of a consulting pharmacist. After the decision is made to change therapy, the decision of what the next best treatment regimen is also complex. This capacity takes experience and specialized training, beyond the scope of a consulting pharmacist.

Other examples of complex inflammatory and autoimmune diseases that FSR believes should not be managed by a consulting pharmacist include systemic lupus erythematosus and psoriatic arthritis. This is not an inclusive list as there are many more diseases in this category of inflammatory and autoimmune

arthritis. It is the firm opinion of FSR that Consulting Pharmacists should not be allowed to manage these forms of inflammatory and autoimmune diseases.

FSR stands committed in working with the Florida Board of Pharmacy in helping provide the best treatment options for Floridians with chronic conditions. Toward that end, please include us as an interested party in any future communications regarding the proposed rule. Thank you for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read 'G. Valenzuela', is positioned above the typed name.

Guillermo J. Valenzuela, MD  
President  
Florida Society of Rheumatology

ENROLLED

CS/HB 389, Engrossed 1

2020 Legislature

1  
2 An act relating to the practice of pharmacy; amending  
3 s. 381.0031, F.S.; requiring specified licensed  
4 pharmacists to report certain information relating to  
5 public health to the Department of Health; amending s.  
6 465.003, F.S.; revising the definition of the term  
7 "practice of the profession of pharmacy"; creating s.  
8 465.1865, F.S.; providing definitions; providing  
9 requirements for pharmacists to provide services under  
10 a collaborative pharmacy practice agreement; requiring  
11 the terms and conditions of such agreement to be  
12 appropriate to the training of the pharmacist and the  
13 scope of practice of the physician; requiring  
14 notification to the board upon practicing under a  
15 collaborative pharmacy practice agreement; requiring  
16 pharmacists to submit a copy of the signed  
17 collaborative pharmacy practice agreement to the Board  
18 of Pharmacy; providing for the maintenance of patient  
19 records for a certain period of time; providing for  
20 renewal of such agreement; requiring a pharmacist and  
21 the collaborating physician to maintain on file and  
22 make available the collaborative pharmacy practice  
23 agreement; prohibiting certain actions relating to  
24 such agreement; requiring specified continuing  
25 education for a pharmacist who practices under a

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26 | collaborative pharmacy practice agreement; requiring  
27 | the Board of Pharmacy to adopt rules in consultation  
28 | with the Board of Medicine and the Board of  
29 | Osteopathic Medicine; creating s. 465.1895, F.S.;  
30 | requiring the Board of Pharmacy to identify minor,  
31 | nonchronic health conditions that a pharmacist may  
32 | test or screen for and treat; providing requirements  
33 | for a pharmacist to test or screen for and treat  
34 | minor, nonchronic health conditions; requiring the  
35 | board to develop a formulary of medicinal drugs that a  
36 | pharmacist may prescribe; providing requirements for  
37 | the written protocol between a pharmacist and a  
38 | supervising physician; prohibiting a pharmacist from  
39 | providing certain services under certain  
40 | circumstances; requiring a pharmacist to complete a  
41 | specified amount of continuing education; providing  
42 | additional requirements for pharmacists and pharmacies  
43 | providing testing and screening services; providing  
44 | for applicability; providing an effective date.

45 |  
46 | Be It Enacted by the Legislature of the State of Florida:

47 |  
48 | Section 1. Subsection (2) of section 381.0031, Florida  
49 | Statutes, is amended to read:

50 | 381.0031 Epidemiological research; report of diseases of

ENROLLED

CS/HB 389, Engrossed 1

2020 Legislature

51 | public health significance to department.—

52 |       (2) Any practitioner licensed in this state to practice  
 53 | medicine, osteopathic medicine, chiropractic medicine,  
 54 | naturopathy, or veterinary medicine; any licensed pharmacist  
 55 | authorized under a protocol with a supervising physician under  
 56 | s. 465.1895, or a collaborative pharmacy practice agreement, as  
 57 | defined in s. 465.1865, to perform or order and evaluate  
 58 | laboratory and clinical tests; any hospital licensed under part  
 59 | I of chapter 395; or any laboratory appropriately certified by  
 60 | the Centers for Medicare and Medicaid Services under the federal  
 61 | Clinical Laboratory Improvement Amendments and the federal rules  
 62 | adopted thereunder which diagnoses or suspects the existence of  
 63 | a disease of public health significance shall immediately report  
 64 | the fact to the Department of Health.

65 |       Section 2. Subsection (13) of section 465.003, Florida  
 66 | Statutes, is amended to read:

67 |       465.003 Definitions.—As used in this chapter, the term:

68 |       (13) "Practice of the profession of pharmacy" includes  
 69 | compounding, dispensing, and consulting concerning contents,  
 70 | therapeutic values, and uses of any medicinal drug; consulting  
 71 | concerning therapeutic values and interactions of patent or  
 72 | proprietary preparations, whether pursuant to prescriptions or  
 73 | in the absence and entirely independent of such prescriptions or  
 74 | orders; and conducting other pharmaceutical services. For  
 75 | purposes of this subsection, "other pharmaceutical services"

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CS/HB 389, Engrossed 1

2020 Legislature

76 | means the monitoring of the patient's drug therapy and assisting  
77 | the patient in the management of his or her drug therapy, and  
78 | includes review of the patient's drug therapy and communication  
79 | with the patient's prescribing health care provider as licensed  
80 | under chapter 458, chapter 459, chapter 461, or chapter 466, or  
81 | similar statutory provision in another jurisdiction, or such  
82 | provider's agent or such other persons as specifically  
83 | authorized by the patient, regarding the drug therapy; and  
84 | initiating, modifying, or discontinuing drug therapy for a  
85 | chronic health condition under a collaborative pharmacy practice  
86 | agreement. ~~However,~~ Nothing in this subsection may be  
87 | interpreted to permit an alteration of a prescriber's  
88 | directions, the diagnosis or treatment of any disease, the  
89 | initiation of any drug therapy, the practice of medicine, or the  
90 | practice of osteopathic medicine, unless otherwise permitted by  
91 | law or specifically authorized by s. 465.1865 or s. 465.1895.  
92 | "Practice of the profession of pharmacy" also includes any other  
93 | act, service, operation, research, or transaction incidental to,  
94 | or forming a part of, any of the foregoing acts, requiring,  
95 | involving, or employing the science or art of any branch of the  
96 | pharmaceutical profession, study, or training, and shall  
97 | expressly permit a pharmacist to transmit information from  
98 | persons authorized to prescribe medicinal drugs to their  
99 | patients. The practice of the profession of pharmacy also  
100 | includes the administration of vaccines to adults pursuant to s.

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2020 Legislature

101 465.189, the testing or screening for and treatment of minor,  
 102 nonchronic health conditions pursuant to s. 465.1895, and the  
 103 preparation of prepackaged drug products in facilities holding  
 104 Class III institutional pharmacy permits.

105 Section 3. Section 465.1865, Florida Statutes, is created  
 106 to read:

107 465.1865 Collaborative pharmacy practice for chronic  
 108 health conditions.-

109 (1) For purposes of this section, the term:

110 (a) "Collaborative pharmacy practice agreement" means a  
 111 written agreement between a pharmacist who meets the  
 112 qualifications of this section and a physician licensed under  
 113 chapter 458 or chapter 459 in which a collaborating physician  
 114 authorizes a pharmacist to provide specified patient care  
 115 services to the collaborating physician's patients.

116 (b) "Chronic health condition" means:

117 1. Arthritis;

118 2. Asthma;

119 3. Chronic obstructive pulmonary diseases;

120 4. Type 2 diabetes;

121 5. Human immunodeficiency virus or acquired immune  
 122 deficiency syndrome;

123 6. Obesity; or

124 7. Any other chronic condition adopted in rule by the  
 125 board, in consultation with the Board of Medicine and Board of

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CS/HB 389, Engrossed 1

2020 Legislature

126 Osteopathic Medicine.

127 (2) To provide services under a collaborative pharmacy  
128 practice agreement, a pharmacist must be certified by the board,  
129 according to the rules adopted by the board in consultation with  
130 the Board of Medicine and the Board of Osteopathic Medicine. To  
131 be certified, a pharmacist must, at a minimum:

132 (a) Hold an active and unencumbered license to practice  
133 pharmacy in this state.

134 (b) Have earned a degree of doctor of pharmacy or have  
135 completed 5 years of experience as a licensed pharmacist.

136 (c) Have completed an initial 20-hour course approved by  
137 the board, in consultation with the Board of Medicine and Board  
138 of Osteopathic Medicine, that includes, at a minimum,  
139 instruction on the following:

140 1. Performance of patient assessments.

141 2. Ordering, performing, and interpreting clinical and  
142 laboratory tests related to collaborative pharmacy practice.

143 3. Evaluating and managing diseases and health conditions  
144 in collaboration with other health care practitioners.

145 4. Any other area required by board.

146 (d) Maintain at least \$250,000 of professional liability  
147 insurance coverage. However, a pharmacist who maintains  
148 professional liability insurance coverage pursuant to s.  
149 465.1895 satisfies this requirement.

150 (e) Have established a system to maintain records of all

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2020 Legislature

151 patients receiving services under a collaborative pharmacy  
152 practice agreement for a period of 5 years from each patient's  
153 most recent provision of service.

154 (3) The terms and conditions of the collaborative pharmacy  
155 practice agreement must be appropriate to the pharmacist's  
156 training and the services delegated to the pharmacist must be  
157 within the collaborating physician's scope of practice. A copy  
158 of the certification issued under subsection (2) must be  
159 included as an attachment to the collaborative pharmacy practice  
160 agreement.

161 (a) A collaborative pharmacy practice agreement must  
162 include the following:

163 1. Name of the collaborating physician's patient or  
164 patients for whom a pharmacist may provide services.

165 2. Each chronic health condition to be collaboratively  
166 managed.

167 3. Specific medicinal drug or drugs to be managed by the  
168 pharmacist for each patient.

169 4. Circumstances under which the pharmacist may order or  
170 perform and evaluate laboratory or clinical tests.

171 5. Conditions and events upon which the pharmacist must  
172 notify the collaborating physician and the manner and timeframe  
173 in which such notification must occur.

174 6. Beginning and ending dates for the collaborative  
175 pharmacy practice agreement and termination procedures,

ENROLLED

CS/HB 389, Engrossed 1

2020 Legislature

176 | including procedures for patient notification and medical  
177 | records transfers.

178 | 7. A statement that the collaborative pharmacy practice  
179 | agreement may be terminated, in writing, by either party at any  
180 | time.

181 | (b) A collaborative pharmacy practice agreement shall  
182 | automatically terminate 2 years after execution if not renewed.

183 | (c) The pharmacist, along with the collaborating  
184 | physician, must maintain on file the collaborative pharmacy  
185 | practice agreement at his or her practice location, and must  
186 | make such agreements available to the department or board upon  
187 | request or inspection.

188 | (d) A pharmacist who enters into a collaborative pharmacy  
189 | practice agreement must submit a copy of the signed agreement to  
190 | the board before the agreement may be implemented.

191 | (4) A pharmacist may not:

192 | (a) Modify or discontinue medicinal drugs prescribed by a  
193 | health care practitioner with whom he or she does not have a  
194 | collaborative pharmacy practice agreement.

195 | (b) Enter into a collaborative pharmacy practice agreement  
196 | while acting as an employee without the written approval of the  
197 | owner of the pharmacy.

198 | (5) A physician may not delegate the authority to initiate  
199 | or prescribe a controlled substance as described in s. 893.03 or  
200 | 21 U.S.C. s. 812 to a pharmacist.

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201           (6) A pharmacist who practices under a collaborative  
 202 pharmacy practice agreement must complete an 8-hour continuing  
 203 education course approved by the board that addresses issues  
 204 related to collaborative pharmacy practice each biennial  
 205 licensure renewal in addition to the continuing education  
 206 requirements under s. 465.009. A pharmacist must submit  
 207 confirmation of having completed such course when applying for  
 208 licensure renewal. A pharmacist who fails to comply with this  
 209 subsection shall be prohibited from practicing under a  
 210 collaborative pharmacy practice agreement under this section.

211           (7) The board, in consultation with the Board of Medicine  
 212 and the Board of Osteopathic Medicine, shall adopt rules  
 213 pursuant to ss. 120.536(1) and 120.54 to implement this section.

214           Section 4. Section 465.1895, Florida Statutes, is created  
 215 to read:

216           465.1895 Testing or screening for and treatment of minor,  
 217 nonchronic health conditions.—

218           (1) A pharmacist may test or screen for and treat minor,  
 219 nonchronic health conditions within the framework of an  
 220 established written protocol with a supervising physician  
 221 licensed under chapter 458 or chapter 459. For purposes of this  
 222 section, a minor, nonchronic health condition is typically a  
 223 short-term condition that is generally managed with minimal  
 224 treatment or self-care, and includes:

225           (a) Influenza.

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226        (b) Streptococcus.  
 227        (c) Lice.  
 228        (d) Skin conditions, such as ringworm and athlete's foot.  
 229        (e) Minor, uncomplicated infections.  
 230        (2) A pharmacist who tests or screens for and treats  
 231 minor, nonchronic health conditions under this section must:  
 232        (a) Hold an active and unencumbered license to practice  
 233 pharmacy in the state.  
 234        (b) Hold a certification issued by the board to test and  
 235 screen for and treat minor, nonchronic health conditions, in  
 236 accordance with requirements established by the board in rule in  
 237 consultation with the Board of Medicine and Board of Osteopathic  
 238 Medicine. The certification must require a pharmacist to  
 239 complete, on a one-time basis, a 20-hour education course  
 240 approved by the board in consultation with the Board of Medicine  
 241 and the Board of Osteopathic Medicine. The course, at a minimum,  
 242 must address patient assessments; point-of-care testing  
 243 procedures; safe and effective treatment of minor, nonchronic  
 244 health conditions; and identification of contraindications.  
 245        (c) Maintain at least \$250,000 of liability coverage. A  
 246 pharmacist who maintains liability coverage pursuant to s.  
 247 465.1865 satisfies this requirement.  
 248        (d) Report a diagnosis or suspected existence of a disease  
 249 of public health significance to the department pursuant to s.  
 250 381.0031.

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251 (e) Upon request of a patient, furnish patient records to  
 252 a health care practitioner designated by the patient.

253 (f) Maintain records of all patients receiving services  
 254 under this section for a period of 5 years from each patient's  
 255 most recent provision of service.

256 (3) The board shall adopt, by rule, a formulary of  
 257 medicinal drugs that a pharmacist may prescribe for the minor,  
 258 nonchronic health conditions approved under subsection (1). The  
 259 formulary must include medicinal drugs approved by the United  
 260 States Food and Drug Administration which are indicated for  
 261 treatment of the minor, nonchronic health condition. The  
 262 formulary may not include any controlled substance as described  
 263 in s. 893.03 or 21 U.S.C. s. 812.

264 (4) A pharmacist who tests or screens for and treats  
 265 minor, nonchronic health conditions under this section may use  
 266 any tests that may guide diagnosis or clinical decisionmaking  
 267 which the Centers for Medicare and Medicaid Services has  
 268 determined qualifies for a waiver under the federal Clinical  
 269 Laboratory Improvement Amendments of 1988, or the federal rules  
 270 adopted thereunder, or any established screening procedures that  
 271 can safely be performed by a pharmacist.

272 (5) The written protocol between a pharmacist and  
 273 supervising physician under this subsection must include  
 274 particular terms and conditions imposed by the supervising  
 275 physician relating to the testing and screening for and

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276 treatment of minor, nonchronic health conditions under this  
277 section. The terms and conditions must be appropriate to the  
278 pharmacist's training. A pharmacist who enters into such a  
279 protocol with a supervising physician must submit the protocol  
280 to the board.

281 (a) At a minimum, the protocol shall include:

282 1. Specific categories of patients who the pharmacist is  
283 authorized to test or screen for and treat minor, nonchronic  
284 health conditions.

285 2. The physician's instructions for obtaining relevant  
286 patient medical history for the purpose of identifying  
287 disqualifying health conditions, adverse reactions, and  
288 contraindications to the approved course of treatment.

289 3. The physician's instructions for the treatment of  
290 minor, nonchronic health conditions based on the patient's age,  
291 symptoms, and test results, including negative results.

292 4. A process and schedule for the physician to review the  
293 pharmacist's actions under the protocol.

294 5. A process and schedule for the pharmacist to notify the  
295 physician of the patient's condition, tests administered, test  
296 results, and course of treatment.

297 6. Any other requirements as established by the board in  
298 consultation with the Board of Medicine and the Board of  
299 Osteopathic Medicine.

300 (b) A pharmacist authorized to test and screen for and

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301 treat minor, nonchronic conditions under a protocol shall  
302 provide evidence of current certification by the board to the  
303 supervising physician. A supervising physician shall review the  
304 pharmacist's actions in accordance with the protocol.

305 (6) A pharmacist providing services under this section may  
306 not perform such services while acting as an employee without  
307 the written approval of the owner of the pharmacy.

308 (7) A pharmacist providing services under this section  
309 must complete a 3-hour continuing education course approved by  
310 the board addressing issues related to minor, nonchronic health  
311 conditions each biennial licensure renewal in addition to the  
312 continuing education requirements under s. 465.009. Each  
313 pharmacist must submit confirmation of having completed the  
314 course when applying for licensure renewal. A pharmacist who  
315 fails to comply with this subsection may not provide testing,  
316 screening, or treatment services.

317 (8) A pharmacist providing services under this section  
318 must provide a patient with written information to advise the  
319 patient to seek followup care from his or her primary care  
320 physician. The board, by rule, shall adopt guidelines for the  
321 circumstances under which the information required under this  
322 subsection shall be provided.

323 (9) The pharmacy in which a pharmacist tests and screens  
324 for and treats minor, nonchronic health conditions must  
325 prominently display signage indicating that any patient

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326 | receiving testing, screening, or treatment services under this  
 327 | section is advised to seek followup care from his or her primary  
 328 | care physician.

329 |       (10) A pharmacist providing services under this section  
 330 | must comply with applicable state and federal laws and  
 331 | regulations.

332 |       (11) The requirements of the section do not apply with  
 333 | respect to minor, nonchronic health conditions when treated with  
 334 | over-the-counter products.

335 |       Section 5. This act shall take effect July 1, 2020.  
 336 |

Board of Pharmacy  
Implementation Working Draft for Ch. 2020-7, Laws of Fla.<sup>1</sup> (CS HB  
No. 389<sup>2</sup>) (Eff. July 1, 2020).

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**CHAPTER 64B16-31**  
**COLLABORATIVE PRACTICE AND TEST AND TREAT CERTIFICATIONS**

|              |                                                                                            |
|--------------|--------------------------------------------------------------------------------------------|
| 64B16-31.001 | Collaborative Practice Certification (CPC)                                                 |
| 64B16-31.003 | Collaborative Practice Certification: Initial Certification Course                         |
| 64B16-31.005 | Collaborative Practice Certification: Collaborative Pharmacy Practice Agreement Submission |
| 64B16-31.007 | Collaborative Practice Certification: Chronic Health Condition                             |
| 64B16-31.009 | Collaborative Practice Certification: Mandatory Continuing Education                       |
| 64B16-31.033 | Test and Treat Certification (TTC)                                                         |
| 64B16-31.035 | Test and Treat Certification: Initial Certification Course                                 |
| 64B16-31.037 | Test and Treat Certification: Written Protocol and Written Protocol Submission             |
| 64B16-31.039 | Test and Treat Certification: Formulary of Medicinal Drugs                                 |
| 64B16-31.041 | Test and Treat Certification: Patient Records                                              |
| 64B16-31.043 | Test and Treat Certification: Follow-Up Care                                               |
| 64B16-31.045 | Test and Treat Certification: Mandatory Continuing Education                               |
| 64B16-31.050 | Mandatory Review of Rule Chapter 64B16-31, F.A.C.                                          |

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<sup>1</sup> Please See Appendix A for a Copy of [Chapter 2020-7, Laws of Florida](#).

<sup>2</sup> Please See Appendix B for a Copy of [Committee Substitute for House Bill No. 389](#).

### **64B16-31.001 Collaborative Practice Certification (CPC).**

Applicants for CPC shall submit an application using Form DH-MQA XXXX (eff. 0X/20), “Application for Pharmacist Collaborative Practice Certification<sup>3</sup>” that is hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX> or <http://floridapharmacy.gov>. Applicants for certification shall ~~must~~ meet and comply with all requirements in Section 465.1865, F.S.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

### **64B16-31.003 Collaborative Practice Certification: Initial Certification Course.**

(1) Applicants for Initial Certification Course approval shall submit an application using Form DH-MQA XXX (eff. XX/20) “Application for Initial Collaborative Practice Certification Course<sup>4</sup>” that is hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX> or <http://floridapharmacy.gov>.

(2) Initial collaborative practice certification courses shall be a minimum of 20 hours in duration, and shall meet all the following mandatory requirements:

(a) The course may only be offered by a program provider who is accredited by the Accreditation Council for Pharmacy Education (ACPE), ~~or~~ a program provider who is accredited to provide educational activities designated for the American Medical Association Physician’s Recognition Award Category 1 credit, or a program provider approved by the American Osteopathic Association Category 1-A to offer continuing medical education credits.

(b) The course content and objectives offered by an approved provider shall be developed in conjunction with an individual licensed to practice pharmacy and an individual who is a licensed allopathic or osteopathic physician, or an individual who is dual licensed in both pharmacy and allopathic medicine or osteopathic medicine.

(c) The course content shall include all those areas enumerated in section 465.1865 (2)(c), F.S., and shall also cover the following areas:

<sup>3</sup> Please See Appendix C for a Copy of the [Application](#).

<sup>4</sup> Please See Appendix D for a Copy of the [Application](#).

1. Laws and rules applicable to the collaborative practice for the treatment of chronic health care conditions; and

2. Writing and entering into a collaborative practice agreement.

(d) No less than 12 hours of the course shall be offered through a live seminar or a live video teleconference.

(3) A pharmacist who successfully completes a board approved collaborative practice certification course shall be awarded 20 hours of general continuing education credits.

Place holder for consultation with BOM and BOOM.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

#### **64B16-31.005 Collaborative Practice Certification: Collaborative Pharmacy Practice Agreement Submission.**

(1) Prior to providing or implementing patient care services under a Collaborative Pharmacy Practice Agreement or immediately after the renewal of such an Agreement, the Pharmacist shall submit the executed Agreement to the Board Office through the pharmacist's online licensure account at <http://www.flhealthsource.gov> or via U.S. Mail to 4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399.

(2) In the event of an addendum to the material terms of an existing collaborative pharmacy practice agreement, the pharmacist shall maintain a copy of the addendum and the initial agreement pursuant to Section 465.1865(3)(c), F.S. Material terms shall be defined as those terms enumerated in Section 465.1865(3)(a), F.S.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

#### **64B16-31.007 Collaborative Practice Certification: Chronic Health Conditions.**

Pursuant to Section 465.1865, F.S., the Board hereby adopts the following list of chronic health conditions for which a pharmacist certified pursuant to section 465.1865, F.S., can provide specified patient care services to patients of a collaborating physician pursuant to a pending Collaborative Pharmacy Practice Agreement:

- 1) Hyperlipidemia;
- 2) Hypertension;
- 3) Anti-coagulation management;
- 4) Smoking cessation;

- 5) Osteoporosis and Osteoarthritis;
- 6) Opioid use disorder; and
- 7) Those chronic health conditions enumerated in section 465.1865(1)(b), F.S.
- 8) Any disease state that is expected to last greater than one (1) year or more and will require ongoing medical treatment and drug therapy services.

Place holder for discussion with Board to determine appropriate list of chronic health conditions in consultation with BOM and BOOM.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

### **64B16-31.009 Collaborative Practice Certification: Mandatory Continuing Education.**

A licensee shall not be required to complete the 8-hour continuing education related to collaborative pharmacy practice if the initial certificate was issued less than 12 months prior to the expiration date of the license.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

### **64B16-31.033 Test and Treat Certification (TTC)**

Applicants for TTC shall submit an application using Form DH-MQA XXXX (eff. 0X/20), “Application for Pharmacist Test and Treat Certification<sup>5</sup>” that is hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX> or <http://floridapharmacy.gov>. Applicants for certification shall must meet and comply with all requirements in Section 465.1895, F.S.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

### **64B16-31.035 Test and Treat Certification: Initial Certification Course**

(1) Applicants for Initial Certification Course approval shall submit an application using Form DH-MQA XXX (eff. XX/20) “Application for Initial Test and Treat Certification Course<sup>6</sup>” that is hereby incorporated by reference and available at

<sup>5</sup> Please See Appendix E for a Copy of the [Application](#).

<sup>6</sup> Please See Appendix F for a Copy of the [Application](#).

<http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>\_\_\_\_\_ or  
<http://floridapharmacy.gov>.

(2) Initial test and treat certification courses shall be a minimum of 20 hours in duration, and shall meet all the following mandatory requirements:

(a) The course may only be offered by a program provider who is accredited by the Accreditation Council for Pharmacy Education (ACPE), ~~or~~ a program provider who is accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit, or a program provider approved by the American Osteopathic Association ~~Category 1-A~~ to offer continuing medical education credits.

(b) The course content and objectives offered by an approved provider shall be developed in conjunction with an individual licensed to practice pharmacy and an individual who is a licensed allopathic or osteopathic physician, or an individual who is dual licensed in both pharmacy and allopathic medicine or osteopathic medicine.

(c) The course content shall include all those areas enumerated in section 465.1895 (2)(b), F.S., and shall also cover the following areas:

1. Laws and rules applicable to test and treat certifications; and
2. Writing and entering into a written protocol.

(d) No less than ~~12~~ 8 hours of the course shall be offered through a live seminar or a live video teleconference.

(3) A pharmacist who successfully completes a board approved test and treat certification course shall be awarded 20 hours of general continuing education credits.

Place holder for consultation with BOM and BOOM.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

### **64B16-31.037 Test and Treat Certification: Written Protocol and Written Protocol Submission**

(1) Within 5 business days of entering into a written protocol with a supervising physician pursuant to section 465.1895, F.S., the pharmacist shall submit a copy of

the written agreement to the Board Office through the pharmacist's online licensure account at <http://www.flhealthsource.gov> or via U.S. Mail to 4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399.

(2) In the event of an addendum to the material terms of an existing written protocol, the pharmacist shall maintain a copy of the addendum and the initial agreement. Material terms shall be defined as those terms enumerated in Section 465.1895(5)(a), F.S.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

### **64B16-31.039 Test and Treat Certification: Formulary of Medical Drugs**

(1) Pursuant to section 465.1895, F.S., the Board hereby incorporates all medicinal drugs approved by the United States Food and Drug Administration (“FDA”) as the formulary of medicinal drugs that a pharmacist may prescribe pursuant to a written test and treat protocol.

~~(b) All compounded medicinal drugs that utilize only active pharmaceutical ingredients approved by the FDA.~~

(2) A pharmacist may not prescribe controlled substances as described in s. 893.03 or 21 U.S.C. s. 812.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

### **64B16-31.041 Test and Treat Certification: Patient Records**

Upon receipt of a patient request, a pharmacist shall furnish patient records to a health care practitioner designated by the patient within a reasonable time frame, not to exceed 5 business days.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

### **64B16-31.043 Test and Treat Certification: Follow-up Care**

A pharmacist must provide written information to the patient advising the patient when to seek follow-up care from his or her primary care physician. A pharmacist shall provide follow-up care written information:

- (1) Immediately prior to performing testing, screening, or treatment services on a patient for the first time;
- (2) As outlined in the written protocol; and
- (3) When the pharmacist determines in his or her judgment that the patient should follow-up with his or her primary care provider.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

#### **64B16-31.045 Test and Treat Certification: Mandatory Continuing Education.**

A licensee shall not be required to complete the 3-hour continuing education related to minor, nonchronic health conditions if the initial certificate was issued less than 12 months prior to the expiration date of the license.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

#### **64B16-31.050 Mandatory Review of Rule Chapter 64B16-31, F.A.C.**

- (1) No later than 90 days prior to December 31, 2025, the Board shall review each rule in this Chapter and amend, modify or repeal any rule that creates barriers to entry for private business competition, is duplicative, outdated, obsolete, overly burdensome, or imposes excessive costs.
- (2) In the event the Board fails to complete this review, the board, for any rule that has not been reviewed in accordance with subsection (1), shall begin the rule repeal process in accordance with the Administrative Procedures Act.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*



Application  
*for*  
Pharmacist Collaborative Practice Certification

**Board of Pharmacy**  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Website: <https://floridaspharmacy.gov/>  
Email: [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov)  
Phone: (850) 245-4474  
Fax: (850) 921-5389



# Application for Pharmacist Collaborative Practice Certification

Board of Pharmacy  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Fax: (850) 921-5389  
Email: info@floridaspharmacy.gov

All applicants must hold a current Florida Pharmacist license that is active and in good standing.

## Pharmacist Collaborative Practice Certification

Prior to providing services under a collaborative pharmacy practice agreement, a pharmacist must be certified by the board. Additionally, a pharmacist must enter into a written agreement with a physician licensed under Chapter 458 or Chapter 459, Florida Statutes, in which a collaborating physician authorizes a pharmacist to provide specified patient care services for chronic health conditions. Please refer to section 465.1865, Florida Statutes, prior to submitting your application.

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (This address is where mail and your certification will be sent)

Street/P.O. Box Apt. No. City

State ZIP Country Home/Cell Telephone (Input without dashes)

Physical Location: (Required if mailing address is a P.O. Box – this address will be posted on the Department of Health’s website)

Street Apt. No. City

State ZIP Country Business Telephone (Input without dashes)

Email Notification: To be notified of the status of your application by email, check the “Yes” box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes  No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

Name: \_\_\_\_\_

## 2. LICENSURE HISTORY

A. What is your Florida Pharmacist (PS) license number? \_\_\_\_\_

## 3. CERTIFICATION TRAINING

To qualify for certification, an applicant must have completed an initial 20-hour certification course that meets the statutory and rule requirements of section 465.1865, Florida Statutes, and Rule 64B16-31.003, F.A.C.

B. Have you successfully completed an initial 20-hour course approved by the Florida Board of Pharmacy?  Yes  No

If **yes**, provide a copy of the certificate of completion and the following information.

| Provider Name | Provider Number | Date of Completion | Certificate Number |
|---------------|-----------------|--------------------|--------------------|
|               |                 |                    |                    |

## 4. APPLICANT BACKGROUND

To qualify for certification, an applicant must have earned a degree of doctor of pharmacy or have completed 5 years of experience as a licensed pharmacist.

A. Have you earned a degree of doctor of pharmacy?  Yes  No

If **yes**, please list the name of university, college, or school of pharmacy you attended.

| School Name | City/State or Country | Graduation Date | Degree Awarded |
|-------------|-----------------------|-----------------|----------------|
|             |                       |                 |                |
|             |                       |                 |                |
|             |                       |                 |                |
|             |                       |                 |                |

B. Have you completed 5 years of experience as a licensed pharmacist?  Yes  No

If **yes**, please list your experience below.

| Employer | Location Address | Dates<br>(From-To) MM/DD/YYYY |
|----------|------------------|-------------------------------|
|          |                  |                               |
|          |                  |                               |
|          |                  |                               |

Name: \_\_\_\_\_

## 5. PROFESSIONAL LIABILITY INSURANCE

To provide services under a collaborative pharmacy practice agreement, a pharmacist must maintain at least \$250,000 of professional liability insurance coverage. A pharmacist who maintains professional liability insurance coverage as a requirement of the Test and Treat Certification, pursuant to section 465.1895, Florida Statutes, satisfies this requirement.

A. Do you maintain at least \$250,000 of professional liability insurance?  Yes  No

If “Yes,” provide the following information:

| Insurance Provider Name | Policy Number | Policy Expiration Date |
|-------------------------|---------------|------------------------|
|                         |               |                        |

## 6. SYSTEM TO MAINTAIN RECORDS

To provide services under a collaborative pharmacy practice agreement, a pharmacist must have established a system to maintain records of all patients receiving services under a collaborative pharmacy practice agreement for a period of 5 years from each patient’s most recent provision of services, pursuant to section 465.1865, Florida Statutes.

A. Have you established a system to maintain records of all patients receiving services under a collaborative pharmacy practice agreement?  Yes  No

## 7. COLLABORATING PHYSICIAN

If available, provide the following information for the physician licensed under chapter 458 or 459, Florida Statutes, with whom you have entered into an agreement.

Physician Name: \_\_\_\_\_

Physician License #: \_\_\_\_\_

## COLLABORATIVE PHARMACY PRACTICE AGREEMENT INFORMATION

Section 465.1865(3), Florida Statutes, requires each collaborative pharmacy practice agreement include terms and conditions that are appropriate to the pharmacist’s training and the services delegated to the pharmacist must be within the collaborating physician’s scope of practice.

The collaborative practice agreement must include the following information:

1. Name of the collaborating physician’s patient or patients for whom a pharmacist may provide services.
2. Each chronic health condition to be collaboratively managed.
3. Specific medicinal drug or drugs to be managed by the pharmacist for each patient.
4. Circumstances under which the pharmacist may order or perform and evaluate laboratory or clinical tests.
5. Conditions and events upon which the pharmacist must notify the collaborating physician and the manner and timeframe in which such notification must occur.
6. Beginning and ending dates for the collaborative pharmacy practice agreement and termination procedures, including procedures for patient notification and medical records transfers.
7. A statement that the collaborative pharmacy practice agreement may be terminated, in writing, by either party at any time.

The collaborative pharmacy practice agreement shall automatically terminate 2 years after execution if not renewed. The pharmacist, along with the collaborating physician, must maintain on file the collaborative pharmacy practice agreement at his or her practice location, and must make such agreements available to the department or board upon request or inspection.

A pharmacist who enters into a collaborative pharmacy practice agreement must submit a copy of the signed agreement to the board before the agreement may be implemented.

**8. SOCIAL SECURITY DISCLOSURE**

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

Name: \_\_\_\_\_

**9. APPLICANT SIGNATURE**

I, the undersigned, state that I am the person referred to in this application for certification in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067 and 775.083, Florida Statutes.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print out this application and sign it or sign it digitally.* MM/DD/YYYY

Documentation must be sent to the board office at [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov), or mailed to:

**Board of Pharmacy**  
4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32399-3258



Application  
*for*  
Pharmacist Test and Treat Certification

**Board of Pharmacy**  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Website: <https://floridaspharmacy.gov/>  
Email: [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov)  
Phone: (850) 245-4474  
Fax: (850) 921-5389



# Pharmacist Test and Treat Certification Application

Board of Pharmacy  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Fax: (850) 921-5389  
Email: info@floridaspharmacy.gov

All applicants must hold a current Florida Pharmacist license that is active and in good standing.

## Pharmacist Test and Treat Certification

Prior to testing or screening for and treating minor, nonchronic health conditions under a written protocol, a pharmacist must be certified by the board. Additionally, a pharmacist must practice within the framework of a written protocol with a supervising physician licensed under Chapter 458, Florida Statutes, or Chapter 459, Florida Statutes. Please refer to Section 465.1895, Florida Statutes, prior to submitting your application.

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (This address is where mail and your certification should be sent)

\_\_\_\_\_  
Street/P.O. Box Apt. No. City  
\_\_\_\_\_  
State ZIP Country Home/Cell Telephone (Input without dashes)

Physical Location: (Required if mailing address is a P.O. Box – this address will be posted on the Department of Health’s website)

\_\_\_\_\_  
Street Apt. No. City  
\_\_\_\_\_  
State ZIP Country Business Telephone (Input without dashes)

Email Notification: To be notified of the status of your application by email, check the “Yes” box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes  No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

Name: \_\_\_\_\_

## 2. LICENSURE HISTORY

- A. What is your Florida Pharmacist (PS) license number? \_\_\_\_\_

## 3. CERTIFICATION TRAINING

To qualify for certification, an applicant must have completed an initial 20-hour certification course that meets the statutory and rule requirements of section 465.1895, Florida Statutes, and Rule 64B31.035, F.A.C.

- A. Have you successfully completed an initial 20-hour course approved by the Florida Board of Pharmacy?  Yes  No

If “Yes,” provide a copy of the certificate of completion and the following information.

| Provider Name | Provider Number | Date of Completion | Certificate Number |
|---------------|-----------------|--------------------|--------------------|
|               |                 |                    |                    |

## 4. PROFESSIONAL LIABILITY INSURANCE

To test or screen for and treat minor, nonchronic health conditions within the framework of a written protocol, a pharmacist must maintain at least \$250,000 of professional liability insurance coverage. A pharmacist who maintains professional liability coverage as a requirement of their Collaborative Practice Certification satisfies this requirement.

- A. Do you maintain at least \$250,000 of professional liability insurance?  Yes  No

If “Yes,” provide the following information:

| Insurance Provider Name | Policy Number | Policy Expiration Date |
|-------------------------|---------------|------------------------|
|                         |               |                        |

## 5. REPORTING REQUIREMENTS

To test or screen for and treat minor, nonchronic health conditions within the framework of a written protocol, a pharmacist must report a diagnosis or suspected existence of a disease of public health significance to the Department of Health pursuant to section 381.0031, Florida Statutes.

- A. Have you reviewed the Disease Reporting and Management Information at <http://www.floridahealth.gov/diseases-and-conditions/index.html>?  Yes  No

## 6. SYSTEM TO MAINTAIN RECORDS

To test or screen for and treat minor, nonchronic health conditions within the framework of a written protocol, a pharmacist must furnish patient records to a health care practitioner designated by the patient upon request. Additionally, a pharmacist must maintain records of all patients receiving services for a period of five (5) years from each patient’s most recent provision of service.

- A. Have you established a system to maintain records of all patients receiving services within the framework of a written protocol?  Yes  No

Name: \_\_\_\_\_

## 7. SUPERVISING PHYSICIAN

If available, provide the following information for the physician licensed under chapter 458 or 459, Florida Statutes (F.S.), with whom you have entered into a protocol.

Physician Name: \_\_\_\_\_

Physician License #: \_\_\_\_\_

## 8. WRITTEN PROTOCOL INFORMATION

Each written protocol must include particular terms and conditions imposed by the supervising physician relating to the testing and screening for and treatment of minor, nonchronic health conditions. The terms and conditions must be appropriate to the pharmacist's training.

The written protocol must include, at a minimum, the following information:

1. Specific categories of patients who the pharmacist is authorized to test or screen for and treat minor, nonchronic health conditions.
2. The physician's instructions for obtaining relevant patient medical history for the purpose of identifying disqualifying health conditions, adverse reactions, and contraindications to the approved course of treatment.
3. The physician's instructions for the treatment of minor, nonchronic health conditions based on the patient's age, symptoms, and test results, including negative results.
4. A process and schedule for the physician to review the pharmacist's actions under the protocol.
5. A process and schedule for the pharmacist to notify the physician of the patient's condition, tests administered, test results, and course of treatment.

A pharmacist who enters into a written protocol must submit a copy of the protocol to the board.

## 9. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

Name: \_\_\_\_\_

## 10. APPLICANT SIGNATURE

I, the undersigned, state that I am the person referred to in this application for certification in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067 and 775.083, F.S.

I am aware that my certification may be suspended or revoked if I violate any pharmacy law, rule or regulation, or the Florida Board of Pharmacy Code of Conduct.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print out this application and sign it or sign it digitally.* MM/DD/YYYY

Documentation must be sent to the board office at [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov), or mailed to:

**Board of Pharmacy**  
4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32399-3258



Application  
*for*  
Initial Collaborative Practice Certification  
Course

**Board of Pharmacy**  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Website: <https://floridaspharmacy.gov/>  
Email: [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov)  
Phone: (850) 245-4474  
Fax: (850) 921-5389



# Pharmacist Collaborative Practice Certification

## Provider Application

Board of Pharmacy  
4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32314-6330  
Fax: (850) 921-5389  
Email: info@floridaspharmacy.gov

The offering approval submitted must adhere to the Rules for Collaborative Pharmacy Practice Certification, Section 64B16-31.003, F.A.C., to be eligible for Provider Approval by the Board of Pharmacy.

Please read the following before completing this application:

1. All information must be legibly printed or typed.
2. Complete all sections.
3. Identify all attachments with your organization's name.

### 1. CONTACT INFORMATION

Contact Person Name: \_\_\_\_\_  
Last/Surname First Middle

Title: \_\_\_\_\_

Name of Organization, Institution or Agency (Do not use initials of abbreviations):  
\_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
Street/P.O. Box Apt. No. City

\_\_\_\_\_  
Business Telephone (Input without dashes)

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

**1. ADMINISTRATION AND ORGANIZATION**

A. Administrative Authority:

Provide the name and title of the person in charge of the program of study. (If responsibilities are shared by more than one individual, please indicate responsibilities of each person using supplementary sheets.)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

B. Please provide your Accreditation Council for Pharmacy Education (ACPE), American Medical Association (AMA), or Florida Osteopathic Medical Association (FOMA) provider number.

\_\_\_\_\_

C. Describe the nature of the applicant's role relative to the program of study and coursework.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. ADMINISTRATIVE REQUIREMENTS**

A. Please describe the nature of the system used for the maintenance and availability of records of participation in this program.

\_\_\_\_\_  
\_\_\_\_\_

B. Attach a sample certificate, letter or other document that is generally used as evidence to participants of satisfactory completion of the program of study for initial certification. Indicate the manner in which this document is distributed.

C. Indicate the number of course hours and type of study requested:

\_\_\_\_\_ Live \_\_\_\_\_ Home Study

**3. EDUCATIONAL CONTENT DEVELOPMENT**

A. Briefly describe the process for identifying educational needs and the manner in which topics for programs are usually determined.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe the goals and objectives of your overall educational effort.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. Briefly describe the usual planning process for an individual program. Indicate the time frame that may typically be involved.

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#### 4. METHODS OF DELIVERY

- A. What factors are taken into consideration in choosing the method of delivery for a particular program?

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- B. What is the review process that a home study program (audio-visual components, programmed learning, correspondence course, etc.) might undergo before it is offered to a new audience if utilized?

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#### 5. FACILITIES

- A. Name the facilities utilized for the past two programs presented.

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- B. What factors are considered in choosing facilities for programs?

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- C. If the preparation of educational offerings during the past year involved the production of audio-visual or other mediated materials such as programmed learning or correspondence course, etc., describe the facilities and equipment available and utilized for such preparations.

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#### 6. EVALUATION

- A. What opportunities are given for the participant to assess his/her evaluation of course objectives?

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B. Describe the methods employed to evaluate the effectiveness of the provider's programming and its presentation.

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C. Please attach a sample attendee evaluation instrument.

**Please submit completed application to CEBroker at [www.CEBroker.com](http://www.CEBroker.com)**



Application  
*for*  
Initial Test and Treat Certification  
Course

**Board of Pharmacy**  
4052 Bald Cypress Way Bin C-04  
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Fax: (850) 921-5389



# Initial Test and Treat Certification Course Application

Board of Pharmacy  
4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32314-6330  
Fax: (850) 921-5389  
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2. Complete all sections.
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## 1. CONTACT INFORMATION

**Contact Person Name:** \_\_\_\_\_  
Last/Surname First Middle

**Title:** \_\_\_\_\_

**Name of Organization, Institution or Agency (Do not use initials of abbreviations):**  
\_\_\_\_\_

**Mailing Address:**

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Street/P.O. Box Apt. No. City

\_\_\_\_\_  
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NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

B. Please provide your Accreditation Council for Pharmacy Education (ACPE), American Medical Association (AMA), or Florida Osteopathic Medical Association (FOMA) provider number.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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A. Please describe the nature of the system used for the maintenance and availability of records of participation in this program.

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B. Attach a sample certificate, letter or other document that is generally used as evidence to participants of satisfactory completion of the program of study for initial certification. Indicate the manner in which this document is distributed.

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\_\_\_\_\_  
\_\_\_\_\_

B. Describe the goals and objectives of your overall educational effort.

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\_\_\_\_\_  
\_\_\_\_\_

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- C. If the preparation of educational offerings during the past year involved the production of audio-visual or other mediated materials such as programmed learning or correspondence course, etc., describe the facilities and equipment available and utilized for such preparations.

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- A. What opportunities are given for the participant to assess his/her evaluation of course objectives?

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B. Describe the methods employed to evaluate the effectiveness of the provider's programming and its presentation.

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C. Please attach a sample attendee evaluation instrument.

**Please submit completed application to CEBroker at [www.CEBroker.com](http://www.CEBroker.com).**

**BOARD OF PHARMACY  
JOINT RULES COMMITTEE  
DRAFT MINUTES  
June 25, 2020  
9:00 A.M. ET  
Call In Number: (888) 585-9008  
Conference Code: 599-196-982(#)**

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

**I. CALL TO ORDER/ROLL CALL**

Dr. Mesaros called the meeting to order at 9:00 a.m. ET.

**MEMBERS PRESENT**

Jeffrey Mesaros, PharmD, JD, Chair  
Jeenu Philip, BPharm,  
Jonathan Hickman, PharmD  
Mark Mikhael, PharmD  
David Wright, BPharm

**STAFF PRESENT**

Jessica Sapp, Executive Director  
Traci Zeh, Program Administrator

**BOARD COUNSEL**

David Flynn, Esq.  
Senior Assistant Attorney General  
Christopher Dierlam, Esq.  
Assistant Attorney General

**BOARD OF MEDICINE MEMBERS:**

Hector Vila, MD  
Sarvam TerKonda, MD

**BOARD OF OSTEOPATHIC MEDICINE MEMBERS:**

Joel B. Rose, DO  
Michelle R. Mendez, DO

**COURT REPORTER**

For the Record  
150 Mahan Drive, Suite 140  
Tallahassee, FL 32308  
(850) 222-5491  
(850) 224-5316 (Fax)

**II. RULES DISCUSSION**

- a. HB 389 Practice of Pharmacy
  - i. Chapter 64B16-31, F.A.C., Collaborative Practice and Test and Treat Certifications

This bill was enrolled and signed into law with an effective date of July 1, 2020. This adds to the definition of the practice of pharmacy the ability to initiate, modify, discontinue drug therapy under a collaborative practice agreement with a physician, for patients with chronic illnesses. It also allows a pharmacist to test for and treat certain nonchronic health conditions. The bill requires additional education and training requirements that will create two certification types: Collaborative Practice Certification (CPC) and the Test and Treat Certification (TTC). The bill outlines the requirements to

obtain the certifications as well as terms and conditions are to be included in a collaborative practice pharmacy agreement and in the written protocol between a pharmacist and a physician. The bill requires continuing education to maintain the certifications and it requires the Board to adopt by rule a formulary of medicinal drugs that a pharmacist may prescribe for the treatment of non-chronic health conditions.

The Board of Pharmacy Rules Committee held a meeting on June 2, 2020 to review and discuss draft rule language for Chapter 64B16-31, F.A.C. Subsequent to the Rules Committee Meeting, Ms. Sapp sent out invitations to the Board of Medicine (BOM) and the Board of Osteopathic Medicine (BOOM) to request representatives from each Board in order to form a Joint Rules Committee to review the draft rule language.

The BOM reviewed and discussed the draft rule language during their June 3, 2020 Board Meeting and determined that Dr. Vila and Dr. TerKonda would represent the BOM. The BOOM held a meeting on June 9, 2020 to discuss and review the language and determined that Dr. Rose and Dr. Mendez would represent BOOM.

The Joint Committee reviewed the below proposed draft rule language.

The Committee along with BOM and BOOM determined to only discuss the rules that require collaboration between the three Boards.

**64B16-31.001 Collaborative Practice Certification (CPC).**

Applicants for CPC shall submit an application using Form DH-MQA XXXX (eff. 0X/20), "Application for Pharmacist Collaborative Practice Certification<sup>1</sup>" that is hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX> or <http://floridapharmacy.gov>. Applicants for certification must meet and comply with all requirements in Section 465.1865, F.S.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

**64B16-31.003 Collaborative Practice Certification: Initial Certification Course.**

(1) Applicants for Initial Certification Course approval shall submit an application using Form DH-MQA XXX (eff. XX/20) "Application for Initial Collaborative Practice Certification Course<sup>2</sup>" that is hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX> or <http://floridapharmacy.gov>.

(2) Initial collaborative practice certification courses shall be a minimum of 20 hours in duration, and shall meet all the following mandatory requirements:

(a) The course may only be offered by a program provider who is accredited by the Accreditation Council for Pharmacy Education (ACPE) or a program provider who is accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit or the American Osteopathic Association Category 1-A continuing medical education credit.

(b) The course content shall include all those areas enumerated in section 465.1865 (2)(c), F.S., and shall also cover the following areas:

1. Laws and rules applicable to the collaborative practice for the treatment of chronic health care conditions;

2. Writing and entering into a collaborative practice agreement;

3. Place holder for discussion with Board to determine appropriate content list in consultation with BOM and BOOM.

(c) No less than 12 hours of the course shall be offered through a live seminar or a live video teleconference.

Place holder for discussion with Board to determine appropriate format of specific hour requirements with BOM and BOOM.

(3) A pharmacist who successfully completes a board approved collaborative practice certification course shall be awarded 20 hours of general continuing education credits.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

**64B16-31.005 Collaborative Practice Certification: Collaborative Pharmacy Practice Agreement Submission.**

(1) Prior to providing or implementing patient care services under a Collaborative Pharmacy Practice Agreement or immediately after the renewal of such an Agreement, the Pharmacist shall submit the executed Agreement to the Board Office through the pharmacist's online licensure account at <http://www.flhealthsource.gov> or via U.S. Mail to 4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399.

(2) In the event of an addendum to the material terms of an existing collaborative pharmacy practice agreement, the pharmacist shall maintain a copy of the addendum and the initial agreement pursuant to Section 465.1865(3)(c), F.S. Material terms shall be defined as those terms enumerated in Section 465.1865(3)(a), F.S.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

**64B16-31.007 Collaborative Practice Certification: Chronic Health Conditions.**

Pursuant to Section 465.1865, F.S., the Board hereby adopts the following list of chronic health conditions for which a pharmacist certified pursuant to section 465.1865, F.S., can provide specified patient care services to patients of a collaborating physician pursuant to a pending Collaborative Pharmacy Practice Agreement:

1) Hyperlipidemia;

2) Hypertension;

3) Anti-coagulation management;

4) Smoking cessation;

5) Osteoporosis and osteo-arthritis;

6) Opioid use disorder;

7) Those chronic health conditions enumerated in section 465.1865(1)(b), F.S.; and

8) Any disease state that is expected to last greater than one (1) year or more and will require ongoing medical treatment and drug therapy services.

Place holder for discussion with Board to determine appropriate list of chronic health conditions in consultation with BOM and BOOM.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

**64B16-31.009 Collaborative Practice Certification: Mandatory Continuing Education.**

A licensee shall not be required to complete the 8-hour continuing education related to collaborative pharmacy practice if the initial certificate was issued less than 12 months prior to the expiration date of the license.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

#### **64B16-31.033 Test and Treat Certification (TTC)**

Applicants for TTC shall submit an application using Form DH-MQA XXXX (eff. 0X/20), “Application for Pharmacist Test and Treat Certification<sup>3</sup>” that is hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX> or <http://floridapharmacy.gov>. Applicants for certification must meet and comply with all requirements in Section 465.1895, F.S.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

#### **64B16-31.035 Test and Treat Certification: Initial Certification Course**

(1) Applicants for Initial Certification Course approval shall submit an application using Form DH-MQA XXX (eff. XX/20) “Application for Initial Test and Treat Certification Course<sup>4</sup>” that is hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX> or <http://floridapharmacy.gov>.

(2) Initial test and treat certification courses shall be a minimum of 20 hours in duration, and shall meet all the following mandatory requirements:

(a) The course may only be offered by a program provider who is accredited by the Accreditation Council for Pharmacy Education (ACPE) or a program provider who is accredited to provide educational activities designated for the American Medical Association Physician’s Recognition Award Category 1 credit or the American Osteopathic Association Category 1-A continuing medical education credit.

(b) The course content shall include all those areas enumerated in section 465.1895 (2)(b), F.S., and shall also cover the following areas:

1. Laws and rules applicable to test and treat certifications;

2. Writing and entering into a written protocol;

3. Place holder for discussion with Board to determine appropriate content list in consultation with BOM and BOOM.

(c) No less than 12 hours of the course shall be offered through a live seminar or a live video teleconference.

(3) A pharmacist who successfully completes a board approved test and treat certification course shall be awarded 20 hours of general continuing education credits.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

#### **64B16-31.037 Test and Treat Certification: Written Protocol and Written Protocol Submission**

(1) Within 5 business days of entering into a written protocol with a supervising physician pursuant to section 465.1895, F.S., the pharmacist shall submit a copy of the written

agreement to the Board Office through the pharmacist's online licensure account at <http://www.flhealthsource.gov> or via U.S. Mail to 4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399.

(2) In the event of an addendum to the material terms of an existing written protocol, the pharmacist shall maintain a copy of the addendum and the initial agreement. Material terms shall be defined as those terms enumerated in Section 465.1895(5)(a), F.S.

Place holder for discussion with Board to determine if it wants to provide additional requirements for the written protocol in consultation with BOOM and BOM pursuant to Section 465.1895(5)(a)6.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

#### **64B16-31.039 Test and Treat Certification: Formulary of Medical Drugs**

(1) Pursuant to section 465.1895, F.S., the Board hereby incorporates the following as the formulary of medicinal drugs that a pharmacist may prescribe pursuant to a written test and treat protocol:

(a) All medicinal drugs approved by the United States Food and Drug Administration ("FDA");

(b) All compounded medicinal drugs that utilize only active pharmaceutical ingredients approved by the FDA.

(2) A pharmacist may not prescribe controlled substances as described in s. 893.03 or 21 U.S.C. s. 812.

Placeholder for discussion with Boards regarding additional drugs that should be excluded.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

#### **64B16-31.041 Test and Treat Certification: Patient Records**

Upon receipt of a patient request, a pharmacist shall furnish patient records to a health care practitioner designated by the patient within a reasonable time frame, not to exceed 5 business days.

Place holder for discussion with Board regarding reasonable time frame for production of records.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

#### **64B16-31.043 Test and Treat Certification: Follow-up Care**

A pharmacist must provide written information to the patient advising the patient when to seek follow-up care from his or her primary care physician. A pharmacist shall provide follow-up care written information:

(1) Immediately prior to performing testing, screening, or treatment services on a patient for the first time;

(2) As outlined in the written protocol; and

(3) When the pharmacist determines in his or her judgment that the patient should follow-up with his or her primary care provider.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

**64B16-31.045 Test and Treat Certification: Mandatory Continuing Education.**

A licensee shall not be required to complete the 3-hour continuing education related to minor, nonchronic health conditions if the initial certificate was issued less than 12 months prior to the expiration date of the license.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

**64B16-31.050 Mandatory Review of Rule Chapter 64B16-31, F.A.C.**

(1) No later than 90 days prior to December 31, 2025, the Board shall review each rule in this Chapter and amend, modify or repeal any rule that creates barriers to entry for private business competition, is duplicative, outdated, obsolete, overly burdensome, or imposes excessive costs.

(2) In the event the Board fails to complete this review, the board, for any rule that has not been reviewed in accordance with subsection (1), shall begin the rule repeal process in accordance with the Administrative Procedures Act.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

The Joint Committee reviewed and began discussion on 64B16-31.003, F.A.C., Collaborative Practice Certification.

Dr. Rose addressed the Committee regarding (2)(a) and suggested to strike “category” in subsection (2)(a): American Osteopathic Association Category 1 A as they are subject to change.

Dr. Hickman addressed the Committee and inquired if taking the course by one of these associations listed in the rule, meet the requirements for the certification, or would the pharmacist need to complete a course that is specifically ACPE accredited.

Mr. Flynn confirmed that yes, this would apply in the state of Florida for general education credit hours if taken by one of the listed providers.

Dr. Vila addressed the Committee regarding the content of the course and suggested requiring specific hours in evaluation and management of chronic diseases and suggested those hours be completed on a human simulator.

Dr. Hickman confirmed that when the BOP reviews courses for approval, the course content will be reviewed to assure all requirements are being captured.

Mr. Philip addressed the Committee and agreed with Dr. Vila that the requirements of the evaluation and management is outlined in the statute and will be included in the approved course.

Dr. Mendez addressed the Committee regarding the intent of the certification and what setting it would be utilized in.

Mr. Philip stated the bill does not specify what setting the certification is to be utilized in and the intent is to be available to any practitioners whom qualify for the certifications.

Dr. Mendez stated that laboratory testing can be very different depending on what setting the pharmacist and collaborating physician are practicing.

Dr. Mikhael addressed the Committee and Dr. Mendez and confirmed that the intent is to increase patient access.

Dr. TerKonda addressed the Committee regarding the provider of the course and suggested the highlighted change in subsection (2)(a): The course may only be offered by a program provider who is accredited by the Accreditation Council for Pharmacy Education (ACPE) or and a program provider who is accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit or the American Osteopathic Association Category 1-A continuing medical education credit as he would like to see the course be offered in conjunction with ACPE, AMA and AOMA.

Mr. Wright addressed the Committee regarding the benefits of the course being offered in conjunction with multiple accrediting bodies but was not sure if historically had ever been done.

Dr. Vila suggested splitting up the required course hours between the accrediting bodies and requiring specific hours per entity.

Mr. Flynn addressed the Committee and suggested requiring the instructor of the course be a licensed physician.

Dr. Mesaros summarized the discussion.

Dr. Villa inquired with the Committee regarding how the rule will capture the requirement of the patient's medical records and the communication between the pharmacist and the collaborating physician.

Mr. Philip addressed Dr. Villa's inquiry and stated the rule should not be prescriptive, as that would be outlined in the collaborative practice agreement and the certification should capture if a pharmacist has the knowledge, skills, and ability to enter into an agreement.

Dr. Mesaros opened the floor to additional Board Members.

No additional Board Member comments were provided.

Dr. Mesaros opened the floor for public comment.

Nicole Garrett, Clinical Ambulatory Pharmacist in Florida, addressed the Committee regarding the term CPA and that the statute requires the delegation be appropriate to the pharmacist's education and training and to the physician's scope of practice. She indicated pharmacists and physicians will only enter into an agreement in which both parties feel comfortable.

Mary Thomas, representing the Florida Medical Association (FMA) and the Florida Osteopathic Medical Association (FOMA), addressed the Committee regarding the continuing education requirements for physicians in order to diagnose patients and inquired what the process will be for approving the continuing education courses.

Ms. Sapp addressed the Committee regarding the process of approving continuing education courses and indicated that through this rulemaking the process, the rule shall outline who the course will be given by and what requirements will be included in the course. Courses will be reviewed by our staff pharmacist to ensure they meet the requirements in the statute and rule.

Mr. Flynn confirmed that the course will be approved by the Board of Pharmacy.

Dr. Vila suggested having multiple courses depending on the subject area.

Mr. Dierlam addressed the Committee indicating the bill requires a 20-hour course and outlines the requirements of the course and suggested the course be widely applicable.

Dr. Schwimmer, Vice-Chair of the BOOM, addressed the Committee and asked Mr. Flynn if anything in the statute prohibits the physician from requiring additional training for the pharmacists.

Mr. Flynn addressed Dr. Schwimmer and the Committee and confirmed, the CPA is a contractual agreement that is driven by the physician. A physician has the authority to select, create, and enter into an agreement with their pharmacist of choice. A pharmacist may not enter into an agreement unless they are appropriately qualified. Mr. Flynn indicated that requiring additional training would strictly be up to the physician when entering into an agreement.

Dr. Hickman indicated this agreement is between one practitioner and one pharmacist for the specific patient and the agreement could not be applied to multiple patients.

Louis Adams addressed the Committee regarding if a consultant license would qualify a pharmacist for this certification.

Mr. Flynn stated this statute stands independently and would be a separate certification.

Mr. Dierlam addressed the Committee regarding the requirements of a Consultant Pharmacist.

Dr. Villa addressed the Committee regarding how the course would be presented, either live, online, or otherwise and suggested no less than three hours of the course be live with interactive patient scenarios.

Dr. Mikhael addressed Dr. Vila regarding the human simulator.

Dr. Hickman and Dr. Mikhael addressed the Committee and agree with Dr. Vila for a live interaction requirement within the course.

Dr. Rose and Dr. Schwimmer suggested to be cognizant of COVID-19 and the difficulties with live hours during these times.

Dr. Mesaros thanked everyone for the discussion and stated that the Committee would take the comments into consideration when amending the draft rule language.

The Joint Committee began discussion on Rule 64B16-31.007, F.A.C., Collaborative Practice Certification: Chronic Health Conditions.

Dr. Mesaros summarized the proposed rule language and opened the floor for discussion.

Mr. Philip addressed the Committee regarding the chronic health conditions outlined in the rule. He indicated the agreement entered will be between a single physician and single pharmacist to manage a specific patient. The goal is to work together to ensure that the patient's quality of care is improved. Terms and conditions must be appropriate to a pharmacist's education and training to assure the pharmacist participating in the agreement be educated and prepared for that specific condition of the patient.

Mr. Wright addressed the Committee and agrees with, (7) Those chronic health conditions enumerated in section 465.1865(1)(b), F.S.; and stated this lets the physician determine states of the disease that can be covered.

Dr. Hickman addressed the Committee and agreed with Mr. Philip regarding evidence based in improving patient care and advised that, (8) Any disease state that is expected to last greater than one (1) year or more and will require ongoing medical treatment and drug therapy services., is necessary as there are a lot of additional chronic medical conditions that are not listed within the proposed rule.

Dr. Rose addressed the Committee regarding subsection 8 and expressed the intent of the legislature was not to put a catch all. He stated this option would bypass the ability for the Boards to collaborate on what chronic diseases could listed and would prefer to only list what is outlined in the bill.

Dr. Mendez addressed the Committee and would prefer to start slow and be deliberate when considering additional chronic conditions.

Dr. TerKonda addressed the Committee and agreed with Dr. Rose regarding his concerns with subsection 8.

Dr. Vila addressed the Committee and stated he has no opposition with the six additional diseases listed; however, would like to remove subsection 8.

Chris Nuland, representing the Florida Chapter, American College of Physicians, addressed the Committee and recommended the deletion of subsection 8.

Dr. Schwimmer, addressed the Committee and agreed with the deletion of subsection 8 and suggested adding behavioral health conditions.

Dr. Mikhael addressed the Committee regarding becoming too restrictive and expressed he believes the intent of subsection 8 was to fall back on the physician's responsibility with the pharmacist to determine what conditions are appropriate. Deleting this addition could be doing a disservice to accessing patient care.

Toni Large, representing the Florida Society of Rheumatology, addressed the Committee in opposition to (5) Osteoporosis and osteo-arthritis and expressed that most patients who go to a rheumatologist have potentially been treated by several physicians prior to being under the care a specialist to manage their conditions.

Mary Thomas, FMA, addressed the Committee in opposition of subsection 8 and suggested the bill does not authorize a catchall provision.

Kathy Baldwin, representing the Florida Society of Health-System Pharmacists (FSHP), addressed the Committee regarding the benefits of physicians collaborating with pharmacists as pharmacists can effectively manage medications and create an efficient path for patient access.

Jason Wynn, representing the Florida Osteopathic Medical Association, addressed the Committee in opposition of subsection 8.

Dr. Vila addressed the Committee regarding what items should be listed in the CPA.

Mr. Philip addressed Dr. Villa and the Committee and confirmed that the requirements of the CPA are outlined in the statute and those are also identified in the proposed application.

Mr. Flynn addressed the Committee regarding the statutory requirements of rulemaking and confirmed a statute should not be duplicated in rule.

Dr. TerKonda dismissed himself from the call.

Dr. Mendez dismissed herself from the call.

The Joint Committee began discussion on Rule 64B16-31.035, F.A.C., Test and Treat Certification: Initial Certification Course

Dr. Mesaros addressed the Committee and indicated that comments and suggestions from the discussion regarding the Collaborative Practice Certification will be incorporated in the Test and Treat Certification proposed rule language.

Mr. Philip addressed the Committee and stated he had no additional content areas to be added to the list as they are outlined in the statute and suggested lowering the requirement for live hours from twelve to eight.

Dr. Vila addressed the Committee regarding adopting the philosophy of not being too broad as that will delay the implementation of the proposed rules.

Dr. Rose addressed the Committee regarding the follow up care requirement.

Mr. Flynn indicated that the follow up requirement will be outlined within Rule 64B16-31.043, F.A.C., Test and Treat Certification: Follow-up Care.

Dr. Rose commented on the authority for compounded drugs within the drug formulary outlined in (b) All compounded medicinal drugs that utilize only active pharmaceutical ingredients approved by the FDA.

Dr. Hickman addressed the Committee and confirmed (b) was outlined due to the Tamiflu shortage.

Mr. Flynn confirmed the rule will be dictated by what is in the written protocol and indicated he indicated the current language will be clarified to specifically exclude controlled substances. The formulary shall include a list of US FDA approved active ingredients as the proposed language could be open for potential abuse of compounded drugs.

Dr. Rose dismissed himself from the meeting.

Dr. Schwimmer addressed the Committee regarding the formulary to Medicaid patients and should the rule address a Medicaid formulary.

Mr. Wright addressed the Committee regarding the formulary and how it may potentially alleviate the concern with compounding.

Dr. Hickman agreed with Mr. Wright and volunteered to work with Mr. Flynn on amending the proposed language to address the concerns.

Dr. Vila addressed the Committee and inquired about the electronic medical records.

Mr. Philip addressed Dr. Vila's concerns and confirmed this would depend on how communication is set up between each physician.

Dr. Mikhael addressed the Committee and extended his gratitude for the open discussion today.

Dr. Mesaros opened for public comment.

No public comments were received.

Ms. Sapp addressed the Committee and confirmed the comments from the discussion will be taken into consideration and amendments to the proposed rules will be presented at the next Committee Meeting.

### **III. ADJOURNMENT**

There being no further discussion, the meeting adjourned at 12:45 p.m.

## Zeh, Traci

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**From:** Sapp, Jessica  
**Sent:** Wednesday, July 1, 2020 1:36 PM  
**Subject:** Board of Pharmacy Joint Rules Committee Meeting

Good afternoon,

The Board of Pharmacy has scheduled a second Joint Rules Committee meeting for **July 29, 2020 at 9:00 a.m.** to review draft rules based on the discussion during the June 25 meeting. We have received a request for a Rules Workshop on proposed rules 64B16-31.007 and 31.039 which will also take place during this meeting. The meeting materials will be published to you approximately 10 days prior to the meeting. Please let me know if you have any questions or concerns.

All committee members, board counsels and staff have been blind copied on this email.

Regards,

**Jessica Sapp**

**Executive Director**

Department of Health | Division of Medical Quality Assurance

Bureau of Health Care Practitioner Regulation

4052 Bald Cypress Way Bin C-04

Tallahassee, FL 32399-1708

Phone 850/245-4463

[www.FloridasDentistry.gov](http://www.FloridasDentistry.gov)

[www.FloridasPharmacy.gov](http://www.FloridasPharmacy.gov)



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**Note:** Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.

PHARM/DEN  
JUL 09 2020

July 3rd, 2020

Richard Montgomery, BPharm, MBA  
Chair  
Florida Board of Pharmacy  
4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32399-3258

Re: Rulemaking process regarding CS/HB 389

Dear Mr. Montgomery,

I write to you today as a concerned pharmacist and very interested party in regards to the rulemaking surrounding FL CS/HB 389. My name is Kevin Duane, and I am a pharmacist and pharmacy owner in Jacksonville, FL.

The legislature made a very bold step in empowering pharmacists in this state to be able to aid in the management of chronic disease states, as well as to be able to provide a means for testing and treatment of certain acute conditions. While this was a bold step, it was certainly not one taken lightly by the legislature or the governor. Indeed, as we have seen these past few months we are in uncharted territory, and we must provide our practitioners with any and all tools possible to implement this legislation to the best of our ability for the betterment of patient care and health management.

As the owner of two pharmacies which are located within physician office buildings, I see this bill as a very good opportunity to bring care to patients who sorely need it. My pharmacies are located in very poor parts of Jacksonville, and many patients come to us for care because the primary care landscape poses many barriers to proper care whether that be financial, or personal. My rural colleagues express the same barriers to care, and these barriers are ones that this bill aims to begin to solve. Above all, the bill allows us to better care for our patients than we are able to do so currently.

The legislature's actions were promising and progressive in the best interest of the patient, and I believe that the board's rulemaking process should be as well. Therefore, I make the following suggestions:

1. Allow individual protocols, rather than preconstructed blank forms which must be followed strictly.

- a. Florida is a diverse state of over 21,000,000 people. We have densely populated city centers with dozens of pharmacies and physicians within walking distance. We have rural areas where oftentimes the pharmacy is the only health care entity for miles. Simply put, it is not a state that lends itself to a one-size-fits-all approach to this practice.
- b. Different pharmacy practice settings will have different goals for implementation - restricting the practice to a single protocol for each acute condition listed under 465.1895 (1)(a)-(e) F.S. will stifle the entrepreneurial aspirations of self-employed pharmacists like myself, and may provide perverse incentives for chain-pharmacies who do not have to share the profits with their pharmacist employees.
  - i. In this state we have consistently seen chain pharmacists that are being asked to do more and more work with less and less help. They have no decision making input into their staffing levels and no ability to enjoy their share of revenue generation they have created. Only allowing a single protocol eliminates the ability for such a pharmacist to be able to tailor their practice limitations or situations to suit their current employment circumstances. Furthermore, a single protocol will limit the ability of pharmacy owners such as myself to change their practice to fit the needs of their own business or their specific patient population. Ultimately, if a physician is to sign on to any protocol under this statute, whether or not it is standardized, they understand what is written within the protocol is what they are signing off on. The physician has the professional discretion to make responsible medical decisions concerning the collaborative programs in a way that is in the best interest of their patients' health management.
- c. Certain procedures outlined in the protocol may be impossible for some practitioners to meet.
  - i. For example, if it is obligated that the protocol is transmitted electronically only, and a physician and/or pharmacists does not have the technology available to do so, or is financially not in the position to spend hefty sums of money to upgrade to said technology for this purpose, why would the rule compel them to do so? If they are unable and thus cannot collaborate and provide

expertise for the benefit of Florida's public, that is a disservice to the citizens and not at all what the legislature had intended. There should not be any substantial financial limitations to a pharmacist being able to implement this in their practice.

2. Do not limit to only conditions specifically outlined in statute.

- a. The legislature recognized the need for pharmacists to be involved in this aspect of patient care. They also recognized the need to add in language to protect and preserve the pharmacist's and physician's ability to choose and augment those conditions with new or evolving conditions as time progressed.
  - i. Indeed, when this bill was filed in the fall no one had even considered a threat to Florida such as Covid-19, and yet it is now at the forefront of everyone's daily routine. To deny pharmacists and physicians the ability to agree to collaborate on conditions that the legislature was not able to contemplate is counter to what is in the public's interest, and frankly a disservice to the health of the citizens of the state of Florida. New progressions in treatment for conditions are developed constantly, and legislation and rulemaking will always lag behind. The rules must be left open for pharmacists and physicians to adopt protocols for new unforeseen illnesses and treatments. We know that leaving the inclusivity of conditions up to rule amendments by the board may take valuable time to implement. Time which could be spent helping patients with such a disease reach better outcomes and potentially save their quality of life.
  - ii. Additionally, being that a physician and a pharmacist are collaborating regarding the scope of services able to be provided, I feel it an unnecessary and improper intrusion by the government into the private agreement between these two parties.
  - iii. Finally, I believe that most of the commentary regarding the need to slow the development and limit the list of conditions eligible for collaboration under this protocol stems from physician discomfort surrounding the intrusion of pharmacy upon their scope of practice. Many physicians are not accepting of the vital role pharmacists can

play in the healthcare system due to their own personal reservations, rather than genuine concern for the patient. They do not seem to mind other physician extenders such as CNAs and MAs to play a large role in their patient care, and after all, they can always choose not to enter into such a collaborative agreement with pharmacists or other midlevel practitioners such as APRNs or PAs if they do not feel comfortable doing so. It was clearly the legislature's intent to allow other conditions to be collaborated on, and rulemaking (or delaying rulemaking) regarding such is counter to the body's intent.

3. Allow drug formularies to be defined by class, and do not allow negative drug formularies.
  - a. In the same way the landscape of disease has shifted so drastically in our lives, so too have treatments - and they will continue to do so! We need again to only look to the COVID-19 pandemic to see how a rigidly defined drug formulary could absolutely impede expert patient care from being delivered. Remdesivir was a drug initially designed for the ebola virus outbreak, and was found to be ineffective. Had a rigid formulary been in place, we would not have had the power to pick it back up and have it find its home as the mainstay of treatment in critically ill COVID-19 patients. Drugs that are the current mainstay of therapy for certain diseases may soon be discovered to have a certain side effect that makes it undesirable to use, or a previously unknown benefit that brings it from the last line of therapy to the first line. A defined drug formulary in rule makes changes like this very inflexible to do, and again impedes the collaborative aspect of the physician and the pharmacist. If the physician wishes for the pharmacist to use or not to use certain drugs for certain conditions, it should be left to them to decide that collaboratively rather than to rely on the long and arduous process of board rulemaking.
  - b. Limited formularies in rule do not consider that not all patients are the same. A certain first line treatment the patient may have an allergic reaction to. The FDA is notoriously slow and has often no impetus to change certain approvals. It is again only serving to hurt patient care by doing so. An APRN or PA does not have a formulary restriction, and in the same way the physician and the pharmacist should be the ones to be able to make these decisions collaboratively.

4. Do not allow exclusivity of initial training CE or renewal CE to one body
  - a. Currently, pharmacists are permitted to immunize patients, but only in the framework of a protocol in collaboration with a physician. In order to renew his or her license, though, the pharmacist must complete a continuing education program that "...shall be offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award (AMA PRA) Category I credit...". I believe that CS/HB 389 is a bill that fosters collaboration with pharmacists and physicians, and as such neither group should have a monopoly on the ability to offer continuing education. Allowing only one of the stakeholders to have full authority on the continuing education offerings necessarily tips the balance of control unfavorably away from the other stakeholders.

This bill adds a wonderful opportunity for pharmacists to be able to collaborate with physicians for the betterment of healthcare delivery to the citizens of the state. The theme of collaboration is well evidenced throughout the bill. I hope that this same theme carries itself well throughout the rulemaking process, and that the private collaborative agreement process between physician and pharmacists is respected and upheld. The above points serve to point out potential pitfalls that I hope the rulemaking process avoids. I am available via e-mail at [Kevin@PanamaRX.com](mailto:Kevin@PanamaRX.com) for any further input if it is needed. I appreciate the efforts of the Boards of Pharmacy, Medicine, and Osteopathic Medicine, and I am hopeful that the legislature's bold vision embodied in this bill carries forward and is evidenced in the final rulemaking product.

Respectfully,

A handwritten signature in black ink, appearing to read 'Kevin J. Duane', with a long horizontal line extending to the right.

Kevin J. Duane, Pharm.D.  
President, Panama Pharmacy

General comments: I listened to the BOOM conference call on 6-9-29 and agree with the comments and discussion. My two general suggestions are:

1. The BOP should adopt rules that mirror and are limited to the legislation wording and examples only at this time. Expansion to diseases not listed as examples can occur later via a process that allows for proposals from pharmacists followed by input from the BOM/BOOM. Formulary should be limited to FDA approved first line treatment for these diseases and specified in the CPA.
2. The BOP should provide a sample blank CPA that contains each of the elements required by the legislation. I also suggest this process become fully electronic online and updated in real time with reporting that can be used to fulfill the legislative requirements.

Comments to sections identified by BOP for consultation with BOM

1. CPC Initial Certification Course -20 hrs
  - a. Performance of patient assessments – I recommend in-person with human simulator no less than 3 hours of content for this portion
  - b. Testing, evaluation and management portions should include content specific to the diseases requested to be covered in the Collaborative practice agreement.
2. Collaborative practice agreement

I suggest providing a sample blank agreement. I also suggest this process become fully electronic online and updated in real time with reporting that can be used to fulfill the legislative requirements
3. Chronic health condition
  - a. I would limit the conditions initially to those examples listed in the legislation.
  - b. I would limit formulary to medications considered to be first line or initial treatments most commonly used in treatment of the listed chronic conditions consistent with the FDA labeling of the medications
  - c. Very important that the formulary be limited to medications that are considered initial treatments of the illnesses and not secondary or tertiary treatments without a consultation with the collaborating physician.
4. Test and treat certification
  - a. I would limit the conditions initially to those examples listed in the legislation.
  - b. I would limit formulary to medications considered to be first line or initial treatments most commonly used in treatment of the listed minor illnesses consistent with the FDA labeling of the medications
  - c. Very important that the formulary be limited to medications that are considered initial treatments of the illnesses and not secondary or tertiary treatments without a consultation with primary care physician.

5. Test and treat an initial certification course must cover the specific disease and treatments specified by the rule with examples of diseases that are similar clinically and often misdiagnosed and mistreated.

June 9, 2020

RE; CS/HB 389

Dear Ed and Claudia,

Below are some thoughts offered for further elaboration, clarification, discussion and consideration.

Respectfully Submitted.

Robert London MD

1. Standards of Care: Clarify that participating pharmacists, their practice, employees and agents held to the same standards as physicians with regards to:
  - a. Existing Florida Statutes and Administrative Rules (Ex. See Appendix A for medical record documentation)
  - b. HIPAA compliance
  - c. Medicare/Medicaid compliance
  - d. Requirements for electronic medical record keeping
  
2. Practice Model: The intent of the law is to expand the current pharmacy-based scope of practice. Are the following models of practice permissible?
  - a. Pharmacist independently practices in an office setting indistinguishable to that of a physician or ARNP.
  - b. Pharmacist owns the medical practice, and employs physicians, who enter into a collaborative agreement with the pharmacist.
  - c. The pharmacist restricts their professional activity solely/exclusively to the expanded scope of practice established by the law.
  - d. Pharmacist is hired by a participating physician as a physician-extender to work in their office.
  
3. Collaborative Agreements:
  - a. Standardization/simplification: Creation of individualized agreements for each patient, potentially by multiple providers and pharmacists, invites the risk of error, where a pharmacist inadvertently treats a patient outside of their particular agreement, or duplication or contrary managements are put in place.
  - b. Creating a small number of standardized agreements based on the specific disease, severity of disease, or existence of patient co-morbidities may mitigate risk. An example of a risk stratification method based on disease states and comorbidity is the American Society of Anesthesiologists (ASA) Risk Classes (ASA I, II, III, IV, V) (See Appendix B)

- c. Implementation of a process whereby overlapping CPAs (more than one Collaborative Practice Agreement for a single patient) can be identified and reviewed or eliminated if needed.
  - d. Patient centric/control:
    - i. Consider documentation of patient's informed consent to allow the pharmacist's provision of care and physician/pharmacist sharing of protected health information.
    - ii. Consider patient acknowledgement, and approval of expanded role of pharmacist in their personal care
    - iii. Consider the patient's signature on the collaborative agreement
  - e. Clarification of physician/pharmacist liability in such arrangements
    - i. If pharmacist treats the patient outside of the terms of the collaborative agreement,
    - ii. If changes to the patient's care/treatment are not reported back to the physician in a timely fashion,
    - iii. Delays in diagnosis due to a patient not feeling the need to follow-up with a physician.
    - iv. If patient follows pharmacist care against the medical advice of the physician?
  - f. If patient leaves physician's practice?
  - g. Clarification of the number of times or the duration of time a pharmacist can manage a patient for a particular condition without improvement or resolution before having to refer the patient to a physician.
  - h. Clarification of the number of supervising physicians and pharmacists who can be involved with CPAs with regard to a specific patient. Example, any prohibition on an internist, family physician, and pulmonologist each having a CPA with their preferred pharmacist (multiple) regarding the same patient.
4. Continuing Medical Education:
- a. The 20-hour CME is one time. Are continuing medical education requirements to be included to assist the pharmacist in maintaining competency over time?
  - b. Objective assessment of competency? Testing? Evaluations? Auditing? Other?
5. Are BOM and BOOM able to create standards for rules applying to physicians for entering into a collaborative practice agreement with a pharmacist?
- a. Establishment of clear communication protocols
  - b. Avoid the confusion of multiple physicians and pharmacists managing the same patient for the same condition
  - c. Standards of care
  - d. Liability
  - e.

## Appendix A: Documentation requirements for medical record keeping

### Example FS 458.331(1)(m):

(m) Failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.

## Appendix B: ASA Risk Classes

### Current Definitions and ASA-Approved Examples

| ASA PS Classification | Definition                                                                      | Adult Examples, Including, but not Limited to:                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ASA I</b>          | A normal healthy patient                                                        | Healthy, non-smoking, no or minimal alcohol use                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>ASA II</b>         | A patient with mild systemic disease                                            | Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease                                                                                                                                                                                                      |
| <b>ASA III</b>        | A patient with severe systemic disease                                          | Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents. |
| <b>ASA IV</b>         | A patient with severe systemic disease that is a constant threat to life        | Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis                                                                                                                                                                        |
| <b>ASA V</b>          | A moribund patient who is not expected to survive without the operation         | Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction                                                                                                                                                                                               |
| <b>ASA VI</b>         | A declared brain-dead patient whose organs are being removed for donor purposes |                                                                                                                                                                                                                                                                                                                                                                                                                                  |

\*The addition of "E" denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

### References

For more information on the ASA Physical Status Classification system and the use of examples, the following publications are helpful. Additionally, in the reference section of each of the articles, one can find additional publications on this topic.

1. Abouleish AE, Leib ML, Cohen NH. ASA provides examples to each ASA physical status class. *ASA Monitor* 2015; 79:38-9 <http://monitor.pubs.asahq.org/article.aspx?articleid=2434536>
2. Hurwitz EE, Simon M, Vinta SR, et al. Adding examples to the ASA-Physical Status classification improves correct assignments to patients. *Anesthesiology* 2017; 126:614-22
3. Mayhew D, Mendonca V, Murthy BVS. A review of ASA physical status – historical perspectives and modern developments. *Anaesthesia* 2019; 74:373-9





**Florida Board of Medicine  
Rules/Legislative Committee Meeting**

**Meet-Me-Number: 888-585-9008  
Conference Room Number: 432-162-565  
(Please login and mute your phone)**

**Wednesday, June 3, 2020**

**MINUTES**

Roll call 1:00 pm

**Members Present:**

Shailesh Gupta, MD, Vice Chair  
Kevin Cairns, MD  
Hector Vila, MD  
Zachariah P. Zachariah, MD  
Eleonor Pimentel, MD

**Members Absent:**

Sarvam TerKonda, MD, Chair  
Nicholas Romanello, Consumer Member

**Staff Present:**

Claudia Kemp, JD, Executive Director  
Edward Tellechea, Board Counsel  
Donna McNulty, Board Counsel  
Nancy Murphy, Certified Paralegal  
Crystal Sanford, Program Operations Administrator (850) 222-5491  
Shaila Washington, Regulatory Supervisor  
Rebecca Hewett, Regulatory Specialist III

**Others Present:**

For the Record Court Reporting  
Lindsey Sampson  
1500 Mahan Drive, Suite 140  
Tallahassee, FL 32308

**Legislative Discussion**

**Legislative Summary ..... 1**

Ms. Kemp addressed the Committee and provided a brief summary of the bills. She said the Governor signed HB 389 (Practice of Pharmacy) and HB 607 (Direct Care Workers). She added that HB 743 (Nonopioid Alternatives) has been presented to the Governor but is pending his signature. She said the rest of the bills have not yet been presented to the Governor.

**No action necessary**

**May 2020 Rules Report ..... 3**

The Rules Report, prepared by Ms. Murphy, provided updates on rules currently in development.

**No action necessary.**

**House Bill 389 ..... 2 and Addendum V3**

Ms. Kemp presented the bill and the draft work completed by the Board of Pharmacy on the rule language. She explained she sent updated information to the members that morning from the Board of Pharmacy (attached). She said they plan to meet on the rule again on June 25, 2020.

Dr. Vila expressed concerns over the process because there were issues to talk about like the timing, the items for consultation in the rule, and how the Board of Medicine can provide consultation to the Board of Pharmacy.

Ms. Kemp suggested a couple of ways to proceed, such as having a medical doctor on the call with the Board of Osteopathic Medicine when they consider the rule at their June 9, 2020 conference call. She also suggested presenting this to the entire Board at Friday's meeting.

Dr. Vila felt full Board participation was necessary.

Mr. Tellechea said he has spoken with counsel to the Board of Pharmacy, David Flynn. He said the language being presented today was preliminary language and they would be solidifying the language at their June 25<sup>th</sup> meeting. He said the Pharmacy Board wanted to hear the Board's input and concerns including meeting with a member and are waiting to hear from us and the Osteopathic Board before their June 25<sup>th</sup> meeting.

Ms. Kemp confirmed Mr. Tellechea's statement and said she has been in direct contact with the Executive Director of the Board of Pharmacy, Jessica Sapp, and in other conversations about the rule and the Board's input.

Dr. Zachariah said he was happy to hear the Pharmacy Board wanted to their input. He suggested conducting a joint committee meeting.

Mr. Tellechea suggested the members write down their comments and concerns and send those to Ms. Kemp. Ms. Kemp could then provide that information to Ms. Sapp to include in the agenda materials for the June 25<sup>th</sup> meeting. He explained the Pharmacy Board is being asked to have this rule in place by August 1, 2020 so Florida is ready for the Fall when COVID-19 is expected to flare again.

Dr. Vila said this was a big change and going slow and deliberate equals success. He suggested starting with a few conditions, see how that goes, then expand to other conditions. He said he was willing to meet at any time and would send his comments to Mr. Tellechea.

Ms. Kemp suggested taking this discussion to the full Board during Friday's meeting.

Dr. Gupta said the Board should offer to meet and work with the Pharmacy Board.

Mr. Tellechea reminded the members about the Sunshine Law. He suggested the members send their comments. He said there is no action yet and today was a good discussion.

Dr. Zachariah advised for members to send their comments to Ms. Kemp and Mr. Tellechea.

**Action taken:** members to submit comments to Ms. Kemp and Mr. Tellechea; discuss at Friday's Board Meeting



Florida Board of Medicine  
Board Meeting

**Meet-Me Number:**  
Toll Free Number: 1-888-585-9008  
Conference Room Number: 432 162 565

June 5, 2020

**Meeting Minutes**

8:00 a.m. Roll call

**Members Present:**

Zachariah P. Zachariah, MD, Chair  
Hector Vila, MD, Vice Chair  
Eleonor Pimentel, MD  
Scot Ackerman, MD  
Sarvam TerKonda, MD  
Kevin Cairns, MD  
Jorge Lopez, MD  
Robert London, MD  
Nicholas Romanello, Consumer Member  
(was present for initial roll call, but not present for the second roll call)  
Andre Perez, Consumer Member  
David Diamond, MD  
Shailesh Gupta, MD  
Luz Pages, MD

**Members Absent:**

Barbara Fonte, Consumer Member

**Staff Present:**

Claudia Kemp, JD, Executive Director  
Edward Tellechea, Board Counsel  
Donna McNulty, Board Counsel  
Nancy Murphy, Certified Paralegal  
Crystal Sanford, CPM, Program Operations Administrator (850) 222-5491  
Wendy All, Program Operations Administrator  
Shaila Washington, Regulatory Supervisor  
Rebecca Hewett, Regulatory Specialist III

**Others Present:**

For the Record Court Reporting  
Lindsey Sampson  
1500 Mahan Drive, Suite 140  
Tallahassee, Florida 32308

**Department Prosecutors Present:**

Allison Dudley, Esquire  
Jamal Burk, Esquire  
Geoffrey Christian, Esquire  
Sarah Corrigan, Esquire  
Cynthia Nash-Early, Esquire  
Corynn Alberto, Esquire  
Michael Williams, Esquire  
Andrew Perrin, Esquire  
Major Thompson, Esquire

**Rules/Legislative Committee ..... No tab**

Dr. Gupta provided the report for the meeting held June 3, 2020. He explained the Committee discussed HB 389 and the best way to consult with the Board of Pharmacy on their rule. He

encouraged all members to send their comments to Mr. Tellechea and Ms. Kemp who would share the comments with the Board of Pharmacy members.

Ms. Kemp reminded the members the rule language is still being drafted. She said the Board of Pharmacy's Rules Committee will be conducting another meeting on June 25, 2020 and encouraged members to listen in to the call.

Dr. Pages asked if the law differentiates between adults and pediatric patients.

Mr. Tellechea said the law did not differentiate between them.

Dr. Zachariah said the process should be methodical, thoughtful and should not be rushed. He suggested asking for members of the Boards of Medicine, Osteopathic Medicine and Pharmacy hold a joint meeting to work on the rule language.

Dr. Pimentel asked if there was a similar law in other states.

Mr. Tellechea said he was not aware of other states.

Ms. Kemp said she could find out and let the members know.

Dr. Gupta asked how the Board asks for a joint meeting.

Ms. Kemp said she and Mr. Tellechea could talk to their Executive Director and Board Counsel.

Dr. TerKonda said there are a lot of questions and the members need a better understanding. He said he would be on the call on June 25<sup>th</sup>.

Dr. London said this is a significant increase in scope of practice.

Dr. Vila said he had concerns but glad to have the opportunity to work with the Board of Pharmacy so patients have more access to care.

Dr. Gupta brought up the next topic from the meeting which concerned Telehealth by Electrologists doing Laser Hair Removal.

Dr. Zachariah called speakers to address the Board.

Jolynn Greenhalgh, DNP, ARNP, Electrology Council Chair, addressed the Board in support of their rule.

Judy Adams, Legislative Liaison with the Electrolysis Society of Florida, addressed the Board in support of the rule language.

Tali Arviv was called but was not on the call.

Christopher Nuland, Esquire, representing the Florida Society of Dermatology and Dermatologic Surgeons and the Florida Society of Plastic Surgeons, addressed the Board in opposition to the rule language. He said Chapters 456 and 458, F.S. define direct supervision requiring the onsite presence of the physicians. He said the Legislature specifically put supervision in the law.

Lawrence Gonzalez, Counsel to the Electrolysis Society of Florida and the Electrolysis Association of Florida, addressed the Board in support of the language. He said the language

would allow supervision under telehealth and direct supervision and responsibility was within the Board's scope to define. He reminded the Board the profession has a superior safety record.

A motion was made and seconded to accept the report.

Mr. Tellechea read the language into the record.

Dr. Vila asked if the rule would now go into rule making.

Mr. Tellechea confirmed.

The motion passed unanimously.

**Action taken:** report accepted; send comments to Ms. Kemp and Mr. Tellechea regarding the Pharmacy rule, members encouraged to attend June 25<sup>th</sup> Pharmacy meeting, Mr. Tellechea and Ms. Kemp to discuss a joint meeting with Pharmacy's Executive Director and Board Council, Electrology telehealth rule language approved

# FLORIDA | Board of Osteopathic Medicine

June 9, 2020



**DRAFT MEETING MINUTES**  
**Board of Osteopathic Medicine**  
**Teleconference Business Meeting**  
**June 9, 2020**  
**1:00 p.m.**

The meeting was called to order by Dr. Joel Rose, Chair, at approximately 1:00 p.m.

Those present for all or part of the meeting included the following:

**MEMBERS PRESENT:**

Joel B. Rose, DO, Chair  
Sandra Schwemmer, DO, Vice-Chair  
Anna Hayden, DO  
Michelle R. Mendez, DO  
Bridget Bellinger, DO.

**MEMBERS ABSENT**

Valerie Jackson, Consumer Member

**COURT REPORTER:**

For the Record Reporting  
(850) 222-5491  
Julie Pulver

**OTHERS PRESENT:**

Jessica Sapp, Board of Pharmacy Executive Director  
Claudia Kemp, Board of Medicine Executive Director  
Ed Tellachea, Board of Medicine Board Counsel  
David Fynn, Board of Pharmacy Board Counsel  
Dr. Terkonda, Board of Medicine  
Dr. Gupta, Board of Medicine  
Dr. London, Board of Medicine  
Dr. Mesaros, Board of Pharmacy

**BOARD STAFF PRESENT:**

Kama Monroe, Executive Director  
Carol Taylor, Program Administrator

**BOARD COUNSEL**

Donna McNulty, Board Counsel  
Nancy Murphy, Paralegal

*Please note that the meeting minutes reflect the actual order that agenda items were discussed during the meeting and may differ from the agenda outline*

## **TAB 1: Discussion of Board of Pharmacy's Draft Rules Related to HB389 Informational Materials for Review for Discussion**

Board Chair, Dr. Joel Rose, called the meeting to order and welcomed all attendees.

Program Administrator, Carol Taylor, noted that the purpose of the meeting was to discuss House Bill 389 (HB 389). Dr. Rose provided a brief overview of HB 389 and the items the board would discuss.

Dr. Rose asked for volunteers from the Osteopathic board who would be interested in serving as the board's second member of the joint committee with the Board of Pharmacy and the Board of Medicine. He also stated that he would serve as the first member. The first Joint Committee meeting is scheduled for June 25, 2020.

Dr. Bellinger nominated Dr. Mendez to serve as the second member of the Joint Committee. Dr. Hayden seconded the nomination. The nomination passed.

Direction was given to the board to provide any comments or questions they might have, following the meeting, to the Board of Osteopathic Medicine board office.

Discussion ensued with input from the board and meeting attendees. Discussion included the desire from an attendee, that there be a single standard of care that is no less than the standard currently in place. There was a further desire that the term "interactive computer based" when discussing a course, be better defined. Several questions and comments arose during discussion of Rule 64B16-0035. A desire to see in rule something that specifies what modification entails was conveyed. Discussion regarding the Collaborative Agreement resulted in much input from all present, including concerns with HIPAA compliance. Board of Pharmacy board counsel noted HIPAA concerns would be further discussed at the June 25<sup>th</sup> joint meeting. In discussion of test and treat, there was concern that movement forward should be in a safe and responsible manner. Much discussion entailed regarding concerns with sharing of information, records, and a failure to specify which board when referencing the board. This discussion generated much input and many concerns.

Direction was again provided for osteopathic physicians to provide comments or questions to Board of Osteopathic Medicine board office and for medical physicians to provide comments or questions to Board of Medicine board staff.

A Joint Committee Meeting with representation from the Board of Osteopathic Medicine, Board of Pharmacy and Board of Medicine is scheduled for June 25, 2020.

### **ADJOURN**

Motion: by Dr. Hayden, to adjourn the meeting.  
Meeting adjourned at 2:00 pm.

### **ADJOURN**

**Next Meeting: June 22, 2020  
Teleconference**

**64B16-26.XXXX Collaborative Pharmacy Practice Certification.**

(1) An application for certification to provide services under a collaborative pharmacy practice agreement shall be made on Board approved form DH-MQA XXXX, "Board of Pharmacy Collaborative Pharmacy Practice Certification Application," dated XX/20, which is hereby incorporated by reference. To obtain an application go to XXXXXX, or contact the Board of Pharmacy at 4052 Bald Cypress Way, Bin #C04, Tallahassee, FL 32399-3254 or (850)488-0595, or download the application from the web at <http://www.doh.state.fl.us/mqa/pharmacy>.

(2) The Board shall approve a 20-hour education course offered by an Accreditation Council of Pharmacy Education (ACPE) accredited provider for initial certification to provide services under a collaborative pharmacy practice agreement. The course shall cover all of the following:

- (a) Performance of patient assessments;
- (b) Ordering, performing, and interpreting clinical and laboratory tests related to collaborative pharmacy practice;
- (c) Evaluating and managing diseases and health conditions in collaboration with other health care practitioners; and
- (d) Review of applicable state and federal laws and rules.

(3) The 20-hours of education for initial certification may be applied to the 30 hours of continuing education required under section 465.009, F.S.

(4) The Board shall approve an 8-hour continuing education course offered by an ACPE accredited provider to be completed by a pharmacist who practices under a collaborative pharmacy practice each biennial license renewal period. The course shall provide a review of the material covered in the initial certification course and any applicable updated information.

**64B16-27.XXXX Collaborative Pharmacy Practice for Chronic Health Conditions.**

In addition to the chronic health conditions listed in section 465.1865, F.S., “chronic health condition” means any chronic condition to be collaboratively managed by a pharmacist and a collaborating physician under a collaborative pharmacy practice agreement that meets the requirements of 465.1865(3), F.S.

**64B16-26.XXXX Certification for Testing or Screening for and Treating Minor, Nonchronic Health Conditions.**

(1) An application for certification to test or screen for and treat minor, nonchronic health conditions shall be made on Board approved form DH-MQA XXXX, "Board of Pharmacy Test and Treat Certification Application," dated XX/20, which is hereby incorporated by reference. To obtain an application go to XXXXXX, or contact the Board of Pharmacy at 4052 Bald Cypress Way, Bin #C04, Tallahassee, FL 32399-3254 or (850)488-0595, or download the application from the web at <http://www.doh.state.fl.us/mqa/pharmacy>.

(2) The Board shall approve a 20-hour education course offered by an Accreditation Council of Pharmacy Education (ACPE) accredited provider for initial certification to test or screen for and treat minor, nonchronic health conditions. The course, at a minimum, shall cover all of the following:

- (a) Patient assessments;
- (b) Point-of-care testing procedures;
- (c) Safe and effective treatment of minor, nonchronic health conditions;
- (d) Identification of contraindications;
- (e) Applicable state and federal laws and rules.

(3) The 20-hours of education for initial certification may be applied to the 30 hours of continuing education required under section 465.009, F.S.

(4) The Board shall approve a 3-hour continuing education course offered by an ACPE accredited provider to be completed by a pharmacist providing services under section 465.1895, F.S., each biennial license renewal period. The course shall provide a review of the material covered in the initial certification course and any applicable updated information.

**64B16-27.XXXX Formulary of Drugs for Treating Minor, Nonchronic Health Conditions**

A pharmacist certified to treat minor, nonchronic health conditions in accordance with section 465.1895, F.S., may prescribe any medicinal drug for the treatment of a minor, nonchronic health condition that is:

- (1) Not a controlled substance as described in section 893.03, F.S., or 21 U.S.C. section 812;
- (2) Approved by the United States Food and Drug Administration; and
- (3) Indicated for treatment of the minor, nonchronic health condition.

**64B16-27.XXXX Guidelines for Providing Patients with Written Information Advising Patients to Seek Followup Care**

A pharmacist who tests or screens for and treats minor, nonchronic health conditions in accordance with section 465.1895, F.S., must provide a patient with written information advising the patient to followup with his or her primary care provider when:

- (1) The written protocol between the pharmacist and the supervising physician requires the pharmacist to advise the patient to followup with his or her primary care provider.
- (2) The pharmacist determines in his or her professional judgment that the patient should followup with his or her primary care provider.

# FLORIDA BOARD OF PHARMACY



June 8, 2020

Dear Dr. Zachariah,

On March 11, 2020, CS/HB 389 Practice of Pharmacy was approved by the Governor and is effective July 1, 2020. This bill authorizes a pharmacist, who meets certain qualifications, to enter into a collaborative pharmacy practice agreement with a physician to manage chronic health conditions. It also authorizes a pharmacist, who meets certain qualifications, to test or screen for and treat minor, non-chronic health conditions within the framework of a written protocol with a supervising physician.

The Board of Pharmacy must consult with the Boards of Medicine and Osteopathic Medicine to develop rules to implement certain provisions of the bill. The first draft of the proposed rules has been provided to your Board identifying the sections in which consultation is required. The Board of Pharmacy will hold a Rules Committee meeting on June 25, 2020 at 1:00 p.m. ET wherein we invite two representatives from the Board of Medicine to participate in rulemaking discussion. Multi-board collaboration will ensure quality rules are produced. Please inform the Board of Pharmacy, through your Executive Director, of your chosen representatives so that we may provide them with the meeting materials.

The Board of Pharmacy looks forward to working with the Board of Medicine to implement this bill. Together, we will continue to protect, promote, and improve the health of all people in Florida.

Sincerely,

Jessica Sapp, Executive Director  
*on behalf of*

Jeffrey Mesaros, PharmD, J.D., Rules Committee Chair

**Richard Montgomery, BPharm, MBA,**  
Chair  
Orlando, FL

**Jonathan Hickman, PharmD,**  
Vice-Chair  
Tallahassee, FL

**Mark Mikhael, PharmD**  
Orlando, FL

**Blanca R. Rivera, PharmD, MBA**  
Miami, FL

**Jeffrey J. Mesaros, PharmD, JD**  
Orlando, FL

**Jeenu Philip, BPharm**  
Jacksonville, FL

**David Wright, BPharm**  
Fort Pierce, FL

**Gavin Meshad**  
Consumer Member  
Jacksonville, FL

# FLORIDA BOARD OF PHARMACY



June 8, 2020

Dear Dr. Rose,

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The Board of Pharmacy must consult with the Boards of Medicine and Osteopathic Medicine to develop rules to implement certain provisions of the bill. The first draft of the proposed rules has been provided to your Board identifying the sections in which consultation is required. The Board of Pharmacy will hold a Rules Committee meeting on June 25, 2020 at 1:00 p.m. ET wherein we invite two representatives from the Board of Osteopathic Medicine to participate in rulemaking discussion. Multi-board collaboration will ensure quality rules are produced. Please inform the Board of Pharmacy, through your Executive Director, of your chosen representatives so that we may provide them with the meeting materials.

The Board of Pharmacy looks forward to working with the Board of Osteopathic Medicine to implement this bill. Together, we will continue to protect, promote, and improve the health of all people in Florida.

Sincerely,

Jessica Sapp, Executive Director  
*on behalf of*

Jeffrey Mesaros, PharmD, J.D., Rules Committee Chair

**Richard Montgomery, BPharm, MBA,**  
Chair  
Orlando, FL

**Jonathan Hickman, PharmD,**  
Vice-Chair  
Tallahassee, FL

**Mark Mikhael, PharmD**  
Orlando, FL

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Miami, FL

**Jeffrey J. Mesaros, PharmD, JD**  
Orlando, FL

**Jeenu Philip, BPharm**  
Jacksonville, FL

**David Wright, BPharm**  
Fort Pierce, FL

**Gavin Meshad**  
Consumer Member  
Jacksonville, FL

**From:** [Sapp, Jessica](#)  
**To:** [Monroe, Kama](#); [Taylor, Carol](#)  
**Cc:** [Kemp, Claudia J](#)  
**Subject:** BOOM Representatives  
**Date:** Tuesday, June 9, 2020 2:26:20 PM

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Hi Kama and Carol,

From your call today, I understand that Dr. Mendez and Dr. Schwemmer were selected as your Board's representatives. Please let them know, as well as the rest of your Board, that our June 25 meeting begins at 9:00 a.m., not 1:00 p.m. We discussed two different times and I did not amend the letter when 9:00 a.m. was finalized so I apologize for the typo.

Claudia- Will you also let your Board know as you all are still deciding on your representatives?

Thank you!

**Jessica Sapp**

**Executive Director**

Department of Health | Division of Medical Quality Assurance

Bureau of Health Care Practitioner Regulation

4052 Bald Cypress Way Bin C-04

Tallahassee, FL 32399-1708

Phone 850/245-4463

[www.FloridasDentistry.gov](http://www.FloridasDentistry.gov)

[www.FloridasPharmacy.gov](http://www.FloridasPharmacy.gov)



**Mission:** To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

**Note:** Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.



March 30, 2020

Richard Montgomery, BPharm, MBA  
Chair  
Florida Board of Pharmacy  
4052 Bald Cypress Way Bin C-04  
Tallahassee FL, 32399-3258

***Re: HB 389 - Boards of Pharmacy, Medicine and Osteopathic Medicine Joint Committee***

Dear Mr. Montgomery,

On March 11, 2020, Governor Ron DeSantis signed into law House Bill 389 which greatly expands the role pharmacists play in Florida's healthcare system. HB 389 is best characterized as having two major pieces of legislation wrapped up in one. First, it creates a collaborative pharmacy practice agreement between a physician and pharmacist for the management of chronic conditions and second, establishes a protocol for pharmacists that may test and treat for minor, nonchronic conditions.

HB 389 calls for the promulgation of several rules by the Board of Pharmacy in consultation with the Boards of Medicine and Osteopathic Medicine. It is the role of all three boards to protect the public and to assure competency and safety to practice in their respective service for the people of Florida. In order for that mission to be accomplished in regard to HB 389, it is imperative that all three boards have a seat at the table so that the proper expertise can be shared. Rules that must be developed in consultation include the following:

Chronic conditions under a collaborative pharmacy practice agreement –

- **Chronic conditions** – HB 389 defines “chronic health conditions” as arthritis, asthma, COPD, type 2 diabetes, HIV/AIDS, obesity, or any other chronic condition adopted in rule by the Board of Pharmacy (BOP), in consultation with the Board of Medicine (BOM) and Board of Osteopathic Medicine (BOOM).
- **Certification Criteria** – In order to provide services under a collaborative pharmacy practice agreement, the BOP must certify the pharmacist according to rules adopted in consultation with the BOM and BOOM.
- **Educational Requirements** – In order to be certified to provide services under a collaborative pharmacy practice agreement, the pharmacist must complete an initial 20-hour course approved by the BOP in consultation with the BOM and BOOM.
- **Implementation** – all other rules required to implement this section shall be done in consultation with the BOM and BOOM.

Minor, non-chronic conditions under a protocol –



- **Certification Criteria** – In order to provide services under a protocol agreement to test and treat for minor, non-chronic conditions, the BOP must certify the pharmacist in accordance to requirements established by rule in consultation with the BOM and BOOM.
- **Educational Requirements** – In order to be certified to test and treat for minor, nonchronic health conditions, the pharmacist must complete an initial 20-hour course approved by the BOP in consultation with the BOM and BOOM.
- **Protocol Requirements** – HB 389 sets the minimum requirements for what a protocol must contain and allows for other requirements as established by rule in consultation with the BOM and BOOM.

While HB 389 does not mandate the Board of Pharmacy adopt rules in consultation in other areas of the legislation, such as establishing the drug formulary and guidelines for providing medical record information to patients for physician follow-up, it would be best practice for the three boards to continue to collaborate. The FMA believes that the BOP would benefit from the presence of BOM and BOOM members throughout the rulemaking process.

The Florida Medical Association hereby respectfully requests that the Board of Pharmacy create a Joint Committee with the Boards of Medicine and Osteopathic Medicine in order to collaborate and streamline the rulemaking process.

Thank you for your consideration in this matter. If you have any questions, please do not hesitate to contact me via email at [MThomas@flmedical.org](mailto:MThomas@flmedical.org) or by telephone at 850-224-6496.

Sincerely,

Mary Thomas, Esq.  
Assistant General Counsel  
Florida Medical Association

Cc: Zachariah Zachariah, M.D., Chair, Board of Medicine  
Joel Rose, D.O., Chair, Board of Osteopathic Medicine

# WINN LAW

2709 Killarney Way, Suite 4  
Tallahassee, FL 32309  
[www.jwinnlaw.com](http://www.jwinnlaw.com)

Jason D. Winn, Esq.  
*Administrative, Association  
and Governmental Law*

[jwinn@jwinnlaw.com](mailto:jwinn@jwinnlaw.com)  
850.222.7199(w)  
850.222.1562(f)

April 7, 2020

Richard Montgomery, BPharm, MBA  
Chair Florida Board of Pharmacy  
4052 Bald Cypress Way, Bin C-04  
Tallahassee, FL 32399-3258

Re: HB 389 – Board of Pharmacy, Medicine and Osteopathic Medicine Joint Committee

Dear Mr. Montgomery,

As General Counsel to the Florida Osteopathic Medical Association (FOMA), please accept this letter on behalf of the FOMA requesting the Board of Pharmacy create a Joint Committee with the Boards of Medicine and Osteopathic Medicine for rulemaking regarding HB389.

As you are aware, HB389 passed during the 2020 Legislative Session, and Governor DeSantis signed the bill into law on March 11, 2020, expanding the role of pharmacists in Florida. There are two major components to this new law: creating a collaborative pharmacy practice agreement between a physician and pharmacist for the management of chronic conditions; and, establishing a protocol for pharmacists that may test and treat for minor, non-chronic conditions.

## **CHRONIC HEALTH CONDITIONS**

HB389 defines **chronic health conditions** as: Arthritis, Asthma, Chronic obstructive pulmonary diseases, type 2 diabetes, human immunodeficiency virus or acquired immune deficiency syndrome, obesity, or any other chronic condition adopted in rule by the board, in consultation with the Boards of Medicine and Board of Osteopathic Medicine. (465.1865(1)(b), (FS)).

Also, HB389 requires the Board of Pharmacy to collaborate with the Boards of Medicine and Osteopathic Medicine to: 1. certify pharmacists under a collaborative agreement; 2. Provide an approved 20-hour course; and, 3. Any other rules required to implement HB389.

## **NON-CHRONIC & MINOR CONDITIONS**

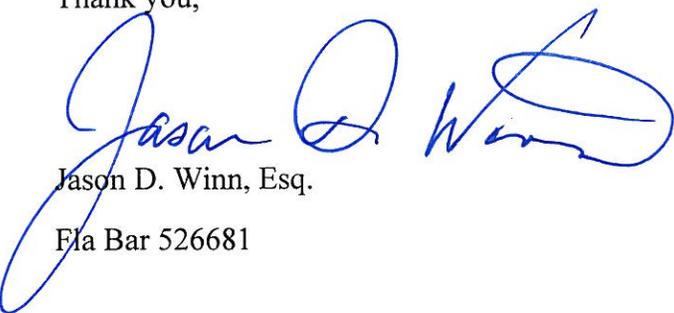
HB389 defines non-chronic & minor conditions as: Influenza, Streptococcus, lice, skin conditions such as ringworm and athlete's foot, and minor uncomplicated infections. Again, this new law requires consultation by this Board with the Boards of Medicine and Osteopathic Medicine to: 1. Set requirements for certification of pharmacists to test and treat for non-chronic and minor conditions; 2. Provide an approved 20-hour course; 3.

Set the minimum requirements for what a protocol must contain; and, 4. Any other requirements established by rule.

The FOMA supports the FMA's letter dated March 30, 2020 in requesting the Board of Pharmacy create a Joint Committee with the Boards of Medicine and Osteopathic Medicine in order to collaborate during the rulemaking process. The FOMA supports the position that the Board of Pharmacy would benefit from the inclusion of members from the Board of Medicine and Board of Osteopathic Medicine.

Thank you for your time in this matter, and please contact me via email at [jwinn@jwinnlaw.com](mailto:jwinn@jwinnlaw.com) or by phone at 850/519-5876.

Thank you,

A handwritten signature in blue ink, reading "Jason D. Winn, Esq.", with a large, stylized flourish at the end.

Jason D. Winn, Esq.

Fla Bar 526681

CC: Zachariah Zachariah, MD, Chair of Board of Medicine

Joel Rose, DO, Chair of Board of Osteopathic Medicine

PROGRAM: RVBE5F1  
 SELECT ORG: 6475XXXXXX  
 PARMS:  
 SORT: BE L2-5 FID OBJ  
 BE: 64400100 MEDICAL QUALITY ASSURANCE  
 ORG: 64-75-12-01-021 OSTEOPATHIC

DEPARTMENT OF HEALTH  
 REVENUE REPORT BY BUDGET ENTITY, L5, AND FUND  
 INCLUDES CATEGORY=00XXXX AND GLC=6XXXX

PAGE: 35  
 DATE RUN: 06/30/20  
 AS OF: 06/30/20

| FID    | OBJECT      | OBJECT DESCRIPTION                     | REVENUE<br>MTD | REVENUE<br>QTD | REVENUE<br>YTD |
|--------|-------------|----------------------------------------|----------------|----------------|----------------|
| 352001 | 002201      | COMPAS - INITIAL APPLICATION           | 25,055.00      | 106,155.00     | 237,055.00     |
| 352001 | 002202      | COMPAS - LICENSE VERIFICATION          | 13,710.00      | 18,190.00      | 32,715.00      |
| 352001 | 002203      | COMPAS - DISPENSING                    | 3,400.00       | 18,176.00      | 152,184.00     |
| 352001 | 002204      | COMPAS - FINGERPRINT CARD              | 69,360.00-     | 63,144.00-     | 3,336.00       |
| 352001 | 002208      | COMPAS - DUPLICATE/NAME & STATUS CHANG | 675.00         | 3,275.00       | 12,075.00      |
| 352001 | 002211      | COMPAS - TESTING                       | .00            | .00            | 475.00         |
| 352001 | 002221      | COMPAS - REFUNDED REVENUE              | 4,750.00       | 9,850.00       | 9,850.00       |
| 352001 | 002225      | COMPAS - UNASSIGNED                    | 2,333.13-      | 1,102.56-      | 32,127.16      |
| 352001 | 002241      | COMPAS - SALES GOODS AND SERVICES      | 195.70         | 475.96         | 1,324.49       |
| 352001 | 002301      | COMPAS - INITIAL LICENSE               | 20,700.00      | 85,755.00      | 265,724.00     |
| 352001 | 002302      | COMPAS - LICENSE RENEWAL               | 76,830.00      | 396,759.00     | 3,289,289.00   |
| 352001 | 002303      | COMPAS - INACTIVE                      | 1,400.00       | 11,000.00      | 40,600.00      |
| 352001 | 002304      | COMPAS - REACTIVATION                  | 200.00         | 600.00         | 3,400.00       |
| 352001 | 002305      | COMPAS - DELINQUENT CHARGE             | 6,024.00       | 12,424.00      | 30,905.00      |
| 352001 | 002306      | COMPAS - UNLICENSED ACTIVITY           | 1,155.00       | 5,840.00       | 45,805.00      |
| 352001 | 012001      | ADMINISTRATIVE FINES                   | 1,400.00       | 10,155.85      | 33,770.84      |
| 352001 | 038000      | 12 MONTH OLD WARRANT CANCELLATIONS     | .00            | 277.36         | 527.36         |
| 352001 | 050002      | FEE COLLECTED FOR NEUROLOGICAL INJURY  | 65,642.00      | 65,642.00      | 65,642.00      |
|        | * FID:      | 352001 TOTAL                           | 149,443.57     | 680,328.61     | 4,256,804.85   |
|        | ** LEVEL 5: | 75-12-01-021 TOTAL                     | 149,443.57     | 680,328.61     | 4,256,804.85   |