MINUTES

North Carolina Medical Board

September 18-20, 2013

1203 Front Street
Raleigh, North Carolina

General Session Minutes of the North Carolina Medical Board Meeting held September 18-20, 2013.

The North Carolina Medical Board met September 18-20, 2013, at its office located at 1203 Front Street, Raleigh, NC. William A. Walker, MD, President, called the meeting to order. Board members in attendance were: Paul S. Camnitz, MD, President-Elect; Cheryl L. Walker-McGill, MD, Secretary/Treasurer; Janice E. Huff, MD; Thomas R. Hill, MD; Ms. Thelma Lennon; Eleanor E. Greene, MD; Subhash C. Gumber, MD; Mr. Michael Arnold; Ms. H. Diane Meelheim, FNP. Absent were Pascal O. Udekwu, MD and John B. Lewis, Jr., LLB.

Presidential Remarks

Dr. Walker commenced the meeting by reminding the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the board as required by the State Government Ethics Act. No conflicts were reported.

Minute Approval

Motion: A motion passed to approve the July 17, 2013 Board Minutes, the August 22, 2013 Hearing Minutes.

Announcements

1. Dr. Camnitz presented the following resolution to Dr. Walker on behalf of the Board:

In Recognition of the Distinguished Service Rendered by
William A. Walker, MD, as President of the
North Carolina Medical Board
November 1, 2012—October 31, 2013

Whereas, William A. Walker, MD, was named to the North Carolina Medical Board in 2007 by Governor Beverly Perdue, and was reappointed to the Board in 2010. He was elected by his fellow Board members as Secretary-Treasurer for 2009 and 2010; in 2011, he became President-Elect; and in November 2012, he was sworn in as President of the Board.

WHEREAS, while on the Board, Dr Walker has been a member of the NC Physician's Health Program Compliance Committee, Continued Competence Committee, Allied Health Committee, Nurse Practitioner Joint Subcommittee, Midwifery Joint Subcommittee and Clinical Pharmacist Practitioner Joint Subcommittee. In addition, he chaired the Disciplinary, Policy and Executive Committees.

WHEREAS, he has been active in the work of the Federation of State Medical Boards, and was appointed to serve on the Audit, Editorial, and Reference Committees; and

WHEREAS, during Dr Walker's term as President, he has:

- Led the Board in executing the objectives of the Administrators in Medicine Assessment Project including:
  - Led the 2013 Retreat on Board Governance and the subsequent effort to create a Board Governance Manual;
  - Improved the Board's efficiency by authorizing staff to execute Board mandates pursuant to Board parameters;

- Made it simpler for Board members to do their work, by standardizing formats and reporting of Board information;
  - Initiated a project to collect and analyze data on key performance indicators of Board performance;
  - Improved public access to information about the complaint process;
  - Bolstered the resources of the Investigations Department and simplified its processes;
- Initiated a workgroup on telemedicine;
- Led a roundtable in June 2013 on the unintended effects a Board action may have on a licensee;
- Initiated an effort, with the Board of Nursing, to make the Nurse Practitioner Joint Subcommittee meeting more efficient by, among other things, delegating additional duties to staff and using consent agendas;
- Convened a public meeting in August 2013 on prescribing controlled substances in anticipation of revising the Board's Position Statement on the treatment of chronic, non-malignant pain;
- Used the President's Message in *The Forum* to address: teamwork in medical care; transparency and objectivity in the Board's disciplinary processes; and issues surrounding prescribing of controlled substances;
- Invited distinguished guests to the Board to encourage dialogue with partner medical organizations and to educate the Board about various issues affecting the regulation and practice of medicine;
- Made numerous speeches to medical groups about the work of the Board; and

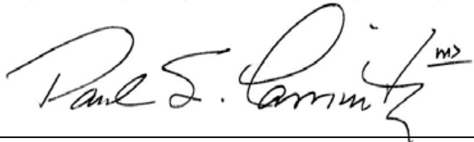
WHEREAS, Dr Walker has focused his keen intelligence, knowledge, and drive to push the Board beyond its comfort zone to make it a more efficient, transparent and better agency. The Board is indebted to him for his personal service and dedication to the principals of integrity, trust and honor.

NOW, THEREFORE, BE IT RESOLVED that the North Carolina Medical Board is grateful to William A. Walker, MD, for his service and publicly recognizes the outstanding leadership he has provided as the Board's president. His leadership distinguishes him, honors the Board and marks a deep commitment to the people of North Carolina.

BE IT FURTHER RESOLVED that this Resolution be made part of the minutes of the Board and that a formal copy be presented to Dr Walker.

Approved by acclamation this 19th day of September, 2013.

NORTH CAROLINA MEDICAL BOARD



Paul S. Camnitz, MD
President-Elect

ATTEST:

R. David Henderson
Executive Director

2. Ms. Jean Fisher-Brinkley, Director Public Affairs, recognized Ms. Dena Konkel on her ten-year anniversary at the NCMB.
3. Mr. Thom Mansfield, Director Legal Department, recognized Mr. Patrick Balestrieri on his five-year anniversary at the NCMB.
4. Ms. Joy Cooke, Director Licensing, introduced Ms. Stephanie Matos as the new Licensing Assistant.
5. Mr. David Henderson, Executive Director, introduced Mr. Jerry Weaver as the new Director of Investigations.
6. Mr. Thom Mansfield, NCMB Legislative Liaison, gave a legislative update.
7. John M. Kauffman, Jr., D.O., Dean, Campbell University School of Osteopathic Medicine, gave a presentation to the Board.

EXECUTIVE COMMITTEE REPORT

The Executive Committee of the North Carolina Medical Board (NCMB) was called to order at 1:45 p.m. on Thursday September 19, 2013, at the offices of the Board. Members present were: William A. Walker, MD, Chairperson; Paul S. Camnitz, MD; Cheryl Walker-McGill, MD; Eleanor E. Greene, MD; and Ms. Thelma C. Lennon. Also present were David Henderson, Executive Director, and Hari Gupta, Director of Operations.

1) Financial Statements

a) Monthly Accounting (June and July 2013)

The Committee reviewed the compiled financial statements for June and July 2013. July is the ninth month of fiscal year 2013.

Committee Recommendation: Accept the financial statements as reported.

Board Action: The Board accepted the Committee recommendation.

b) Investment Account Statements

The Committee reviewed the investment statements for July and August 2013.

Committee Recommendation: Accept as information.

Board Action: The Board accepted the Committee recommendation.

c) Proposed Budget (FY 2013-2014)

The Committee reviewed the proposed budget for fiscal year 2013-2014.

Committee recommendation: Approve proposed budget.

Board Action: The Board accepted the Committee recommendation.

2) Old Business

a) Property Update

Mr. Harold Rich, Rich Commercial Realty (RCR), is assisting the Board with its search for a new office location. Mr. Rich met with the Committee to discuss his efforts in this regard.

Committee Recommendation: (1) list the Board's property at 1203 Front Street, Raleigh, NC, for sale or lease with a company approved by the Board, and (2) RCR to identify potential tracts of land for a new office location and report back to the Committee in November.

Board Action: The Board accepted the Committee recommendation.

b) PHP Fee Increase Proposal

The NC Physicians Health Program (PHP) has requested an increase in the amount the Medical Board remits PHP each month per physician and physician assistant.

Committee Recommendation: Defer a decision on this request until the NCMB obtains a fee increase from the Legislature.

Board Action: The Board accepted the Committee recommendation.

c) AIMAP Report

The Committee reviewed outstanding items from the Administrators in Medicine Assessment Program ("AIMAP") report.

Committee Recommendation: Accept as Information.

Board Action: The Board accepted the Committee recommendation.

d) Task Tracker

The Committee reviewed outstanding items on the Task Tracker report.

Committee Recommendation: Accept as Information

Board Action: The Board accepted the Committee recommendation.

e) Licensee Information Page Compliance Program

Staff is developing a licensee information page compliance program to encourage broader compliance with state law and improve the accuracy and completeness of information reported.

Committee Recommendation: Defer to the November 2013 meeting.

Board Action: Refer to the November 2013 meeting of the Outreach Committee.

f) Board Manual

Staff is working with Board members to produce a Board member governance manual.

Committee Recommendation: Defer to the November 2013 meeting.

Board Action: The Board accepted the Committee recommendation.

3) New Business

a) NCMB Bylaws

Staff is working with Board members on changes to the NCMB Bylaws.

Committee Recommendation: Defer to the November 2013 meeting.

Board Action: The Board accepted the Committee recommendation.

b) Salary Survey

The Director of Human Resources, working with an outside consultant, recently completed a review of employee salary ranges and made adjustments to the minimum and maximum ranges as warranted.

Committee Recommendation: Accept as information. Going forward, this information should be provided each year with the budget proposal.

Board Action: The Board accepted the Committee recommendation.

c) Employee Manual

The Director of Human Resources, working with an outside consultant, recently completed a review of the employee manual and made several changes.

Committee Recommendation: Accept as Information.

Board Action: The Board accepted the Committee recommendation.

d) Proposed Questionnaire and Safety Procedures – Immunizing Pharmacists

As required by House Bill 832, representatives from various organizations met and developed a screening questionnaire and safety protocols for pharmacists who administer vaccines.

House Bill 832 also requires pharmacists to report their immunizing status to the NC Board of Pharmacy and the NC Medical Board. The Board of Pharmacy has agreed to collect and maintain these reports for itself and for the Medical Board and make this information available to the Medical Board, if needed.

Committee Recommendation: Staff to notify all interested parties that (1) the Medical Board is satisfied with the questionnaire and safety procedures, and (2) the Medical Board considers an immunizing pharmacist's report to the Board of Pharmacy as satisfying the reporting requirements to the Medical Board.

Board Action: The Board accepted the Committee recommendations with the understanding that protocols governing immunizing pharmacists should address all affirmative answers to the questionnaire - not just those with italicized language afterwards.

e) Proposed Changes to NCMB Committees

Dr. Camnitz, President-Elect, discussed proposed changes to the NCMB committee structure.

Committee Recommendations:

- dissolve the Continued Competence Committee. Issues previously considered by this committee will be routed to the Executive Committee or an ad hoc workgroup.
- create the Outreach Committee to promote better communications with the public, the profession, and government officials. Also, this committee will be the channel for Public Affairs initiatives and development, similar to the Policy Committee for position statements.
- fold the Review Committee into the Disciplinary Committee and add one more member to the Disciplinary Committee.

Board Action: The Board accepted the Committee recommendation.

POLICY COMMITTEE REPORT

Committee Members: Dr. Greene, Chairperson; Dr. Hill. Absent: Judge Lewis and Dr. Udekwu
Staff: Todd Brosius and Wanda Long

1. Old Business
    a. Position Statement Review
        i. Policy for the Use of Controlled Substances for the Treatment of Pain (APPENDIX A)

Committee Discussion: Ms. Apperson reviewed the information received during the public forum on August 21, 2013. Dr. Sheppa discussed the FSMB Model Policy.

Committee Recommendation: Create a workgroup to explore different avenues to address the issue of the use of controlled substances. The workgroup should include the current members of the Policy committee as well as Dr. Sheppa.

Board Action: Accept the Committee Recommendation.

1. Old Business
    a. Position Statement Review
        ii. Departures from or Closings of Medical Practices (APPENDIX B)

Committee Recommendation: Table until the November 2013 meeting.

Board Action: Approve the Committee Recommendation.

1. Old Business:
    b. Private Letters of Concern (PLOC)

Committee Recommendation: Table until the November 2013 meeting.

Board Action: Approve the Committee Recommendation.

2. New Business:
    a. Position Statement Review (APPENDIX C)

    Committee Recommendation: (Loomis/Camnitz) Adopt a 4 year review schedule as presented. All reviews will be offered to the full Board for input. Additionally all reviews will be documented and will be reported to the full Board, even if no changes are made.

    Board Action: Adopt the recommendation of the Policy Committee.

2. New Business:
    a. Position Statement Review
        i. Professional Obligations pertaining to incompetence, impairment, and unethical conduct of healthcare providers (APPENDIX D)

Committee Recommendation: No changes to the current Position Statement are necessary.

Board Action: Approved the Committee Recommendation.

2. New Business:
    a. Position Statement Review
        ii. Unethical Agreements in Complaint Settlements (APPENDIX E)

Committee Recommendation: No changes to the current Position Statement are necessary.

Board Action: Approved the Committee Recommendation.

2. New Business:
    b. Board Certification

    Issue: There is currently a perceived discrepancy between the Board's Position Statement on Advertising and Publicity, regarding board certification, and information permitted on a licensee's personal information page (LIP). The Position Statement allows alternative (non-ABMS/AOA) board certification to be used in advertising if the alternative board meets specific criteria as listed in the position statement. The physician's LIP board certification tab indicates board certification is specifically limited to "Current ABMS or AOA Board Certification" (although this is not strictly correct) and makes no provision for listing of alternative board certification.

    Recommendation: The Position Statement and LIP provisions regarding board certification should correspond. The LIP should be modified allowing alternative boards, meeting the criteria listed in the Position Statement, to be included. Staff to determine which alternative boards meet the position Statement criteria.

**Inclusion of the provision in the Position Statement which states, "The Board expects any physician advertising or otherwise holding himself or herself out to the public as "board certified" to <u>disclose in the advertisement the specialty board by which the physician was certified</u>" would require revision of the LIP and there are several possible solutions.*

* * *

The Position statement on Adverting and Publicity relative to specialty board certifications:

Physicians Advertising Board Certification. The term "board certified" is publicly regarded as evidence of the skill and training of a physician carrying this designation. Accordingly, in order to avoid misleading or deceptive advertising concerning board certification, physicians are expected to meet the following guidelines.

No physician should advertise or otherwise hold himself or herself out to the public as being "board certified" without proof of current certification by a specialty board approved by the (1) American Board of Medical Specialties (ABMS); (2) the Bureau of Osteopathic Specialists of the American Osteopathic Association (AOA-BOS); (3) the Royal College of Physicians and Surgeons of Canada (RCPSC); or (4) a board that meets the following requirements:

1) The organization requires satisfactory completion of a training program with training, documentation and clinical requirements similar in scope and complexity to ACGME- or AOA-approved programs, in the specialty or subspecialty field of medicine in which the physician seeks certification. Solely experiential or on-the-job training is not sufficient;
2) The organization requires all physicians seeking certification to successfully pass a written or oral examination or both, which tests the applicant's knowledge and skill in the specialty or subspecialty area of medicine. All examinations require a psychometric evaluation for validation;
3) The organization requires diplomates to recertify every ten years or less, and the recertification requires, at a minimum, passage of a written examination;
4) The organization prohibits all certification and recertification candidates from attempting more than three times in three years to pass the examination;
5) The organization has written by-laws and a code of ethics to guide the practice of its members and an internal review and control process including budgetary practices to ensure effective utilization of resources;
6) The organization has written proof of a determination by the Internal Revenue Service that the certifying organization is tax-exempt under Section 501(c) of the Internal Revenue Code; and
7) The organization has a permanent headquarters and staff sufficient to respond to consumer and regulatory inquiries.

The Board expects any physician advertising or otherwise holding himself or herself out to the public as "board certified" to disclose in the advertisement the specialty board by which the physician was certified. A physician is expected to maintain and provide to the Board upon request evidence of current board certification. In the case of physicians who have been certified by non-ABMS, non-AOA and non-RCPSC boards, the physician is expected to maintain and provide to the Board upon request evidence that the certifying board meets the criteria listed above.

The above limitations are only intended to apply to physicians who advertise or otherwise hold themselves out to the public as being "board certified." The above criteria are not applicable in other instances, such as employment determinations, privileging or credentialing decisions, membership on insurance panels, or setting reimbursement rates.

*Business letterheads, envelopes, cards, and similar materials are understood to be forms of advertising and publicity for the purpose of this Position Statement.

* * *

Instructions for including board certification on the LIP:

"Physicians who are currently board certified by an ABMS, AOA, CCFP, FRCP, FRCS board may indicate their certifications below. The North Carolina Medical Board recognizes certifications issued by the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), Fellowship of the Royal College of Physicians of Canada (FRCP), Fellowship of Royal College of Surgeons of Canada (FRCS), and the Certificate of the College of Family Physicians (CCFP)."

Committee Recommendation: Discuss with the full Board.

Board Action: Issue to be referred to the Outreach Committee.

LICENSE COMMITTEE REPORT

The License Committee of the North Carolina Medical Board was called to order at 10:45 a.m., September 18, 2013, at the office of the Medical Board. Members present were: Paul Camnitz, MD, Chairperson, Janice Huff, MD, and Thelma Lennon. Also present were: Scott Kirby, MD, Katharine Kovacs, PA-C, Thom Mansfield, Patrick Balestrieri, Carren Mackiewicz, Nancy Hemphill, Joy Cooke, Michelle Allen, Mary Rogers and Amy Whited.

Open Session (See Appendix K)

Old Business

1. Private Letters of Concern (PLOCs)

Issue: As a result of Board Action at the July 2013 meeting Dr. Kirby has put together a proposal on whether the Administrative Medicine PLOC, Scope of Practice PLOC, Telemedicine PLOC and PA/MD PLOC should remain PLOCs. Additionally, staff has put together an example of how the message in these PLOCs can be incorporated into the "Now Licensed" letter that is sent to all new licensees, when applicable.

Committee Recommendation: Accept Dr. Kirby's proposal to include language regarding telemedicine, scope of practice and administrative medicine in the now license letter. Include copies of respective board position statements with the letter. Keep the MD/PA letter as a preapproved PLOC.

Board Action: Accept Dr. Kirby's proposal to include language regarding telemedicine, scope of practice and administrative medicine in the now licensed letter. Include copies of respective board position statements with the letter. Keep the MD/PA letter as a preapproved PLOC.

2. Special Limited Permit vs Medical School Faculty Limited (MSFL) License

Issue: As a result of Board Action at the May 2013 meeting, to amend 21 NCAC 32B .1602 to allow physicians who do not qualify for full unrestricted license or a resident training license an avenue for licensure, Dr. Kirby was instructed to present a written proposal on the qualifications for the Special Purpose License

§ 90-8.1. Rules governing applicants for licensure.

The North Carolina Medical Board is empowered to adopt rules that prescribe additional qualifications for an applicant, including education and examination requirements and application procedures.

§ 90-12.2A. Special purpose license.

(a) The Board may issue a special purpose license to practice medicine to an applicant who:

(1) Holds a full and unrestricted license to practice in at least one other jurisdiction; and

(2) Does not have any current or pending disciplinary or other action against him or her by any medical licensing agency in any state or other jurisdiction.

(b) The holder of the special purpose license practicing medicine or surgery beyond the limitations of the license shall be guilty of a Class 3 misdemeanor and, upon conviction, shall be fined not less than twenty-five dollars ($25.00) nor more than fifty dollars ($50.00) for each offense. The Board, at its discretion, may revoke the special license after due notice is given to the holder of the special purpose license.

(c) The Board may adopt rules and set fees as appropriate to implement the provisions of this section.

SECTION .1600 – SPECIAL PURPOSE LICENSE
21 NCAC 32B .1601 SCOPE OF PRACTICE UNDER SPECIAL PURPOSE LICENSE
The Board may limit the physician's scope of practice under a Special Purpose License by geography, term, practice setting, and type of practice.

21 NCAC 32B .1602 SPECIAL PURPOSE LICENSE – VISITING INSTRUCTOR
(a) The Special Purpose License is for physicians who wish to come to North Carolina for a limited time, scope and purpose, such as to demonstrate a new technique, procedure or piece of equipment, or to educate physicians or medical students in an emerging disease or public health issue.
(b) In order to obtain a Special Purpose License, an applicant shall:

(1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
(2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
(3) submit documentation of a legal name change, if applicable;
(4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
(5) comply with all requirements of G.S. 90-12.2A;
(6) submit the Board's form, completed by the mentor, showing that the applicant has received an invitation from a medical school, medical practice, hospital, clinic or physician licensed in the state of North Carolina, outlining the need for the applicant to receive a special purpose license and describing the circumstances and timeline under which the applicant will practice medicine in North Carolina;

(7) submit an AMA Physician Profile and, if applicant is an osteopathic physician, also submit AOA Physician Profile;
(8) submit an FSMB Board Action Data Bank report;
(9) submit two completed fingerprint record cards supplied by the Board;
(10) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
(11) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check;
(12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All reports must be submitted directly to the Board from the primary source, when possible.
(d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
(e) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

Committee Recommendation: Allow physicians who hold a full and unrestricted license to practice in at least one other jurisdiction and who wish to come to North Carolina for a limited time, scope, and purpose (such as fellowship or other postgraduate training) and who submit documents showing the applicant has received an invitation from a medical school, medical practice, hospital, clinic or physician licensed in the state of North Carolina, outlining the need for the applicant to receive a special purpose license and describing the circumstances and timeline under which the applicant will practice medicine in North Carolina.

The special purpose license may not be used by physicians simply to overcome ineligibility for another type of license (MSFL, Full Unrestricted License (FUL), or Resident Training License (RTL)) such as graduation from a discredited medical school or failure to pass each component of the USMLE within three attempts.

Board Action: Allow physicians who hold a full and unrestricted license to practice in at least one other jurisdiction and who wish to come to North Carolina for a limited time, scope, and purpose (such as fellowship or other postgraduate training) and who submit documents showing the applicant has received an invitation from a medical school, medical practice, hospital, clinic or physician licensed in the state of North Carolina, outlining the need for the applicant to receive a special purpose license and describing the circumstances and timeline under which the applicant will practice medicine in North Carolina.

The special purpose license may not be used by physicians simply to overcome ineligibility for another type of license (MSFL, FUL, or RTL) such as graduation from a discredited medical school or failure to pass each component of the USMLE within three attempts.

3. Amendment of Rules 21 NCAC 32B .1360 and .1350 (Reactivation and Reinstatement)

Issue: Historically, when an applicant applied for reinstatement or reactivation of his or her license, the applicant was held to the licensure requirements established by rule at the time the applicant initially applied for licensure. The proposed rule changes simply put this policy in rule form for reinstatement and reactivation applications. For example, suppose a physician went inactive and took five years off from medicine to care for his newborn child. This physician took four attempts to pass both USMLE Steps 1 and 2, but at the time of initial licensure he qualified (there is now a three attempt limit for license applicants). Even though the license was inactive, the physician still had the license (it is a property interest) - he just could not use the license to practice medicine until it was reinstated or reactivated. Therefore, if this physician presented a suitable reentry plan and the application was otherwise acceptable, he would not be precluded

from reinstatement by a rule change subsequent to initial licensure such as the current three-attempt limit for USMLE testing. Prohibiting an inactive licensee in this situation from reinstating his license was deemed manifestly unfair and not something that was in any way contemplated or intended by these rules. These rule changes simply put in rule form this longstanding policy.

Committee Recommendation: Amend NCAC 32B .1360 and .1350 as follows:

32B .1360 add:
(d) Notwithstanding the above provisions of this rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply.

32B .1350 add:
(g) Notwithstanding the above provisions of this rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply.

Board Action:

32B .1360 add:
(d) Notwithstanding the above provisions of this rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply.

32B .1350 add:
(g) Notwithstanding the above provisions of this rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply.

4. Modification to list of staff delegated licensing decisions.

In July the Board voted to give SSRC the authority to determine when an application does not require review by a board member in certain circumstances.

Committee Recommendation: Amend the list to include applications where Continuing Medical Education (CME) is the only questionable credential and where Dr. Kirby has reviewed and approved the CME.

Board Action: Amend the list to include applications where CME is the only questionable credential and where Dr. Kirby has reviewed and approved the CME.

New Business

1. Proposed amendment to NCAC 32B .1402 (Resident Training License)

Issue: Last year the Board approved a regulatory rule for a resident training license, limiting the number of attempts for passing the Comprehensive Osteopathic Medical License Examination (COMLEX) Levels 1&2 or the United States Medical Licensing Examination (USMLE) Steps 1&2 within three attempts. It is rare that an applicant for a resident training license would have taken

COMLEX Level 3 or USMLE Step 3, however it is possible. There has been some discussion that applicants for a resident training license, who may have already taken COMLEX Level 3 or USMLE Step 3, should be held to the same standard as applicants for a full license by requiring that they passed within 3 attempts. It should be noted that the Board would not be requiring that Level 3 or Step 3 be passed in order to be eligible for a training license, only that if they have taken one of these components, they have to have passed within 3 attempts.
Committee Recommendation:

Amend NCAC 32B .1402 as follows:

(10) provide proof that the applicant has taken and passed within three attempts:

- (A) the COMLEX Level 1, and each component of COMLEX Level 2 (cognitive evaluation and performance evaluation; and, if taken COMLEX Level 3; or
- (B) the USME Step 1 and each component of the USMLE Step 2 (Clinical Knowledge and Clinical Skills); and if taken USMLE Step 3; and

Board Action:

Amend NCAC 32B .1402 as follows:

(10) provide proof that the applicant has taken and passed within three attempts:

- (A) the COMLEX Level 1, and each component of COMLEX Level 2 (cognitive evaluation and performance evaluation); and, if taken COMLEX Level 3; or
- (B) the USME Step 1 and each component of the USMLE Step 2 (Clinical Knowledge and Clinical Skills); and if taken USMLE Step 3; and

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Four licensure cases were discussed. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

LICENSE INTERVIEW REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Eleven licensure interviews were conducted. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report.

The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

ALLIED HEALTH COMMITTEE REPORT

Cheryl Walker-McGill, MD, Chairperson; Paul Camnitz, MD and H. Diane Meelheim, FNP-BC

PHYSICIAN ASSISTANTS

1. Primary Supervising Physicians for PAs and NPs.

Issue: Should a PA/NP's primary supervising physician be notified on anything that involves the PA/NP that concerns patient care or anything that is public, including a PubLoc? If so, how and when should they be notified? Should all of the active primary supervising physicians that the PA/NP has be notified or just the primary supervising physician the PA/NP is working under when the concern arises? How would the confidentiality nature of the material be handled? Dr. Walker-McGill to discuss.

Committee Recommendation:
Immediate primary supervising physician should be interviewed or electronically communicated with for any case involving any physician assistant and nurse practitioner. All primary supervising physicians at all locations should be notified if action is public.

Board Action:
Immediate primary supervising physician should be interviewed or electronically communicated with for any case involving any physician assistant and nurse practitioner regarding quality of care or issues of supervision. All primary supervising physicians at all locations should be notified if the action is public.

NC EMERGENCY MEDICAL SERVICES

1. No items for discussion.

ANESTHESIOLOGIST ASSISTANTS

1. No items for discussion

NURSE PRACTITIONERS

1. No items for discussion

CLINICAL PHARMACIST PRACTITIONERS

1. No items for discussion

PERFUSIONISTS

1. Open session portion of the July PAC minutes

Issue: The open session minutes of the July PAC meeting have been sent to the Committee members for review.

Committee Recommendation: Accept the report of the open session minutes of the July PAC meeting.

Board Action: Accept the report of the open session minutes of the July PAC meeting.

POLYSOMNOGRAPHIC TECHNOLOGISTS

1. No items for discussion

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

> Three licensee applications were reviewed. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

NURSE PRACTITIONER JOINT SUBCOMMITTEE

The Nurse Practitioner Joint Subcommittee (NPJS) was called to order at 6:00 pm on September 17, 2013 at the office of the NC Board of Nursing. Members present were: Bobby Lowery, NP, Chairperson (NCMB); Cheryl Walker-McGill, MD (NCMB); Cheryl Duke, RN (NCBON); Diane Meelheim, NP (NCMB); Peggy Walters, RN (NCBON); and Paul Camnitz, MD (NCMB). Staff present were: Donna Mooney (NCBON); Eileen Kugler (NCBON); Marcus Jimison (NCMB); David Henderson (NCMB); Julie George (NCBON); David Kalbacker (NCBON); Paulette Hampton (NCBON); Jack Nichols (NCBON); Linda Burhan (NCBON); Amy Fitzhugh (NCBON); and Quanta Williams (NCMB).

1. Approval of minutes of May 15, 2013

    a. Motion: Approve the minutes of the May 2013 meeting as presented.

2. Additions to agenda

    a. There were no additions to the agenda.

3. Old Business

    a. There was no old business to discuss.

4. New Business

a. Streamlining NP Joint Subcommittee

At the May meeting, a workgroup was assigned to come up with a streamlining process to increase the efficiency of the Joint Subcommittee.
The workgroup came up with a model for a pilot project. The specifics of the pilot are included in the attached memo.

Motion: To accept the pilot as presented. Passed.

b. Report of any disciplinary actions, including Consent Agreements, taken by either Board since January 10, 2013

The Board of Nursing reported disciplinary actions against 19 NPs.
The Medical Board did not report any disciplinary actions involving NPs.

c. NP Compliance Review Report

The report was reviewed by the Joint Subcommittee. There were no questions, comments, or discussion about the report.

d. NP Online Training

Mr. Lowery wanted to open a discussion about on line training for nurse practitioners since distance education is becoming more prevalent. He reports that the outcomes and competencies of distance education are the same as those set by state and national certifying bodies. Mr. Lowery will send out more information on this topic as it becomes available.

5. Other Business

a. 2014 Meeting Schedule

Since the streamlining pilot project was approved, the Joint Subcommittee will only have two scheduled meetings for 2014.

May 13, 2014 at 6pm
November 19, 2014 – Midwifery Committee at 5pm, NPJS at 6pm

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Eight approval applications were reviewed. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session

PHYSICIAN ASSISTANT ADVISORY COMMITTEE

Committee Members present were: Cheryl Walker-McGill, MD, Chairperson, Paul Camnitz, MD, and H. Diane Meelheim, FNP-BC. Also present were Marcus Jimison, Lori King, CPCS, Jane Paige, Marc Katz, PA, Nancy Hemphill, Katharine Kovacs, Cathie Field, Peggy Robinson, Robin Hunter-Buskey, PA, Douglas Hammer, MD, Tom Colletti, PA, Julie Daniel-Yount, PA, Lisa Shock, Karen Hills, Tracey Tonsor, and T. Hill, MD.

1. Introductions

a. Dr. Walker-McGill welcomed all and thanked everyone for attending. PAAC members and guests introduced themselves.

2. Old Business

a. No items for discussion.

3. New Business

   a. Unequal Playing Field of Providers Practicing Before Licensure. Marc Katz and Committee discussed. Complaints regarding RNs and NPs need to be forwarded to the North Carolina Board of Nursing (NCBON) and NP complaints forwarded to the Joint Sub.

   b. Re-Entry Policy Presented at the House of Delegates discussed at the Federation of State Medical Boards (FSMB) Meeting. Robin Hunter Buskey and Committee discussed. FSMB is refining re-entry policies for general re-entry and impaired practitioners re-entry.

   c. National PA Licensure. Robin Hunter Buskey and Committee discussed. This topic was discussed at the FSMB meeting. The Veterans Administration is looking into PA license portability to try and remove barriers for quicker credentialing.

   d. The National Commission on Certification of Physician Assistants (NCCPA) Certification Changes 2014. Robin Hunter Buskey and Committee discussed. Ms. Hunter-Buskey is on the NCCPA Board and will keep the Committee updated.

   e. PAs Practicing Medicine Without a License. Katharine Kovacs and Committee discussed. The NCMB is visiting PA schools and letters sent to PA Program Directors. Staff is working on adding information to PA applications.

   f. North Carolina Academy of Physician Assistants (NCAPA) Conference. Committee discussed. NP and PA Rules were discussed at the conference. Ms. Kovacs did a presentation at the conference regarding the Life of a Medical Board Complaint.

   g. Ms. Hemphill informed the Committee that the NCMB is working on educational modules for the NCMB website to be used as a teaching tool. Ms. Hemphill requested that Program Directors forward her any topics they think would be beneficial.

4. Next PAAC Meeting Date

   a. Tentative date of September, 2014. The Committee discussed that July is not a good month and requested that the month be changed to September and the Board Action was to accept the change.

REVIEW (MALPRACTICE) COMMITTEE REPORT

The Review Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 12:55 p.m. on September 18, 2013 at the office of the Medical Board. Board Members present were: Janice Huff, MD (chairperson), Eleanor Greene, MD and Diane Meelheim, NP. Absent: John Lewis Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Amy Ingram, Carol Puryear and Brian Blankenship.
43 cases reported

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

> The Review (Malpractice) Committee reported on forty-three malpractice cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

REVIEW (COMPLAINT) COMMITTEE REPORT

The Review Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 12:55 p.m. on September 18, 2013 at the office of the Medical Board. Board Members present were: Janice Huff, MD (chairperson), Eleanor Greene, MD and Diane Meelheim, NP. Absent: John Lewis Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Amy Ingram, Carol Puryear and Brian Blankenship.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

> The Review (Complaint) Committee reported on thirty-three complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

REVIEW (MEDICAL EXAMINER) COMMITTEE REPORT

The Review Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 12:50 p.m. on September 18, 2013 at the office of the Medical Board. Board Members present were: Janice Huff, MD (chairperson), Eleanor Greene, MD and Diane Meelheim, NP. Absent: John Lewis Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Amy Ingram, Carol Puryear and Brian Blankenship.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Review (Medical Examiner) Committee reported on two cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

The Disciplinary Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 8:00 a.m. on September 18, 2013 at the office of the Medical Board. Board Members present were: Thomas Hill, MD (chairperson), Subhash Gumber, MD, Cheryl Walker-McGill, MD and Michael Arnold. Absent: Pascal Udekwu, MD Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Amy Ingram, Carol Puryear, Thom Mansfield, Todd Brosius, Brian Blankenship, Patrick Balestrieri and Marcus Jimison.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Disciplinary (Complaints) Committee reported on five complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

DISCIPLINARY (MALPRACTICE) COMMITTEE REPORT

The Disciplinary Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 8:00 a.m. on September 18, 2013 at the office of the Medical Board. Board Members present were: Thomas Hill, MD (chairperson), Subhash Gumber, MD, Cheryl Walker-McGill, MD and Michael Arnold. Absent: Pascal Udekwu, MD Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Amy Ingram, Carol Puryear, Thom Mansfield, Todd Brosius, Brian Blankenship, Patrick Balestrieri and Marcus Jimison.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Disciplinary (Malpractice) Committee reported on eight cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

INVESTIGATIVE INTERVIEW REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Fifteen informal interviews were conducted. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT

The Investigative Disciplinary Committee of the North Carolina Medical Board was called to order at 9:30 09/18/2013 at the office of the Medical Board. Members present were: Thomas Hill, MD (Chairperson), Cheryl Walker-McGill, MD, Subhash Gumber, MD, Mike Arnold. Absent was Pascal Udekwu, MD.

Also present: Jerry Weaver, Dave Allen, Lee Allen, Therese Babcock, Loy Ingold, Don Pittman, Rick Sims, Jerry Weaver, Jenny Olmstead, Barbara Rodrigues, Sharon Denslow, Thom Mansfield, Todd Brosius, Patrick Balestrieri, Brian Blankenship, Marcus Jimison.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Disciplinary (Investigative) Committee reported on thirty-six investigative cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

REVIEW (INVESTIGATIVE) COMMITTEE REPORT

The Investigative Review Committee of the North Carolina Medical Board was called to order at 12:45 Wednesday September 18, at the office of the Medical Board. Members present were: Dr. Janice Huff (Chairperson), Dr. Eleanor Green Ms Diane Meelheim. Also present were: Jenny Olmstead, Barbara Rodrigues, Sharon Squibb-Denslow , Kim Chapin, Therese Dembroski, David Allen, Lee Allen, David Hedgecock, Don Pittman, Robert Ayala, Loy Ingold,

Bruce Jarvis, Rick Sims, Jerry Weaver ,Todd Brosius, Thom Mansfield, Patrick Balestrieri, Marcus Jimison.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

> The Review (Investigative) Committee reported on thirty-five investigative cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

Present: David Collins MD, Chairperson, Greg Taylor MD, Janice Huff MD, Scott Elston MD, Clark Gaither MD; Mike Arnold, Paul Camnitz MD, Gail Curtis PA-C, Charles Harpe MD. NCPHP Staff: Warren Pendergast MD, Kim Lamando, Deborah Hill, Joe Jordan PhD, Keenan Glasgow, Michael Moore, Mary Agnes Rawlings, Sid Kitchens, Logan Graddy MD.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

> The Board reviewed forty-two cases involving participants in the NC Physicians Health Program. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

TELEMEDICINE WORKGROUP

Chairperson Janice Huff, MD, called the work group meeting to order at Noon on Thursday, September 19, 2013 at the Medical Board office. The following Board members were present: Dr. Camnitz, Dr. Walker-McGill, Mr. Arnold and Ms. Meelheim. Also present were staff members Dr. Kirby and Mrs. Apperson.

The July 2013 Work Group minutes were approved.

Dr. Walker-McGill reported that she had a conversation with Pam Silberman of the North Carolina Institute of Medicine to gauge the IOM's interest in researching and opining on telemedicine policy. Dr. Silberman said she had received another inquiry about the matter and accordingly offered telemedicine as a potential research topic to her students. Regrettably, there were no takers but she may consider offering it again in the future. In the meantime, she offered to serve as a speaker or panel member should the NCMB have need of one.

Mr. Arnold provided a comprehensive review of the proceedings of the inaugural meeting of the FSMB SMART (State Medical Boards' Appropriate Regulation of Telemedicine) Work Group. His written remarks are available for review under Tab 140. The group had a full-day meeting on August 1 that will be followed by several conference calls. A draft will be circulated to the work group in the Fall for comments. The draft will then go to the FSMB Board of Directors in February 2014 and will be circulated to the states for comment, with the goal of approval by the FSMB House of Delegates at the April 2104 Annual Meeting. The SMART work group's meeting consisted primarily of wide-ranging discussion on telemedicine, a review of state laws and rules, standards of care for telemedicine, and preliminary recommendations that the report will contain. Following are possible topics to be covered by the Report:

- A consistent definition of "telemedicine" needs to be developed
- Standards of care cannot be compromised because telemedicine is employed
- An initial patient encounter is distinguishable from continuing care in telemedicine
- Engagement via telemedicine means that a physician-patient relationship has been formed
- Telemedicine policy language should emphasize that telemedicine is merely a tool, but existing standards of care and expectations should remain intact
- Insurance reimbursement language must be clear that physicians decide if telemedicine is/is not appropriate for a patient's treatment and there are no financial penalties or disincentives for electing against its use
- Discussion of changing the "physical touch" requirement
- Treatment cannot be based on a questionnaire (such as early abusive internet prescribing practices)
- Evaluation and treatment must remain aligned in telemedicine policy language

Dr. Huff queried the group about its desire to continue meeting. Dr. Camnitz announced the work group will disband and the topic will be transferred to the Policy Committee.

ATTORNEY REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

> The Board's attorneys gave a report and advice regarding two non-public attorney-client privledged matters.

A motion passed to return to open session.

RULE AMENDMENTS FOR FINAL APPROVAL (APPENDIX J)

Issue: The following rules were published in the NC Register noticing a public hearing on August 30, 2013. The deadline for receiving written comments was also August 30, 2013. No one attended the public hearing and no written comments were received. The proposed effective date is November 1, 2013.

BOARD ACTION: Approved the following rules as published. Submit to the Rules Review Commission for approval.

Rule	Name	Initial Board Action	Status	Explanation
21 NCAC 32B .1702 & .1704	LIMITED VOLUNTEER LICENSE	01/2012 Licensing Committee	Notice of Text submitted – Public Hearing scheduled for August 30, 2013	In response to SB 743 encouraging medical services to indigent persons
21 NCAC 32S .0209	NON APPLICABILITY	11/2012 Allied Health Committee	Notice of Text submitted – Public Hearing scheduled for August 30, 2013	To clarify when a Physician Assistant is exempt from licensure.
21 NCAC 32B .1303(a)(12) & 1350(b)(5)	APPLICATION FOR PHYSICIAN LICENSE & REINSTATEMENT OF PHYSICIAN LICENSE	01/2013 Licensing Committee	Notice of Text submitted – Public Hearing scheduled for August 30, 2013	To remove the requirement for applicants to submit proof of licensure in any state or jurisdiction which they were ever licensed.
21 NCAC 32B .1303(b)(2), .1350(c)(2) & .2001	APPLICATION FOR PHYSICIAN LICENSE; REINSTATEMENT OF PHYSICIAN LICENSE & EXPEDITED APPLICATION FOR PHYSICIAN LICENSURE	05/2013 Licensing Committee	Notice of Text submitted – Public Hearing scheduled for August 30, 2013	To accept Maintenance of Certification and Osteopathic Continuous Certifications to satisfy the 10 year rule for expedited applications.
21 NCAC 32B .1303(a)(5), .1402 & .1502	APPLICATION FOR PHYSICIAN LICENSE; APPLICATION FOR RESIDENT TRAINING LICENSE; APPLICATION FOR MEDICAL SCHOOL FACULTY LICENSE	05/2013 License Committee	Notice of Text submitted – Public Hearing scheduled for August 30, 2013	To allow a waiver of the requirement that an applicant have completed 130 weeks of medical school to qualify for a license, the applicant has certified or recertified by an approved specialty board within the past 10 years.
21 NCAC 32B .2001	EXPEDITED APPLICATION FOR PHYSICIAN LICENSURE	5/2012 License Committee	Notice of Text submitted – Public Hearing scheduled for August 30, 2013	To clarify that it is the Board's intent that applicants for expedited licensure must provide "current" certifications or recertifications.
21 NCAC 32B .1602	SPECIAL PURPOSE LICENSE	5/2012 License Committee	Notice of Text submitted – Public Hearing scheduled for August 30, 2013	To allow physicians who do not qualify for full unrestricted license or a RTL an avenue for licensure.
21 NCAC 32S .0206	NON APPLICABILITY	11/2012 Allied Health Committee	Notice of Text submitted – Public Hearing	A technical change to clarify that the subchapter identifies situations where a license is not required.

			scheduled for August 30, 2013	
21 NCAC 32M .0104 & .0108	PROCESS FOR APPROVAL TO PRACTICE; INACTIVE STATUS	5/2013 NP Joint Subcommittee	Notice of Text submitted – Public Hearing scheduled for August 30, 2013	To include the refresher course for NP out of practice greater than 2 years as a prerequisite for approval to practice.

ADJOURNMENT
This meeting was adjourned at 12:45 p.m., September 20, 2013.

____

Cheryl L. Walker-McGill, MD
Secretary/Treasurer

CURRENT POSITION STATEMENT:

Policy for the use of controlled substances for the treatment of pain

- Appropriate treatment of chronic pain may include both pharmacologic and non-pharmacologic modalities. The Board realizes that controlled substances, including opioid analgesics, may be an essential part of the treatment regimen.
- All prescribing of controlled substances must comply with applicable state and federal law.
- Guidelines for treatment include: (a) complete patient evaluation, (b) establishment of a treatment plan (contract), (c) informed consent, (d) periodic review, and (e) consultation with specialists in various treatment modalities as appropriate.
- Deviation from these guidelines will be considered on an individual basis for appropriateness.

Section I: Preamble
The North Carolina Medical Board recognizes that principles of quality medical practice dictate that the people of the State of North Carolina have access to appropriate and effective pain relief. The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain. For the purposes of this policy, the inappropriate treatment of pain includes nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments.

The diagnosis and treatment of pain is integral to the practice of medicine. The Board encourages physicians to view pain management as a part of quality medical practice for all patients with pain, acute or chronic, and it is especially urgent for patients who experience pain as a result of terminal illness. All physicians should become knowledgeable about assessing patients' pain and effective methods of pain treatment, as well as statutory requirements for prescribing controlled substances. Accordingly, this policy have been developed to clarify the Board's position on pain control, particularly as related to the use of controlled substances, to alleviate physician uncertainty and to encourage better pain management.

Inappropriate pain treatment may result from physicians' lack of knowledge about pain management. Fears of investigation or sanction by federal, state and local agencies may also result in inappropriate treatment of pain. Appropriate pain management is the treating physician's responsibility. As such, the Board will consider the inappropriate treatment of pain to be a departure from standards of practice and will investigate such allegations, recognizing that some types of pain cannot be completely relieved, and taking into account whether the treatment is appropriate for the diagnosis.

The Board recognizes that controlled substances including opioid analgesics may be essential in the treatment of acute pain due to trauma or surgery and chronic pain, whether due to cancer or non-cancer origins. The Board will refer to current clinical practice guidelines and expert review in approaching cases involving management of pain. The medical management of pain should consider current clinical knowledge and scientific research and the use of pharmacologic and non-pharmacologic modalities according to the judgment of the physician. Pain should be assessed and treated promptly, and the quantity and frequency of doses should be adjusted according to the intensity, duration of the pain, and treatment outcomes. Physicians should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.

The North Carolina Medical Board is obligated under the laws of the State of North Carolina to protect the public health and safety. The Board recognizes that the use of opioid analgesics for other than legitimate medical purposes pose a threat to the individual and society and that the inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Accordingly, the Board expects that physicians incorporate safeguards into their practices to minimize the potential for the abuse and diversion of controlled substances.

Physicians should not fear disciplinary action from the Board for ordering, prescribing, dispensing or administering controlled substances, including opioid analgesics, for a legitimate medical purpose and in the course of professional practice. The Board will consider prescribing, ordering, dispensing or administering controlled substances for pain to be for a legitimate medical purpose if based on sound clinical judgment. All such prescribing must be based on clear documentation of unrelieved pain. To be within the usual course of professional practice, a physician-patient relationship must exist and the prescribing should be based on a diagnosis and documentation of unrelieved pain. Compliance with applicable state or federal law is required.

The Board will judge the validity of the physician's treatment of the patient based on available documentation, rather than solely on the quantity and duration of medication administration. The goal is to control the patient's pain while effectively addressing other aspects of the patient's functioning, including physical, psychological, social and work-related factors.

Allegations of inappropriate pain management will be evaluated on an individual basis. The Board will not take disciplinary action against a physician for deviating from this policy when contemporaneous medical records document reasonable cause for deviation. The physician's conduct will be evaluated to a great extent by the outcome of pain treatment, recognizing that some types of pain cannot be completely relieved, and by taking into account whether the drug used is appropriate for the diagnosis, as well as improvement in patient functioning and/or quality of life.

Section II: Guidelines
The Board has adopted the following criteria when evaluating the physician's treatment of pain, including the use of controlled substances:

Evaluation of the Patient —A medical history and physical examination must be obtained, evaluated, 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.

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 physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities 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.

Informed Consent and Agreement for Treatment —The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is without medical decision-making capacity. The patient should receive prescriptions from one physician and one pharmacy

whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the physician should consider the use of a written agreement between physician and

- patient outlining patient responsibilities, including
- urine/serum medication levels screening when requested;
- number and frequency of all prescription refills; and
- reasons for which drug therapy may be discontinued (e.g., violation of agreement); and
- the North Carolina Controlled Substance Reporting Service can be accessed and its results used to make treatment decisions.

Periodic Review —The physician should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluation of progress toward treatment objectives. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers should be considered in determining the patient's response to treatment. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. Reviewing the North Carolina Controlled Substance Reporting Service should be considered if inappropriate medication usage is suspected and intermittently on all patients.

Consultation —The 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 patients with pain who are at risk for medication misuse, abuse 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.

Medical Records —The physician should keep accurate and complete records to include

- the medical history and physical examination,
- diagnostic, therapeutic and laboratory results,
- evaluations and consultations,
- treatment objectives,
- discussion of risks and benefits,
- informed consent,
- treatments,
- medications (including date, type, dosage and quantity prescribed),
- instructions and agreements and
- periodic reviews including potential review of the North Carolina Controlled Substance Reporting Service.

Records should remain current and be maintained in an accessible manner and readily available for review.

Compliance With Controlled Substances Laws and Regulations —To prescribe, dispense or administer controlled substances, the physician must be licensed in the state and comply with applicable federal and state regulations. Physicians are referred to the Physicians Manual of the U.S. Drug Enforcement Administration and any relevant documents issued by the state of North Carolina for specific rules governing controlled substances as well as applicable state regulations.

Section III: Definitions
For the purposes of these guidelines, the following terms are defined as follows:

Acute Pain —Acute pain is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited.
Addiction —Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.
Chronic Pain —Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.
Pain —An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.
Physical Dependence —Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.
Pseudoaddiction —The iatrogenic syndrome resulting from the misinterpretation of relief seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief seeking behaviors resolve upon institution of effective analgesic therapy.
Substance Abuse —Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.
Tolerance —Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

(Adopted September 1996 as “Management of Chronic Non-Malignant Pain.”)(Redone July 2005 based on the Federation of State Medical Board's “Model Policy for the Use of Controlled Substances for the Treatment of Pain,” as amended by the FSMB in 2004.) (Amended September 2008)

CURRENT POSITION STATEMENT:

Departures from or closings of medical practices

Departures from or closings of medical practices are trying times. If mishandled, they can significantly disrupt continuity of care and endanger patients.

Provide Continuity of Care
Practitioners continue to have obligations toward their patients during and after the departure from or closing of a medical practice. Practitioners may not abandon a patient or abruptly withdraw from the care of a patient. Patients should therefore be given reasonable advance notice (at least 30 days) to allow other medical care to be secured. Good continuity of care includes preserving and providing appropriate access to medical records.* Also, good continuity of care may often include making appropriate referrals. The practitioner(s) and other parties that may be involved should ensure that the requirements for continuity of care are effectively addressed.

It is the position of the North Carolina Medical Board that during such times practitioners and other parties that may be involved in such processes must consider how their actions affect patients. In particular, practitioners and other parties that may be involved have the following obligations.

Permit Patient Choice
It is the patient's decision from whom to receive care. Therefore, it is the responsibility of all practitioners and other parties that may be involved to ensure that:

- Patients are notified in a timely fashion of changes in the practice and given the opportunity to seek other medical care, sufficiently far in advance (at least 30 days) to allow other medical care to be secured, which is often done by newspaper advertisement and by letters to patients currently under care;
- Patients clearly understand that they have a choice of health care providers;
- Patients are told how to reach any practitioner(s) remaining in practice, and when specifically requested, are told how to contact departing practitioners; and
- Patients are told how to obtain copies of or transfer their medical records.

No practitioner, group of practitioners, or other parties involved should interfere with the fulfillment of these obligations, nor should practitioners put themselves in a position where they cannot be assured these obligations can be met.

Written Policies
The Board recommends that practitioners and practices prepare written policies regarding the secure storage, transfer and retrieval of patient medical records. Practitioners and practices should notify patients of these policies. At a minimum, the Board recommends that such written policies specify:

- A procedure and timeline that describes how the practitioner or practice will notify each patient when appropriate about (1) a pending practice closure or practitioner departure, (2) how medical records are to be accessed, and (3) how future notices of the location of the practice's medical records will be provided;
- How long medical records will be retained;

- The procedure by which the practitioner or practice will dispose of unclaimed medical records after a specified period of time;
- How the practitioner or practice shall timely respond to requests from patients for copies of their medical records or to access to their medical records; In the event of the practitioner's death or incapacity, how the deceased practitioner's executor, administrator, personal representative or survivor will notify patients of the location of their medical records and how patients can access those records; and
- The procedure by which the deceased or incapacitated practitioner's executor, administrator, personal representative or survivor will dispose of unclaimed medical records after a specified period of time.

The Board further expects that its licensees comply with any applicable state and/or federal law or regulation pertaining to a patient's protected healthcare information.

*NOTE: The Board's Position Statement on the Retention of Medical Records applies, even when practices close permanently due to the retirement or death of the practitioner.

(Adopted January 2000) (Amended August 2003, July 2009)

POSITION STATEMENT	ADOPTED	SCHEDULED FOR REVIEW	LAST REVISED/ REVIEWED/ ADOPTED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED
Policy for the Use of Controlled Substances for the Treatment of Pain	Sep-96	Jan-13	Sep-08	Jul-05			
Departures from or Closings of Medical	Jan-00	Jul-13	Jul-09	Aug-03			
Professional Obligations pertaining to incompetence, impairment, and unethical conduct of healthcare providers	Nov-98	Sept - 13	Mar-10	Nov-98			
Unethical Agreements in Complaint Settlements	Nov-93	Sept-13	Mar-10	May-96			
What Are the Position Statements of the Board and To Whom Do They Apply?	Nov-99		May-10	Nov-99			
Telemedicine	May-10		May-10				
Guidelines for Avoiding Misunderstandings During Physical Examinations	May-91		Jul-10	Oct-02	Feb-01	Jan-01	May-96
Access to Physician Records	Nov-93		Sep-10	Aug-03	Mar-02	Sep-97	May-96
Medical Supervisor-Trainee Relationship	Apr-04		Nov-10	Apr-04			
Advertising and Publicity	Nov-99		Nov-10	Sep-05	Mar-01		
Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life Care	Oct-99		Jan-11	Oct-99			
HIV/HBV Infected Health Care Workers	Nov-92		Jan-11	Jan-05	May-96		
Writing of Prescriptions	May-91		Mar-11	Mar-05	Jul-02	Mar-02	May-96
Laser Surgery	Jul-99		Mar-11	Jul-05	Aug-02	Mar-02	Jan-00
Office-Based Procedures	Sep-00		May-11	Jan-03			
Sale of Goods From Physician Offices	Mar-01		May-11	Mar-06			
Competence and Reentry to the Active Practice of Medicine	Jul-06		Jul-11	Jul-06			
Prescribing Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular Reference to Substances or Preparations with Anabolic Properties	May-98		Sept-11	Nov-05	Jan-01	Jul-98	
Referral Fees and Fee Splitting	Nov-93		Jan-12	Jul-06	May-96		
Self- Treatment and Treatment of Family Members and Others With Whom Significant Emotional Relationships Exist	May-91		Mar-12	Sep-05	Mar-02	May-00	May 96
Availability of Physicians to Their Patients	Jul-93		May-12	Nov-11	Jul-06	Oct-03	Jan-01
Sexual Exploitation of Patients	May-91		May-12	Sep-06	Jan-01	Apr-96	

Care of the Patient Undergoing Surgery or Other Invasive Procedure	Sep-91		Jul-12	Sep-06	Mar-01		
The Physician-Patient Relationship	Jul-95		Jul-12	Sep-06	Aug-03	Mar-02	Jan-00
The Retired Physician	Jan-97		Jul-12	Sep-06			
Physician Supervision of Other Licensed Health Care Practitioners	Jul-07		Sep-12	Jul-07			
Medical Testimony	Mar-08		Sep-12	Mar-08			
Advance Directives and Patient Autonomy	Jul-93		Nov-12	Mar-08	May-96		
End-of-Life Responsibilities and Palliative Care	Oct-99		Jan-13	Mar-08	May-07		
Drug Overdose Prevention	Sep-08		Mar-13	Sep-08			
Professional Use of Social Media	Mar-13		Mar-13				
The Treatment of Obesity	Oct-87		May-13	Nov-10	Jan-05	Mar-96	
Contact With Patients Before Prescribing	Nov-99		May-13	Jul-10	Feb-01		
Medical Record Documentation	May-94		May-13	May-09	May-96		
Retention of Medical Records	May-98		Jul-13	May-09			
Capital Punishment	Jan-07		Jul-13	Jul-09			

CURRENT POSITION STATEMENT:

Professional obligations pertaining to incompetence, impairment or unethical conduct of licensees

It is the position of the North Carolina Medical Board that its licensees have a professional obligation to act when confronted with an impaired or incompetent colleague or one who has engaged in unethical conduct.

When appropriate, an offer of personal assistance to the colleague may be the most compassionate and effective intervention. When this would not be appropriate or sufficient to address the problem, licensees have a duty to report the matter to the institution best positioned to deal with the problem. For example, impaired licensees should be reported to the North Carolina Physicians Health program. Incompetent licensees should be reported to the clinical authority empowered to take appropriate action. Licensees also may report to the North Carolina Medical Board, and when there is no other institution reasonably likely to be able to deal with the problem, this will be the only way of discharging the duty to report.

This duty is subordinate to the duty to maintain patient confidences. In other words, when the colleague is a patient or when matters concerning a colleague are brought to the licensee's attention by a patient, the licensee must give appropriate consideration to preserving the patient's confidences in deciding whether to report the colleague.

(Adopted November 1998) (Amended May 2010)

CURRENT POSITION STATEMENT:

Unethical agreements in complaint settlements

It is the position of the North Carolina Medical Board that it is unethical for a licensee to settle any complaint if the settlement contains an agreement by a patient not to complain or provide information to the Board.

(Adopted November 1993) (Amended May 1996, March 2010)

APPENDIX F

PHYSICIANS PRESENTED AT THE SEPTEMBER 2013 BOARD MEETING

Name	Degree
Adams, John Mark	MD
Adams, Lu Wang	MD
Aggarwal, Gitika	MD
Aggarwal, Shivani Roopa	MD
Akulian, Jason Atticus	MD
Alexander Epperly, Alexis Tiffany	MD
Alexander, Bill Duane	MD
AllenTest01, Bisho	MD
Alter, Mark David	MD
Amato, David A	DO
Ambroise Thigpen, Marie Emmanuela	MD
Anciano Granadillo, Carlos Jose	MD
Andersen, William Donald	MD
Antoon, James William	MD
Anwar, Saeed	MD
Aral, Isamettin Andrew	MD
Archer, Camille Aisha	MD
Arnold, Melissa Germany	MD
Arroyo, Hansel	MD
Arshad, Mehreen	MD
Arthur, Godfried Antwi	MD
Arvanitis, Marina	MD
Ashburn, Frank Strother	MD
Asseres, Brooktiete	MD
Athar, Saima	MD
Avoke, Edem Koku	MD
Bacon, Glenn Sherwood	DO
Baghshomali, Sanam	MD
Bahekar, Amol Ashok	MD
Bakhtiani, Ramchandur	MD
Balbino, Raphael Tito Penela	MD
Bandla, Geethanjali	MD
Barrier, Charles Harold	MD
Batt, Katharine Marie	MD
Bauer, Brad Lee	MD
Bayless, Teah Martin	DO
Beasley, Rebecca	MD
Beaty, Mark Maier	MD

Beck, Daniel Lee	MD
Belcher, Xavier Warner	MD
Benkendorf, Robert Joseph	MD
Berenji, Manijeh	MD
Berman, Steven Howard	MD
Betancourt Albrecht, Marion Eliette	MD
Bianconi, Michael Joseph	MD
Biragoni, Soujanya	MD
Blalock, John Butler	MD
Blasenak, Jason Howard	DO
Bodek, Kenneth Edward	MD
Boehm, Timothy Michael	MD
Bolton, Dan Wilson	DO
Bombard, Allan Tanner	MD
Bongu, Navneeth Rao	MD
Bonnet, Andre Joseph	DO
Bonomi, Marcelo Raul	MD
Boodram, Natasha Allyson	MD
Bookhout, Christine Elizabeth	MD
Borgella, Satcha	MD
Botelho, Richard James	MD
Boulware, Leigh Ebony	MD
Boyd, Kevin Patrick	MD
Brandon, Jonathan Lightfoot	MD
Brangman, Judy Ann Marie	MD
Browner, Bruce Douglas	MD
Bryant, Kathleen Kinney	MD
Bryant, Robert Joseph	MD
Bryant, Sean Olof	MD
Bunn, Bryan Carlton	MD
Burapavong, Thavij David	MD
Cafferty, Lee Leslie	MD
Cahoon, Robert Wells	MD
Caldwell, James Brewster	DO
Campanelli, Joseph Lewis	MD
Candell, Gregory Lloyd	MD
Cappellari, Ann Marie	MD
Carlson, Catherine Anne Gogela	MD
Carpenter, Kevin Scott	MD
Cha, Chansa	MD
Chae, Phillip Hyunsuk	MD
Chandler, Gregory Ming	MD
Chandramohan, Vidhya	MD
Chelu, Laura	MD
Chelu, Mihail Gabriel	MD
Cherry, Scott Eric	DO

Chilcote, Kaleena Christine	MD
Chuang, Eliseu Yung	MD
Chun, Bianca Kukunaokalani Werner	MD
Cizman, Ziga	MD
Click, Rachel Elizabeth	DO
Clinton, Richard Bunton	MD
Clocker, Candace Renee	MD
Cofer, Damon Edwin	MD
Coleman, Paul Donald	MD
Concas Achata, Wendy Gladys	MD
Cox, Elizabeth Quattlebaum	MD
Crim, Chad David	MD
Croffy, Bruce Robert	MD
Cronin, McNeil Lawrence	MD
Curlin, Farr Andrews	MD
Davis, Clayton Houston	MD
Day, Carolyn Shanley	MD
Deiwert, Aimee Elizabeth	MD
Dennison, David Gary	MD
Deoss-Maksoud, Deborah	DO
DiCarlo, Thomas Edward	MD
Docherty, Megan Elizabeth	MD
Donnelly, Leslie Ann	MD
Duggan, Laura Virginia	MD
Dunay, Megan Andrew	MD
Durkin, Michael Joseph	MD
Dzau, Jacqueline Robyn	MD
Elhassan, Ihab Omar	MD
Elsammani, Osama Ali	MD
Emejuaiwe, Nkechinyere	MD
Eppihimer, Lindsay Evans	MD
Faulkenberry, Lucas Hall	MD
Fedewa, Michael Joseph	DO
Feole, Glenn Louis	MD
Fernandez, Luis Alejandro	MD
Fishel, Mark Adam	MD
Fletcher, James Colin	MD
Forbach, Cory Ryan	MD
Fox, Kenneth Harrison	MD
Foxall, Ian Stuart	MD
Frantz, Earl Anthony	DO
Freedman, Marianne Riegler	MD
Freedman, Michael	MD
Fry, Parrish Danen	MD
Gaitawe-Johnson, Princess Gloria	MD
Gardner, Carly Susan	MD

Garg, Ankit	MD
Garg, Nitin	MD
Garrett, Susan Therese	MD
Garzone, Justin	DO
Gates, Christopher Edwin	MD
Gelikman, Grigory	MD
Gembs, Eduardo Augusto	MD
Gertz, Zachary Martin	MD
Gill, Anita Kaur	MD
Gilliam, Danielle Nicole	MD
Giordano, Brian Michael	MD
Glaser, Alan Lawrence	MD
Glodowski, Justin Rorie	DO
Goble, Rachel Nicole	DO
Goldberg, Neil Leslie	MD
Goldin, Gregg Harrison	MD
Gollol Raju, Narasimha Swamy	MD
Goncharow, William Glen	DO
Gong, Danielle	MD
Googe, Paul Buntyn	MD
Goradia, Ami Dinesh	MD
Gorintala Subbanna, Vijay Kumar	MD
Gottlieb, Robert Lawrence	MD
Graham, Jeffrey Brewer	MD
Grames, Chase Austin	DO
Green, Daniel Robert	MD
Green, Kathryn Laurie	MD
Grimm, Bradford	MD
Grover, Ian Roger	MD
Guerra, Maria Mercedes	MD
Guerrier, Mahalia Ruth	MD
Guidry, Bret Allen	MD
Gunadasa, Koshilie Christina	MD
Guzik, Amy Katherine	MD
Hade Duncan, Anna Marie	DO
Hall, Adam Dean	MD
Han, Jasmine Jonghui	MD
Hanafy, Han M	MD
Haque, Raashid Mohammad	MD
Harmon, Patrick Hugh	MD
Harris-Edwin, Samyka Yanicke	MD
Hassan, Rahma Ahmed	MD
Hawkins, Demaura Kenet	MD
Hay, James Robert	MD
Haynes, Ashley Megan Robertson	MD
Hejazi, Nazila	MD

Helton, Gregory Philip	MD
Hensley, Kimberly Fayette Jean	DO
Henwood-Finley, Maria Janae	DO
Herminghuysen, David Collin	MD
Herrera, Marcos Arriaga	MD
Herzer, Christopher Marshall	MD
Hijjawi, Shadi Bassam Suleiman	MD
Holder, Walter Dalton	MD
Holland, John Ramey	MD
Holmes, Emily Gifford	MD
Hope, Jeffrey Clarence	MD
Houston, Laura Elaine	MD
Hubert, Ana Maria	MD
Huff, Ian Phillip	DO
Hughes, Lindsey Elizabeth	MD
Humble, Scott David	MD
Hunter, Kyle Joseph	MD
Husain, Mustafa Syed Mahmood	MD
Hussain, Sophia	MD
Hussain, Tanvir	MD
Hwang, Jimmy John	MD
Italia, Hirenkumar Damjibhai	MD
Iweala, Onyinye Ijeoma	MD
Iyer, Mary Ann	MD
Jaffer, Zubeir Noordin	MD
Jecius, Algimantas Liudas	MD
Jogu, Hanumantha Rao	MD
John, Dejie	MD
Johnson, Allison Evans	MD
Johnson, Edward Michael	DO
Johnson, Leonard	MD
Johnson, Toni Love	MD
Johnston, Michael Gwynne	MD
Jordan, Jamie Ryan	MD
Kakkar, Rahul Kumar	MD
Kalathoor, Ipe George	MD
Kalthia, Rupesh Harji	MD
Karam, Chafic Youssef	MD
Kaur, Berneet	MD
Keenan, Brian William	MD
Kelash, Fnu	MD
Kendall, Thomas William	MD
Kern, Leslie Mcewen	MD
Khan, Jehanzeb	MD
Khokher, Sehar Afzal	MD
Kim, Sang Hui	MD

Koch, Eric Joseph	DO
Kolychev, Dmitri	MD
Korzyniowski, Andrew Donovan	MD
Kulish, Christine Elizabeth	DO
Kumta, Sunil A.	MD
Kung, David Hans	MD
Kuzminski, Samuel Joseph	MD
Kwok, Brian	MD
La Hoz, Ricardo Martin	MD
Lamm, Marnie Gibson	MD
Landess, Christopher Arnold	MD
Landfield, Alexander David	MD
Langston, Dennis Bradley	MD
Laughon, Sarah Liesl	MD
Le, Tram Nguyen	MD
Lefebvre, Chelsea Grace	MD
Levitt, Mara Lauren	MD
Lewerenz, Julie Elizabeth	MD
Lippincott, Benjamin Elliott	MD
Lopez, Richard Dayrit	MD
Luvis, Sherryl Devika	MD
Ly, Nick Minh	DO
Lyon, Regan Francis	MD
Ma, Brandon	DO
Mabry-Height, Vickie Yvonne	MD
Macias, Carlos Aitor	MD
Maghari, Amin	MD
Malhotra, Kaaya	DO
Marchant, Jeffrey	MD
Mariano, Caroline Joy	MD
Marsh, Jill	MD
Mason, Howard Keith	MD
Massen, Richard Jody	MD
Matthews, Fletcher Garrett	MD
McCall, Jenna Kathleen Neil	MD
McClintock, Benjamin William	MD
McFadden, Adrienne Michelle	MD
McGirt, Matthew Joseph	MD
McKay, Kristopher Michael	MD
McKinley, Donald Randolph	MD
McKinnon, Rebecca Keener	MD
McLean, Tracy Nicole	MD
McMillan, Deborah Marie	MD
McNamara, Elizabeth Kaufman	MD
McNulty, Brendan David	MD
McQuilkin, Scott Harmon	DO

Mehta, Hardik Jaswantlal	MD
Mehta, Pratik Arunkumar	MD
Mellis, Brent Cameron	DO
Mendoza, Sheon Hahseim	MD
Mercer, Robyn Renee	MD
Metaferia, Aklilu Menyelshewa	MD
Miller, Clair Francis	MD
Miller, Debra Kay	MD
Miller, Doug	DO
Miller, Stephen Thomas	MD
Moore, Donneshia Gabrielle	MD
Morales, Ximena	MD
Morgan, Jeffrey Scott	MD
Moronu, Chigozie Ebelenna	MD
Morrow, Aaron Stanford	MD
Naderi, Sassan	MD
Nadour, Jalaa	MD
Nagle, Pamela Cochran	MD
Namen, Andrew Michael	MD
Nashatizadeh, Cecilia Rose	MD
Nath, Rahul Kumar	MD
Nfor, Tonga Karngong	MD
Niebergall, Lisa Marie	MD
Noorchashm, Hooman	MD
Obuobi, Alice	MD
O'Hare, Jacqueline Tram Nguyen	DO
O'Leary Carpenter, Keenan	MD
Olejeme, Kelechukwu Anne	MD
Olowoyo, Oluwadamilola Abisola	MD
Olson, Elis Yngve	MD
Orlousky, Sarah Rebecca	MD
Ott, Christina Marie	MD
Overs, Shannon Nicole	MD
Owens, Wythe Wyndham	MD
Oye, Herbert	DO
Pariseau, Brett	MD
Parker-Autry, Candace Yvonne	MD
Paruchuri, Vamsee Prasad	MD
Parvan, Lucia Stefania	MD
Pate, Ann Scott	MD
Patel, Darshan Babubhai	MD
Patel, Kush Shashikant	MD
Patel, Samir Pravinchandra	DO
Paul, Joseph West	MD
Paulson, Helen Travis	MD
Pecot, Chad Victor	MD

Penkar, Maneesh Suresh	MD
Pennings, Nicholas Joseph	DO
Pepple, Philip Todd	MD
Perez-Gautrin, Roberto Enrique	MD
Perisetti, Naga	MD
Perruquet, James Leonard	MD
Pesce, Michael Bart	MD
Peter, Maria Leema	MD
Peters, Michael David	MD
Peters, Roy John	MD
Peterson, Laura Alice	MD
Pfau, Richard Gordon	MD
Pfohl, David Nelson	MD
Phillips, Pushpa Liseli	MD
Pierce, Stephanie Renee	MD
Piko, James Imre	DO
Polu, Vengamamba	MD
Portela, Roberto Carlos	MD
Powell, Bradford Cole	MD
Powell, James Bobbitt	MD
Pruitt, Russell Franklin	MD
Pusateri, Chad Richard	DO
Pylipow, Mary Elizabeth	MD
Quan, Walter	MD
Quinn, Christopher Michael	DO
Qureshi, Waqas Tariq	MD
Raina, Amit	MD
Ramachandran, Sudha	MD
Rambally, Brooke	MD
Randhawa, Devinderpal Singh	MD
Rawls, Benjamin Ellis	MD
Reddy, Deepa	MD
Reed, Cache Alexandra	MD
Reed, Tammy Marie	DO
Ricklefs, Lori Ann	DO
Riff, Joshua Jonathan	MD
Roberts, Lori Ann	DO
Robertson-Shepherd, Amanda Jo	MD
Robinson, Bruce Eugene	MD
Robinson, Jedediah David Alexander	MD
Rodriguez Coste, Michelle Aimee	MD
Roque, Jodi McQuillen	MD
Roundtree, Vontrelle Lynette	MD
Rumans, Mark Clifford	MD
Sabbagh, Radwan	MD
Sadat, Kamel	MD

Saha, Sam Kumar	MD
Saiyed, Mohamadsalim	MD
Sanchez, Amy Burrier	MD
Sawyer, Joshua Ward	MD
Scalera, Melissa Maria	MD
Schafer, Katherine Rachel	MD
Schmitz, Matthew Daniel	MD
Scott, Louie Keith	MD
Seal, Laura Beth	MD
Seitz, Maureen Frances	MD
Selahi, Saman	MD
Seo, Benjamin GeneSuk	MD
Shah, Ami Ashvin	MD
Shah, Rupali Navin	MD
Shah, Tushar Nandlal	MD
Shahjahan, Munir	MD
Shanti, Nael	MD
Sharma, Amit	MD
Sharma, Mukesh Kumar	MD
Shelton, George	MD
Shepard, Robert Charles	MD
Sherie, Hope	MD
Sherman, Janet Hope	MD
Sherman, Sally	MD
Sherwood, Alex Berry	MD
Shimkus, Jeanette Frances	DO
Shipley, Amy Jordan	MD
Shire, Kebede W.	MD
Sills, Tiffany Matoska	MD
Singaraju, Vamsi Mohan	MD
Singareddy, Sanjay	MD
Slack, Leigh-Anne Lindenmuth	DO
Snowden, Cindi Ann	MD
So, Jenny	MD
Soriano, Jason Aglibut	MD
Sowa, Nathaniel Adam	MD
Squires, Jennifer Crutchfield	MD
Srivastava, Aseem Ranjan	MD
Stallion, Anthony	MD
Stanislaus, Jennifer Dianne	MD
Steinberg, Lon Robert	MD
Stewart, Rhonda Renee	MD
Stone, Shane Frank	MD
Subramanian, Kavitha	MD
Sudd, Deeb	MD
Sullivan, Justin Lee	DO

Sultana, Nazia	MD
Suttle, Katherine Winstead	MD
Swan, Christopher Henry	MD
Szabo, Steven Taylor	MD
Talbott, Ashley Lescanec	MD
Talbott, Brian Christopher	MD
Tammo, Sami	MD
Tapscott, Ashley Hall	DO
Tarney, Christopher Michael	MD
Tatreau, Jason Ryan	MD
Tawfik, Naji Halim	MD
Taylor, Amy	MD
Teeter, Emily Graham	MD
Tejada-Lipten, Ani Maria	MD
Telford, Lynn Sarah	MD
Test Sharon, Test Sharon	MD
Test**, Adfjaskd;	MD
Testierrrrr, Testttt	MD
Testiestmla, Testier	MD
Thomason, Fred Godwin	MD
Thompson, David Stuart	MD
Thompson, Richard Shaw	DO
Tobin, Sue Caroll	DO
Torabi, Maha	MD
Torgeson, Anna Marie	MD
Torrealba, Ruben	MD
Tribble, Brendan Thomas	MD
Tsao, Brooke Ingram	MD
Tscheiner, Melissa Ann	MD
Turner, Miranda Jocelyn	MD
Turney, Elizabeth Caroline	MD
Vachhani, Vaibhavkumar	MD
Vakani, Rajesh	MD
Van Poppel, Katherine Cyran	MD
Van Poppel, Mark Daniel	MD
Vargas Morris, Faye Altagracia	MD
Vargas, Jose Luis	MD
Vekariya, Bhavesh Mansukhlal	MD
Walker, Brandi Adele	MD
Wang, Sophia	MD
Watson, Leonysia Faye	MD
Weeks, Wendy Allyson	MD
Wendel, John David	MD
Whitacre, Meredith Laine	MD
Whitaker, Forrest Sutton	MD
White, Emily Ruth	MD

Willett, Dwight James	MD
Williams, Maggie Anna Camille	MD
Williams, Mark Alan	MD
Williams, Wanda Lekeisha	MD
Wills, Karyn Lynita	MD
Winkler, Stuart Solomon	MD
Withers, Charles Albert	MD
Wohl, Aaron Anthony	MD
Wondafrash, Worku Mengesha	MD
Wooten, Candra Kameko	MD
Wortley, Alexis Guy	MD
Yany, Meshel Shaker	MD
Yarbrough, Demetria LaShawn	MD
Yarlagadda, Anitha	MD
Yen, May Yung-Yun	MD
Zedom, Wansi Bernadette	MD
Zhang, Wei	MD
Zhao, David Xiao-Ming	MD
Ziv, Barbara	MD

Nurse Practitioner & Clinical Pharmacist Practitioner Approvals Issued
As of September 2013

	NAME	PRIMARY SUPERVISOR	PRACTICE CITY
NP			
	BABAOFF, COURTNEY	ANDERSON, JAMES	HIGH POINT
	BEAUCHAMP, HANNAH	GOLD, STUART	MACON
	BORJA, LORI	SNYDER, CHRISTOPHER	CHARLOTTE
	GIBSON, SANDY	JOHNSON, PATRICIA	ROBBINSVILLE
	GUY, JAIME	HART, JOHN	RALEIGH
	GUYNN, NATALIE	ELSTON, SCOTT	CARY
	HAMM, JAMIE	BISHOP, ANDREW	WILMINGTON
	HARRELSON, CHRISTINA	TWERSKY, JACK	DURHAM
	HEINZ, LAUREN	OFORI-AMANFO, GEORGE	DURHAM
	HILFIKER, REBECCA	DESAI, VIREN	FAYETTEVILLE
	HILL-LUDFORD, ILA	WILLIAMS, JOHN	GREENVILLE
	JONES, ASHLEY	SMITH, LARRY	SHELBY
	KLUG, CHARISSE	ELBEERY, JOSEPH	GREENVILLE
	LAUER, ASHLEY	EVANS, CHARLOTTE	YADKINVILLE
	MAJZLIK, MARY ANNE	LAUTENSCHLAEGER, NATASCHA	HENDERSONVILLE
	MISARAS, TEOFIL	MANGANO, CHARLES	RALEIGH
	MORDINO, KATHRYN	PEACOCK, BRENDA	WASHINGTON
	POLONSKY, KIMBERLY	STOCK, ANDREW	OXFORD
	SANDERS, MARK	HAASIS, JOHN	ASHEVILLE
	SIMON, MARGAUX	HARRIS, CHARLES	DURHAM
	VEILLEUX, BARBARA	MOREL, THOMAS	FLAT ROCK
	WESTON, BRENNA	ALHOSAINI, HASSAN	GREENVILLE
	ADAMI, ROBIN	WHITE, LINDSEY	ELIZABETH CITY
	BETTS, DATANYA	HARRELL, SAMPSON	DURHAM
	BLAIR, BETH	GOINS, JAMES	HICKORY
	BLAKE, MANDY	BURTON, DAVID	SALISBURY
	CARDINAL, JENNIFER	MODY, SACHIN	CHARLOTTE
	CHIMA, CHINYERE	COOK, CHARLES	RALEIGH
	CLAAR, NANCY	BALLENGER, CYNTHIA	GREENVILLE
	COOK, CHARLES	LEE, MELVIN	WILKESBORO
	CORBETT, DEBORAH	KRAEMER, THOMAS	TARBORO
	DE GUZMAN, ERIN	HOCKING, LESLIE	RALEIGH
	DEXTER, JESSICA	HORST, JAMES	RALEIGH
	ESPOSITO, ALEXANDRA	KLASING, DONALD	GASTONIA
	FECK, DANIELLE	WRIGHT, LYDIA	WILMINGTON
	FLODERUS, AINO	MINTZER, MELANIE	CARY
	FOXX, JUWAIRIYAH	MODY, SACHIN	MATTHEWS
	GURSCHICK, LAUREN	CHAO, NELSON	DURHAM
	HARPER-LONABAUGH, WENDI	HAMEL, JOHN	ASHEVILLE

HENSLEE, MARY	MORGAN, CAROLINE	GREENVILLE
HOLBROOK GOAD, AMANDA	HURD, DAVID	WINSTON-SALEM
IIAMS, LOIS	FASANELLO, RICHARD	BOONE
JOHNSON, TONICA	GUERRINI, JAMES	27012
KANARY, BRIDGET	STOUDMIRE, JONATHAN	HUNTERSVILLE
KIM, MICHELE	RUDYK, MARY	WILMINGTON
KIME, LAUREN	MANNING, JAMES	GREENSBORO
MAIDEN, RHIANN	HEINE, ROBERT	DURHAM
MCMILLAN, BENJAMIN	LOWRY, KATIE	LUMBERTON
MCNEIL, DINA	KARAM, PHILIP	DURHAM
MULL, CAMERON	MICHAEL, DOUGLAS	CONOVER
OLSEN, APRIL	HOWELL, JENNIFER	CHAPEL HILL
PALMER, LYDIA	MISTRY, KSHITIJ	CHARLOTTE
PEACOCK, ERICA	BUENASEDA, LEAMOR	RAEFORD
PEREZ, NANCY	MANNING, JAMES	LEXINGTON
PHELPS, KIMBERLY	NTIMBA, FRANCIS	ST. LOUIS
PHILLIPS, SOMER	MISTRY, KSHITIJ	CHARLOTTE
POPE, PENNY	MAJURE, DAVID	MT AIRY,
RATLIFF, MARTINA	TERRELL, GRACE	HIGH POINT
RONSHEIM, EILEEN	LANG, JASON	WINSON SALEM
STRADER, LINDSEY	LEHR, JANET	YANCEYVILLE
TACKETT, BARBARA	PERRY, ROBERT	EMERALD ISLE
THOMPSON, TIFFANY	MOUNSEY, JOHN	CHAPEL HILL
WHITAKER, ERIN	RAMGOOLAM, ANDRES	GREENSBORO
WILLIAMS, BRIDGETTE	LEWIS, WILLIAM	WILMINGTON
YACINTHE, MARYNA	BRADFORD, JAMES	STATESVILLE
ADDISON, JENNY	MARK, BECK	ARCHDALE
ASHIE WHALEY, KEREN	WENDELL, RICHARDSON	JACKSONVILLE
BLAKE, SAMANTHA	SCOTT, LINDBLOM	CHARLOTTE
BRAGIN, MELANIE	MARIE, CARLSON	DURHAM
BROCKER, CATHERINE	JOHN, HART	KNIGHTDALE
CHANDO, MELISSA	EDWARD, COPELAN	CHARLOTTE
CLARK, SHANNON	ROBERT, BYNUM	WILSON
COSTELLO, JACQUELINE	GUILLERMO, HIDALGO	GREENVILLE
COTTINGHAM, SARAH	LEO, BARBER	DURHAM
CUPP, LEAH	DONOVAN, THOMPSON	CHARLOTTE
EL, KARLA	MICHAEL, BLOCKER	BURLINGTON
FARMER, SHIRLEY	LIONEL, FERNANDO	WILMINGTON
GARNER, JOANNE	JAY, SEIDLER	MOUNT AIRY
GLOVER, JAMIE	DAVID, JAFFE	CARY
GRIFFIN, BRANDI	BRIAN, HORNER	CHARLOTTE
HALLER, ASHLEY	APRIL, SALAMA	DURHAM
HAMBLEY, CRYSTAL	ADRIENNE, TOUNSEL	DURHAM
HASTINGS, LAURA	KENNETH, CLONINGER	LAWNDALE
HORNE, LAURA	EDWARD, COPELAN	CHARLOTTE
HOYLE, STACI	SHARMARKE, MAGAN	GASTONIA

JAMISON, KELLY	MARVIN, BRAUER	CLYDE
KREHNBRINK, BRYAN	ROBERT, MILLET	DURHAM
LOWRY, CANDACE	KAREN, ROBINSON	LUMBERTON
LUFFMAN, RENEE	STEPHEN, ERLANDSON	ELKIN
MCMANUS, MEGAN	RONALD, INTINI	WENDELL
MORROW, MELINDA	MARIANNA, DALY	MARSHALL
NDUPU, PACHARO	MAGDALENE, MARFO	CHARLOTTE
OWEN, JANE	WILLIAM, DUNLAP	RALEIGH
PERKINS, NANCY	DANA, WINN	KING
PHILLIPS, JESSICA	SACHIN, MODY	CHARLOTTE
RAJI, JACQUELINE	INDIA, REID	DURHAM
RATANAJITTUNG, DUENGKAMOL	SHARON, BUCKWALD	GREENVILLE
RENSHLER, ANITA	VICTOR, ADAN	FRANKLIN
RUSSO, BRYCE	MELISSA, SCHUTT	CHARLOTTE
SANDAHL, INGRID	CLAUDE, WHITWORTH	FOREST CITY
SCHRUM, HANNAH	MICHAEL, KALISH	HIGH POINT
SCHUMPERT, CYNTHIA	ERIKA, MYERS	CHARLOTTE
SILVEIRA, VERONICA	BARRY, MOORE	JACKSONVILLE
SMITH, SHERRY	MARSHALL, CRAWFORD	ALBEMARLE
SOUTER, TAMMY	WINSTON, JENNINGS	DUNN
SPADINI, FELICIA	ADRIENNE, TOUNSEL	WAKE FOREST
TAYLOR, KIMBERLY	WILLIAM, ALLEY	WINSTON SALEM
YODER, TIFFANY	RAYMOND, GASKINS	FAYETTEVILLE
ADDISON, JENNY	BECK, MARK	ARCHDALE
ARNOLD, KIMBERLY	KAPLAN, JOEL	CHARLOTTE
ASHIE WHALEY, KEREN	RICHARDSON, WENDELL	JACKSONVILLE
BABI, DORY	NORTON, DEBORAH	RALEIGH
BARKLEY, VICKIE	WILLIAMS, DWIGHT	ASHEBORO
BARTIS, ELIZABETH	SNYDER, CHRISTOPHER	CHARLOTTE
BATCHELOR, CHERYL	BARNES, DANIEL	PINEHURST
BAXTER, ASHLEY	STEADMAN, PAUL	RALEIGH
BLAKE, SAMANTHA	LINDBLOM, SCOTT	CHARLOTTE
BRAGIN, MELANIE	CARLSON, MARIE	DURHAM
BROCKER, CATHERINE	HART, JOHN	KNIGHTDALE
BROWN, SHELLEY	BARNHILL, PEGGY	WHITEVILLE
CHANDO, MELISSA	COPELAN, EDWARD	CHARLOTTE
CLARK, SHANNON	BYNUM, ROBERT	WILSON
CLOSE, SHERRY	CHUKWU, EBERE	WINSTON-SALEM
COSTELLO, JACQUELINE	HIDALGO, GUILLERMO	GREENVILLE
COTTINGHAM, SARAH	BARBER, LEO	DURHAM
CUNNINGHAM, PATRICIA	MURRAY, MICHAEL	ASHEVILLE
CUPP, LEAH	THOMPSON, DONOVAN	CHARLOTTE
DEITZ, PEGGY	RICE, LUCIAN	ASHEVILLE
DESKIN, PATRICIA	PETERS, RANDY	WINSTON-SALEM
EARP, CRYSTAL	BATISH, SANJAY	LELAND
EGAN, JOANNA	FISHER, DAVID	CHARLOTTE

EL, KARLA	BLOCKER, MICHAEL	BURLINGTON
EVERS, STEPHANIE	JOHNSON, THERESA	MOREHEAD CITY
FARMER, SHIRLEY	FERNANDO, LIONEL	WILMINGTON
FOSTER, MARY	CHANG, JOHN	DURHAM
GARNER, JOANNE	SEIDLER, JAY	MOUNT AIRY
GIBSON, SANDY	CARRINGER, DONALD	ROBBINSVILLE
GIBSON, SANDY	QUENG, JOAN	ROBBINSVILLE
GLOVER, JAMIE	JAFFE, DAVID	CARY
GOSNELL, GEORGANN	WILLIAMS, WHEATON	CONOVER
GRAHAM, JAMIE	SELLEY, VICTORIA	MOREHEAD CITY
GRAY, AMIE	QUASHIE, DAWN	RALEIGH
GRIFFIN, BRANDI	HORNER, BRIAN	CHARLOTTE
HALLER, ASHLEY	SALAMA, APRIL	DURHAM
HAMBLEY, CRYSTAL	TOUNSEL, ADRIENNE	DURHAM
HASTINGS, LAURA	CLONINGER, KENNETH	LAWNDALE
HIGH, THOMAS	KELLEY, JOHN	RALEIGH
HILL, STACY	ABBOTT, THOMAS	WINSTON-SALEM
HORNE, LAURA	COPELAN, EDWARD	CHARLOTTE
HOYLE, STACI	MAGAN, SHARMARKE	GASTONIA
HUGGINS, DARLENA	STOUDMIRE, JONATHAN	MATTHEWS
IRVING, SHARON	SALAMI, SAKA	NEW BERN
ISAAK, ANDREA	CRACKER, ANDREW	RALEIGH
IVEY, PAULA	BUNN, BARRY	KENANSVILLE
IVEY, PAULA	KORNEGAY, CHRISTOPHER	KENANSVILLE
JAMISON, KELLY	BRAUER, MARVIN	CLYDE
JONES, ASHLEY	NOVAK, ALBERT	SHELBY
KREHNBRINK, BRYAN	MILLET, ROBERT	DURHAM
LANE, ROBERTA	RAMGOOLAM, ANDRES	GREENSBORO
LOOKABILL, PATRICIA	KELLY, KRISTINA	LEXINGTON
LOWRY, CANDACE	ROBINSON, KAREN	LUMBERTON
LUFFMAN, RENEE	ERLANDSON, STEPHEN	ELKIN
MARRETT, HANNA	LEONHARDT, GARY	NEW BERN
MARTIN, AMANDA	MANTILA, HELEN	WEST END
MARTIN, CYNTHIA	WROBLEWSKI, GENEVIEVE	HIGH POINT
MASTRIDGE, BENJAMIN	SHERMAN, PAULA	DURHAM
MCBRYDE, KAREN	ENGLEHARDT, JOHN	RALEIGH
MCCUTCHEON, MELODY	SNYDER, CHRISTOPHER	CONCORD
MCMANUS, MEGAN	INTINI, RONALD	WENDELL
MCNAIR, DAWN	CHAVIS, HERMAN	REC SPRINGS
MELVIN, ANNETTE	JACKSON, STALEY	LUMBERTON
MOORE, JILL	LANUTI, STEPHEN	LAURINBURG
MORGAN, EILEEN	SHAH, SIDHARTH	RALEIGH
MORROW, MELINDA	DALY, MARIANNA	MARSHALL
NDUPU, PACHARO	MARFO, MAGDALENE	CHARLOTTE
OWEN, JANE	DUNLAP, WILLIAM	RALEIGH
OWENS, ELISABETH	FEINSON, THEODORE	RALEIGH

PEARSON, TAMERA	NIEDERGESES, LISA	ASHEVILLE
PERKINS, NANCY	WINN, DANA	KING
PHILLIPS, JESSICA	MODY, SACHIN	CHARLOTTE
PRICE, CHARLYNNE	COLLIER, SUZANNE	ASHEVILLE
PROPST, DAVID	JOHANSON, WILLIAM	MORGANTON
RAJI, JACQUELINE	REID, INDIA	DURHAM
RATANAJITTUNG, DUENGKAMOL	BUCKWALD, SHARON	GREENVILLE
RENSHLER, ANITA	ADAN, VICTOR	FRANKLIN
RIVENBARK, EMILY	RALLIS, MICHAEL	BURGAW
RUCH, JULIE	RUSSELL, LARRY	HENDERSONVILLE
RUSSO, BRYCE	SCHUTT, MELISSA	CHARLOTTE
SABOL, VALERIE	BRUDNEY, CHARLES	DURHAM
SANDAHL, INGRID	WHITWORTH, CLAUDE	FOREST CITY
SCHRUM, HANNAH	KALISH, MICHAEL	HIGH POINT
SCHUMPERT, CYNTHIA	MYERS, ERIKA	CHARLOTTE
SILVEIRA, VERONICA	MOORE, BARRY	JACKSONVILLE
SISK, YVETTE	YACOUB, GEORGE	MT. AIRY
SMITH, SHERRY	CRAWFORD, MARSHALL	ALBEMARLE
SOUTER, TAMMY	JENNINGS, WINSTON	DUNN
SPADINI, FELICIA	TOUNSEL, ADRIENNE	WAKE FOREST
STEVENS, VERONICA	KORNEGAY, HERVY	KENANSVILLE
STOKELY, DEBORAH	DANIEL, KURT	HIGH POINT
STONE, KATHERINE	CHUKWU, EBERE	WINSTON SALEM
SUMMEROW, VALARIE	BELK, ROBERT	LENOIR
SUMMEROW, VALARIE	FAIN, NORMAN	LENOIR
TART, TERESA	BUNN, BARRY	KENANSVILLE
TART, TERESA	KORNEGAY, CHRISTOPHER	KENANSVILLE
TAYLOR, KIMBERLY	ALLEY, WILLIAM	WINSTON SALEM
THURMAN, ANITA	GERALD, MELVIN	WHITEVILLE
TICKERHOFF, STEPHANIE	HAGEN, CHRISTINE	WINSTON SALEM
VAUGHN, ASHLEY	PITHWA, SAPNA	CHARLOTTE
YODER, TIFFANY	GASKINS, RAYMOND	FAYETTEVILLE
ADCOCK, TIFFANY	JOHNSON, YOLANDA	ALBEMARLE
AHLBERG, LISA	LINDBLOM, SCOTT	CHARLOTTE
BARTLE, BRONWYN	LI, JENNIFER	DURHAM
BASDEN, LINDA	PLYLER, EDWARD	MORGANTON
BEHAN, MARGARET	MODY, SACHIN	MONROE
BELL, MICHELE	KERR, JEFFREY	GREENSBORO
BELL, MICHELE	KUMAR, AJAY	GREENSBORO
BIERWIRTH, WENDY	WIRTH, LYNNE	RALEIGH
BILINSKI, KRISTEN	GAMMON, GARY	PINEHURST
BRADY, VERONICA	PAYVAR, SAEED	WINSTON SALEM
BROWN, LISA	GATLIN, DEIDRA	BALTIMORE
CRISP, PENELOPE	CORRIERE, MATTHEW	WINSTON SALEM
CRULL, JESSICA	KALDY, PATRICIA	CONCORD
DENTON, MARTHA	ARD, JAMY	WINSTON SALEM

DEWALD, KATHARINA	CUSI, ANTONIO	ROCKY MOUNT
DOYLE, MELISSA	PEREZ-MONTES, MARCELO	FAYETTEVILLE
DRALLE, SARAH	POWELL, BAYARD	WINSTON-SALEM
FURMAN, ALI	PITTS, VENUS	RALEIGH
GARDNER, BRAD	PITHWA, SAPNA	CHARLOTTE
GARDNER, BRAD	KLIESCH, JOHN	CHARLOTTE
GIL, MARIA	QUASHIE, DAWN	CARY
GREGORY, DEBORAH	GRAVELLE-CAMELO, SHERYL	FRANKLIN
HARDCASTLE, LAURA	JAHRSDORFER, CHARLES	ROCKY MOUNT
HARMS, MARIA	SAHNI, ADARSH	SAINT LOUIS
HARRELL, SALLIE	WIMMER, JOHN	GREENSBORO
HARRIS, TARA	WEST, SHELLY	ZEBULON
HOEY, TORIE	MCWILLIAMS, ANDREW	CHARLOTTE
HOUSE, LAURA	SNYDER, CHRISTOPHER	CHARLOTTE
HOWIE, LAURA	SNYDER, CHRISTOPHER	CONCORD
JENKINS, DEBRA	GAMMON, GARY	PINEHURST
JESSEE, CAROL	ELSTON, SCOTT	CARY
JOHNSON, MARY	HART, JOHN	RALEIGH
KALDAS, PAMELA	BERNSTEIN, DANIEL	CHARLOTTE
KERR, JULIA	GAMMON, GARY	PINEHURST
KIRK, MELANIE	GAMMON, GARY	PINEHURST
KLUG, SANDRA	CHAPLIN, DON	BURLINGTON
KUTCHERA, KAREN	BATE, DAVID	BREVARD
LAND, STEPHANIE	PARSONS, STEPHEN	RALEIGH
LUTZ, JENNIFER	SAILER, KAAREN	CHARLOTTE
MADDEN, REGINALD	GUPTA, MANOJ	SMITHFIELD
MCDONALD, CAROLYN	WILLIAMS, JONATHAN	BURLINGTON
MCLURKIN, BARBARA	LOEB, JEFFREY	DURHAM
MCWHIRTER, CANDACE	NWAMARA-AKA, EMMANUEL	FAYETTEVILLE
MILLS, MARTHA	SCOURAS, NICOLE	RALEIGH
MINICH-CASTRO, JULIE	MERGY, JAMES	FAYETTEVILLE
MOSU, VIRGIL	BURNETTE, ROBIN	DURHAM
MWANGI, ELIZAPHAN	PIAZZA, MICHAEL	HIGH POINT
NETHERTON, GRETCHEN	POTH, ROBERT	HIGH POINT
NISSEL, KATHLEEN	KIHNEMAN, JASON	HICKORY
OTUBELU, ADAORA	NWAMARA-AKA, EMMANUEL	FAYETTEVILLE
OUTLAND, PATRICIA	CARATTINI-ELEY, FRANCINE	WAYNESVILLE
PRUITT, TONYA	STEPHENSON, ANNE	BUTNER
REDIGER, ALISON	RICHARDSON, WENDELL	JACKSONVILLE
ROBERSON, KRISTINA	AMAO, ENOBONG	HIGH POINT
SMITH, PAMELA	RUCCI, JENNIFER	WILMINGTON
SMYRSKI, ERIN	ASBILL, BRIAN	ASHEVILLE
SMYTH, FRANCES	BOWEN, CHRISTINA	MANTEO
SNOW, AMY	THOMASON, ROBERT	WINSTON-SALEM
THOMPSON, KATHERINE	THACKER, ROBERT	RALEIGH
VIVIANO, ROBIN	JAMES, MICHAEL	RALEIGH

WHITE, MARY	SCHUTT, MELISSA	CHARLOTTE
YERCHECK, BEVERLY	SHULTZABERGER, RICHARD	GREENVILLE
ALEXANDER, MAIRE	SETJI, TRACY	DURHAM
ARMER, CAROL	RISH, CARLOS	CHARLOTTE
BAILEY, ANN	JONES, JASON	HIGH POINT
BARNHILL, KIOTTA	DRAKE, ALMOND	GREENVILLE
BAUMGARTNER, ANNE	SHEITMAN, BRIAN	RALEIGH
BELANGER, MARIE	LILLQUIST, PATRICIA	JACKSONVILLE
BELANGER, MARIE	HALLEGADO, ARLENE	JACKSONVILLE
BERNDT, APRIL	HOOTEN, JAMES	BURLINGTON
BLEVINS, LISA	HENDERSON, WENDY	DURHAM
BRUCE, ELIZABETH	SHEITMAN, BRIAN	RALEIGH
BRYAN, SHARON	TOWNS, ERRON	SALISBURY
BUCK, ROSILAND	SMITH, ANTHONY	GREENVILLE
BULLARD, SARAH	BARUCH, AMY	HIGH POINT
CASSIDY, ROBIN	SHEITMAN, BRIAN	RALEIGH
CHASTAIN, LATRICIA	EDELEN, CONNIE	CHARLOTTE
CLARK, JENNIFER	SHORT, JAMES	ROXBORO
COCKRELL, MELISSA	BOCOOK, JESSICA	OAK ISLAND
COLLETON, KIA	GARBA, MOHAMMAD	BALTIMORE
CRAIG, ANDREW	CALLAWAY, JENNIFER	CHARLOTTE
CRIMINGER, KAREN	YALE, JERRY	LINVILLE
DANNER, CORTNEY	EVERS, SAMEENA	CHARLOTTE
DAVIS, TRAVONIA	CROSS, KAREN	WINSTON SALEM
DENNY, MELANIE	DEWHURST, DONALD	FRANKLIN
DESAI, SHAKTI	QUASHIE, DAWN	RALEIGH
DUNCAN, BRIAN	AVERETT, WILLIAM	CONCORD
EVERHART, AMANDA	TRAN, TUNG	DURHAM
FLETCHER, JOANNA	FISHER, DAVID	CHARLOTTE
GRAVES, CHERRY	SNYDER, CHRISTOPHER	CHARLOTTE
GRIFFIN, CRYSTAL	HOTH, JAMES	WINSTON SALEM
HAGY, BRITNEY	LINDBLOM, SCOTT	CHARLOTTE
HALL, NATALIE	KOEHLER, ANTHONY	MT. AIRY
HARTSELL, MARY	SHEITMAN, BRIAN	RALEIGH
HAUKE, TRACY	NWAMARA-AKA, EMMANUEL	FAYETTEVILLE
HODGE, MEGAN	HAWKINS, MICHAEL	GASTONIA
HUFFMAN, DIEDRA	ESTEPAN, HECTOR	COLLETTSVILLE
JEE, LORI	SETJI, TRACY	DURHAM
JONES, ANN-MARIE	JARRETT, DAVID	RALEIGH
KALDAS, PAMELA	KREMERS, MARK	CHARLOTTE
KENNY, JULIA	QUASHIE, DAWN	RALEIGH
KIM, CHRISTINA	BEYER, JOHN	DURHAM
KINNAIRD, ASHLEY	MADIGAN, TIMOTHY	EDENTON
KLEIN, ROBERT	LORELLI, LISA	MORGANTON
KNAPP, STEPHANIE	JOHNSON, ENDIA	GASTONIA
KOKOSZKA, ANDRIA	BOLEN, CHRISTINE	CHARLOTTE

KRIEGLER, TANIA	COHEN, SUSAN	ASHEVILLE
LAND, TRACY	BRESCIA, DONALD	GREENVILLE
LANE, WENDY	ROSEN, ROBERT	BALTIMORE
LOCKMAN, CAROL	LOWRY, RHONDA	CHARLOTTE
MASON, ANN	CLARK, KENDALL	FORT BRAGG
MAY, AURELIE	TEIGLAND, CHRIS	CHARLOTTE
MCBRYDE, KAREN	GARIMELLA, RAMA	RALEIGH
MCLAURIN, CHARLES	FLAHERTY, STEPHEN	FAYETTEVILLE
MCMILLAN, ANDORA	PENCE, CARLA	STATESVILLE
MILLER, LACY	SHEITMAN, BRIAN	RALEIGH
MOORE, MARGARET	GREENUP, RACHEL	DURHAM
NESTEL, KELLY	EDWARDS, ANGELA	WINSTON-SALEM
NORRIS, LAURA	SNYDER, CHRISTOPHER	CHARLOTTE
PATTI, CAMILLE	LORD, CHRISTOPHER	CHARLOTTE
PETERSON, MIA	MADIGAN, TIMOTHY	EDENTON
PRESBY, KIRSTEN	RHOADES, ALAN	HUNTERSVILLE
RICE, AUDREY	RUCCI, JENNIFER	WILMINGTON
ROBINSON, CAROL	HIRSCH, JO	BALTIMORE
ROBINSON, JAMES	DIGIULIO, MILAN	CARY
SMITH, JENNIFER	PEREDA, LOURDES	ANGIER
SMITH, DEBORAH	CHURCH, SAMUEL	HAYESVILLE
SOUTHARDS, CASEY	DELAGARZA, JERALD	FOREST CITY
SPASSOVA, ROUMYANA	SERANO, RICHARD	FAYETTVILLE
STOFFER, KASSANDRA	WESONGA, SAMUEL	KNIGHTDALE
STOWE, CHRYSTIE	MADIGAN, TIMOTHY	EDENTON
SULLIVAN-BLACKERT, NANCI	OSTMANN, OLGA	PINEHURST
SUMERLIN, MINNIE LUE	JONES, GREGORY	BELHAVEN
TAYLOE, SUSAN	BUCKWALD, SHARON	GREENVILLE
THOMAS, BRITTANY	SNYDER, CHRISTOPHER	CONCORD
THOMPSON, SANDRA	MCEWEN, JOHN	ROXBORO
TROUTMAN, SUSAN	MOSELEY, JONATHAN	HICKORY
WINTERING, ERIKA	MISTRY, KSHITIJ	CHARLOTE
YOPP, AMANDA	RAMSAMOOJ, RAVI	ELIZABETH CITY
ZEGIL, MATTHEW	PERRI, JAMES	CHARLOTTE
ZIRPOLI, MARGARET	ADAMI, JOHN	KITTY HAWK
ADAMS-WINGATE, DEBORAH	HOLLAND, GEORGE	WILMINGTON
ADEFOLALU, ANIRE	SMITH, DAVID	KERNERSVILLE
ALAWODE, FLORENCE	FAIN, NORMAN	HENDERSONVILLE
ALEXANDER, NICHOLAS	BERGER, MARTIN	YANCEYVILLE
AMBA, KATHERYNE	NTIMBA, FRANCIS	SAINT LOUIS
AMIREHSANI, KAREN	OCLOO, SHIRLEY	LEXINGTON
ANDERSON, VICKY	BURNS, MARIANTHE	KING
BACON, CYNTHIA	MILLER, BRIAN	GREENSBORO
BARBARO, PATRICIA	ERICKSON, AMY	RALEIGH
BEASLEY, AMANDA	OCLOO, SHIRLEY	GASTONIA
BELDEN, LINDSAY	YUENGEL-BIENENFELD, CHRISTINE	WINSTON SALEM

BELL, MICHELE	ALTHEIMER, MICHAEL	GREENSBORO
BLACKWOOD, HILARY	ROY, BRANDON	RALEIGH
BOWERS, SHONDA	SNYDER, CHRISTOPHER	CHARLOTTE
BRADY FLEMING, ANGELA	DUNHAM, CHARLES	WINSTON SALEM
BRIDGET, RHONDA	SEARLES, ANTHONY	CHARLOTTE
BRUEHL, HOLLY	HART, JOHN	RALEIGH
CHATTEN, CARMEN	COLL, PAOLO	GREENSBORO
COADY, ANITA	ALEJANDRO, LUIS	GREENSBORO
CRAVEN, SUSAN	DIXON, DONOVAN	PEMBROKE
CROSSMAN, MOLLY	MONTEITH, CHARLES	FAYETTEVILLE
CRUM, SHARON	FRANK, ANTHONY	GREENVILLE
CULLINAN, SHARON	GREENBERG, GARY	RALEIGH
D'ANGELO, CHERRY	CARLSON, RICHARD	MOREHEAD CITY
DARBY, JAMIE	SMITH, DAVID	KERNERSVILLE
DAVIS, BARBARA	GRADDY, LOGAN	DURHAM
DICKINSON, TAWANA	JOHNSON-PITTS, ENDIA	GASTONIA
DORNEY, JEWEL	QUASHIE, DAWN	GARNER
EADUS, CATHERINE	JAMES, ROBERT	GREENVILLE
ELSEY, AMY	SMITH, DAVID	KERNERSVILLE
EWING, WHITNEY	SATTERWHITE, WILLIAM	WINSTON SALEM
FARRIS, KAREN	SHAREEF, AMIRAH	CHARLOTTE
FERRELL, CAROLINE	SCHUTT, MELISSA	CHARLOTTE
FONVILLE, NECOLE	DUNHAM, CHARLES	WISTON SALEM
GOODMAN, KAREN	FAIN, NORMAN	BOONE
GORDON, DIANA	GOLD, STUART	CHAPEL HILL
GREEN, LORI	BOTHE, BRIAN	ARDEN
HARPER, KRISTIN	KHAN, KAMAL	CHARLOTTE
HOLT, LORI	MOFFET, MARK	WINSTON-SALEM
HUDIMAC, CAMILLE	MCEWEN, JOHN	CHAPEL HILL
JAMES, JANET	MAULT, CLIFFORD	SYLVA
JERNIGAN, KELLY	SMITH, ANTHONY	GREENVILLE
JOHNSON, CANDACE	PARRISH, THOMAS	MT. AIRY
JOHNSON, ALMAZ	LEE, JAMES	CHARLOTTE
KEMP, CHERYSH	DAVIS, CARA	RALEIGH
KILLGORE, JOHN	MARTINEZ, PAUL	WILSON
KIRK, ANNA	DEAN, ERIC	GREENSBORO
LANGSTON, JESSICA	QUASHIE, DAWN	CARY
LOVETTE, MELISSA	SNYDER, CHRISTOPHER	CHARLOTTE
MAIDEN, RHIANN	GERMANA, SARAH	DURHAM
MALONE, CAROLYN	SMITH, DAVID	KERNERSVILLE
MAYNARD, JENNIFER	AMIN, SAAD	ASHEBOROR
MCDANIEL, CATHERINE	FAIN, NORMAN	LENOIR
MCKNIGHT, NICOLE	MEYERS, TRACY	DURHAM
MERCER, NITA	ORR, JENNIFER	MOREHEAD CITY
MILLER, LACY	PEKAREK, ELIZABETH	ASHEBORO
MINTZ-SMITH, RASHONDA	FAIN, NORMAN	HARRISBURG

MULLER, ANGELA	ALLEY, WILLIAM	WINSTON SALEM
MULLINAX HERMAN, HEATHER	ELLISON, ROBERT	BOONE
PALOMBO, BENEDETTO	LOWRY, BARBARA	THOMASVILLE
PAYNE, THOMAS	EDWARDS, ANGELA	WINSTON-SALEM
PENN, ANGELA	EZEIGBO, WALTER	WINSTON-SALEM
PINTO, ALICIA	FAIN, NORMAN	DURHAM
PRICE, RENEA	VAN DONGEN, PHILIP	EDENTON
PUGLISI, JANIS	WILLIAMS, DWIGHT	GREENSBORO
REDWOOD-SAWYERR, CHRISTIANA	SMITH, DAVID	KERNERSVILLE
RICHARDSON, JENNY	PALMER, JOHN	BOONE
RISSLER, CAITLIN	KISSAM, BARBARA	CHARLOTTE
ROBERTSON, DONNA	FARRIS, KATHERINE	RALEIGH
ROBINSON, GAIL	VREELAND, GLORIA	WILMINGTON
RUDOLPH, NANCY	RUBIN, PETER	GREENSBORO
SATVIKA, HOLLY	LEWIS, BRIAN	ASHEVILLE
SCHWEITZER, SAMANTHA	SNYDER, CHRISTOPHER	CHARLOTTE
SENEGAL, STEPHANNIE	FAIN, NORMAN	CARY
SHARPE, DAPHNE	KUMAR, ARCHANA	GREENSBORO
SHIPMAN, VICKI	POWELL, JOHN	LENOIR
SHIPMAN, VICKI	MCBURNEY, RICHARD	HUDSON
SIMS, AMY	SIMS, WILLIAM	SYLVA
SQUIRES, KIMBERLY	FITZHUGH, HOWARD	GREENSBORO
ST GERMAIN, MARY	RUSS, PETER	FOREST CITY
STEWART, CATHERINE	GALIDA, CATHERINE	BALTIMORE
STOWE, CHRYSTIE	VENABLE, ROBERT	PLYMOUTH
SURRATT, VICKY	THOTAKURA, RAJAKUMAR	WINSTON SALEM
THOMAS, GILLIAN	BECK, ERIC	HIGH POINT
TWOGOOD, KISUK	LONG, WILLIAM	CHARLOTTE
WEBER, ALISA	FAIN, NORMAN	BELMONT
WEEKS, CHRISTINE	QUASHIE, DAWN	RALEIGH
WELBORN, CHRISTY	QUASHIE, DAWN	CLAYTON
WELTY, MELANIE	MAHAN, DENNIS	CREEDMOR
WHITE, MARYBETH	GUERRINI, JAMES	STATESVILLE
WORRELL, TAMMY	PAVELOCK, RICHARD	GREENSBORO
ANGELELLI, BONNIE	SMITH, JAMES	CARY
ANTHONY, ARENNETTE	CHUKWURAH, CHINWE	DURHAM
ANTHONY, DONNA	HOTH, JAMES	WINSTON SALEM
BARBOUR, BENJAMIN	SCOTHORN, DOUGLAS	ASHEVILLE
BAWRE, GIFTY	TOKUNBOH, JULIUS	CHARLOTTE
BERTOLETTE, BARRY	SETHI, VIDYA	CHARLOTTE
BETTS, DATANYA	BALOCH, MOHAMMAD	RALEIGH
BLACK, AMY	ELLIOTT, KATHLEEN	BALTIMORE
BROOKS, KEATAH	HOLLINGSWORTH, JANE	BURLINGTON
BROSNAN, SUZANNE	SWAIN, MATTHEW	CAMP LEJEUNE
BRYANT, ROXANNE	GOFF, DAVID	RALEIGH
BUMGARDNER, JOYCE	GLASS, JASON	VALE

CAMPBELL, MARGARET	BISHOP, MELISSA	MONCURE
CASIANO, SINCLAIR	GIROUARD, MICHAEL	RALEIGH
CHASTAIN, LATRICIA	SCHISLER, RANDALL	CONCORD
COGDILL, TAMMY	FAIN, NORMAN	LAKE WYLIE
CULLINAN, SHARON	HARTYE, JAMES	RALEIGH
DAVISON, JEAN	KARAM, PHILIP	DURHAM
DICKMANDER, JANET	GODLEY, PAUL	APEX
DUCHESNEAU, DEBORAH	DEVINE, GERARD	LUMBERTON
EARLY, CARMALINDA	TABE, WILSON	GOLDSBORE
FRANCIS, JODY	HORST, JAMES	RALEIGH
FRANKLIN, TIFFANY	GOPALI, SANTOSH	MATTHEWS
GARDNER, LILYNNE	QUASHIE, DAWN	GARNER
GOLEY, MICHAEL	SEIGEL, JONATHAN	RALEIGH
HEARN, PENNY	GOODNIGHT, TODD	ROCKY MOUNT
HOLLAND, CHELSA	KHAN, NEELAM	BURLINGTON
HOLLIFIELD, AMBER	ALDINGER, KYLE	SHELBY
HUNTER, JACQUELINE	MURINSON, DONALD	GREENSBORO
HUSMANN, KARI	POTTER, JOAN	CHAPEL HILL
KLINK, JALEEN	PRENDERGAST, PETER	THOMASVILLE
KOEHLER, LAUREEN	WORTHEN, MARK	BELHAVEN
LANE, MCTISA	FLORES-SANTIAGO, ISMAEL	RALEIGH
LASCUNA, PAUL	CHAVIS, HERMAN	RED SPRINGS
LEATHERLAND, MOLLY	MONTEITH, CHARLES	CHAPEL HILL
MORROZOFF, JR, WILLIAM	SAINI, HARI	FAYETTEVILLE
NASON, ELLEN	KELLEY, MICHAEL	DURHAM
NELSON, WALTER	PATTON, DENZIL	GREENVILLE
NGO, LINH	SHIN, HAE WON	CHAPEL HILL
NISSEN, MICHAEL	GAMMON, GARY	PINEHURST
NWAUCHE, CECILIA	BADIKA, NDOFUNSU	CHARLOTTE
POOLE, BRENDA	PATTON, DENZIL	GREENVILLE
POOLE, LEEANNE	SUTTON, LESLIE	RALEIGH
PORTER, ALEBRA LEE	RHOADES, ALAN	HUNTERSVILLE
REDDING, SUSAN	PATTON, DENZIL	GREENVILLE
RYAN, DIANNE	BLEYER, PETER	TABOR CITY
SCATES, TIARE	PERRY, LAWRENCE	ASHEBORO
SCHOOFF, DAVID	TRAN, TUNG	DURHAM
SHENKMAN, LAURA	QUASHIE, DAWN	BENSON
STAFFORD, CYNTHIA	KRIVITSKY, BORIS	CHARLOTTE
STARR, ROBIN	YU, HONG	DURHAM
SUDDRETH, LISA	FAIN, NORMAN	DENVER
SUMNER, JOANN	GUPTA, MONA	RALEIGH
THOMAS, RAFAELA	HAINES, JOE	CAMP LEJEUNE
TUBAUGH, LEIGH	FAIN, NORMAN	WAXHAW
WALKER, TABITHA	DIMKPA, RAJESHREE	WILKESBORO
WINKLER, THELMA	DIMKPA, RAJESHREE	WILKESBORO

CLINICAL PHARMACIST PRACTITIONERS

Karahalios, William John
Smith, Jennifer Nicole
Williams, Charlene Rhinehart

Anesthesiologist Assistant, Perfusionist & Provisional Perfusionist Licenses Issued
As of September 2013

Perfusionists:

None

Anesthesiologist Assistants:

None

North Carolina Medical Board
PA Licenses Approved
September 2013

Initial PA Applicants Licensed 07/01/13 – 08/27/13

PA-Cs

Name	
Anderson, Jessica Rose	07/05/2013
Arieno, James Michael	07/08/2013
Blackwell, Karen Dyer	07/22/2013
Boney, Mary Sheldon	08/23/2013
Bost, Kristin Elizabeth	07/22/2013
Bradley, Robert	08/12/2013
Browning, Robert Brian	08/23/2013
Cassetto, Lesley	08/19/2013
Cassidy, Tyler Ryan	07/05/2013
Chen, Jiwei	07/24/2013
Christ, Elizabeth Ann	07/09/2013
Churchill, Kimberly	07/25/2013
Coppolino, Sarah Mueller	07/05/2013
Cosentino, Krysta Jennings	07/05/2013
Crain, Whitney Leigh	07/11/2013
Deans, Christopher Pierce	07/22/2013
Diehl, Jason Andrew	07/01/2013
DiLorenzo, Damon James	08/23/2013
Dunn, Cynthia Lynn	07/19/2013
Feauve, Emily Corinne	08/08/2013
Fluster, Morgan	07/29/2013
Franco, Sarah Bernice	08/20/2013
Glantz, Glenn Barry	07/09/2013
Groth, Ryan Edward	08/01/2013
Han, Christine	07/11/2013
Harris, Michael David	08/09/2013
Hickey, Laura	07/11/2013
Ho, Eric	08/23/2013
Howard, Lindsey Anne	08/09/2013
Hoyle, Aaron Fletcher	07/19/2013
Jacobson, Paul	07/30/2013
Jenkins, Ambria Renee	07/19/2013
Johnson, Andrew Cole	07/08/2013
	07/16/2013

Kelley, Phillip Antonio	
Kjergaard, Katherine Ruthsatz	08/19/2013
Langmesser, Lisa Marie	08/23/2013
Leadbitter, Patrick James	08/23/2013
Lindsay, Katherine Elizabeth	08/27/2013
Marousis, Jordin	08/12/2013
Maurer, Katelyn Elizabeth	07/11/2013
Mayo, Carmen Christina Preston	07/08/2013
McElveen, Andrea McKnight	08/27/2013
McLaughlin, Nancy Ellen	07/22/2013
McLellan, James Mark	07/05/2013
Milliam, Kimberiey Anne	08/23/2013
Mitchell, Sophia Abimbola	08/05/2013
Modesto, Jennifer Christine	07/24/2013
Monfort, Kelly Anne	07/08/2013
Mychak, Nathan Z	07/08/2013
Olson, Michael George	07/29/2013
Peregrin, Peter A.	08/15/2013
Pitonzo, David G.	08/27/2013
Prentice, Cassidy	07/16/2013
Punja, Punam Javia	07/05/2013
Pysell, Timothy Allen	08/21/2013
Raine, Caleb Jesse	08/06/2013
Raja, Furqan Abbas	07/11/2013
Rapp, Heather Lindsey	07/29/2013
Rebowe, Danielle Caruso	07/05/2013
Rogers, Christina Paxton	07/05/2013
Roy, Jaime Alexandra	07/24/2013
Sams, David Alan	08/15/2013
Schwartz, Emily Lynn	08/21/2013
Sears, Sandra	07/10/2013
Shillinglaw, Lindsay Wells	07/11/2013
Steeves, Andrea Marie	07/24/2013
Stiles, Michelle Nicole	08/27/2013
Stone, Stephen Wayne	07/01/2013
Sullivan, Kevin Edward	08/13/2013
Surendra, Christopher Michael	08/02/2013
Thoma, Gage Alan	08/06/2013
Travise, Danielle Elizabeth Yusko	07/02/2013
Wagoner, Jessica Billheimer	08/23/2013
Wall, Renee Victoria	07/22/2013
Walls, Laura Marie	07/16/2013
Wheeler, Clinton Bartlett	07/24/2013
Williams, Michelle	07/22/2013
Wohrle, Connie Marie	07/01/2013

Initial PA Applicants Licensed 08/28/13 – 08/31/13

Gomarko, Victoria Rae	08/30/2013
Amoni, Emily Carson	08/30/2013
Ragard, Rebecca Anne	08/30/2013
Warren, Karen Elissa	08/29/2013
Collins, Cameran Anne	08/29/2013
Syme, Janet Evelyn Lucia	08/29/2013
Martin, Helen Susan	08/29/2013
Ross, Allison Davis	08/29/2013
King, Donna Jean	08/29/2013
Wille, Jessica Lynn	08/29/2013
Chyu, Carolyn Soyun	08/29/2013
Sanders, Courtney Bailey	08/29/2013
Howard, Matthew C	08/28/2013
Thomson, Cynthia Jean	08/28/2013

PA-Cs Reactivations/Reinstatements/Re-Entries

Name	
Gainer, Jennifer Graham	07/24/2013
Neal, Gabrielle Logan	08/02/2013
Short, Jeffery Preston	08/16/2013
Wisotsky, Joanna Beth	07/05/2013

Additional Supervisor List – 07/01/13 – 08/27/13

PA-Cs

Name	Primary Supervisor	Practice City
Abbata, Christine	Kane, Peter	Wilmington
Abbata, Christine	David, Ivan	Wilmington
Acker, Shekitta	Hull, Sharon	Durham
Aguilar, Tracey	Williams, Dwight	Greensboro
Allen, Deborah	Castor, David	Bryson City
Allen, Marchelle	Callaway, Jennifer	Charlotte
Alsaedi, Tamim	Haq, Muhammad	Fayetteville
Alsaedi, Tamim	Tran-Phu, Lan	Fayetteville
Anderson, Jessica	Rolband, Gary	Charlotte
Andrukonis, Kathryn	Williams, Jonathan	Burlington
Arieno, James	Abraham, Victor	Wilmington
Armeau-Claggett, Elin	Berger, Martin	Yanceyville
Arru, Elizabeth	Schoenfeldt, Brent	Albemarle
August, Timothy	Custer, Current	Sylva
Austin, Roger	Menard, Dale	Hickory
Avery, Leanne	Lopez, Fernando	Oxford
Ballard, Marquiez	McGhee, James	Charlotte

Beeman, Sandra	Traylor, Henry	Wilmington
Begley, Stephen	Mask, Allen	Raleigh
Bell, Amy	Corrigan, Francis	Pinehurst
Bell, Caroline	Fowler, Reginald	Winston Salem
Belvin, Karen	Fote, Bertrand	Salisbury
Bender, Currin	Carson, Larry	Pinehurst
Bernier, Lisa	Castor, David	Bryson City
Beyder, Bianca	Gouzenne, Stacey	Charlotte
Blanchard, Patricia	Allen, Louis	Louisburg
Blank, Brandon	Hinson, Thomas	Winston Salem
Blank, Brandon	McRae, Alexis	Winston Salem
Blankenship, Chad	Gluck, Honi	Fayetteville
Blanton, James	Borresen, Thor	Charlotte
Blanton, Kenneth	David, Ivan	Wilmington
Blanton, Kenneth	Kane, Peter	Wilmington
Bolt, Carol	Callaway, Jennifer	Pineville
Bosley, Jeffrey	Todd, Timothy	Fayetteville
Bralley, Tanya	Holt, Lawrence	Supply
Bresnahan, James	Schoenfeldt, Brent	Albemarle
Bridges, Allison	Callaway, Jennifer	Charlotte
Brigode, Marci	Hemphill, Shane	Cary
Brooks, Angela	Harris, Eleanor	Greenville
Brookshire, Elizabeth	Fote, Bertrand	Salisbury
Brown, Loyce	Joslyn, Emerson	High Point
Browning, Robert	Miller, Brian	Greensboro
Bueti, Gerardina	Murphy, Charles	Durham
Bynum, Gerald	Mizelle, Eric	Fayetteville
Caceres, Jorge	Nickel, Marshall	Lumberton
Campagna, Lara	Guevara, Jason	Pinehurst
Carlson, Samantha	Kiger, Tara	New Bern
Cassidy, Tyler	Masere, Constant	Lillington
Chance, Jeffery	Schoenfeldt, Brent	Albemarle
Chazan, Jennifer	Sadat, Abdul	Raleigh
Chester, David	Panea, Oana	Mocksville
Chew, Tanya	Aime, Gerard	Stedman
Churchill, Kimberly	McCoy, Thomas	Charlotte
Cockfield, William	Sun, Albert	Durham
Codrick, Alyssa	Thomason, Jason	Winston Salem
Cole, Lauren	Lantelme, Bruce	Winston Salem
Colletti, Thomas	Paolini, Charlotte	Buies Creek
Collier, Kelly	Fleishman, Samuel	Fayetteville
Collins, Riki	Ameen, William	Jamestown
Cooper, Lana	Brown, Stephanie	Louisburg
Cooper, Lana	Sadat, Abdul	Raleigh
Cooper, Michelle	Schoenfeldt, Brent	Albemarle
Copeland, Chanel	Lopez, Fernando	Oxford

Copeland, Chanel	Gupta, Manoj	Smithfield
Coppley, Arthur	Ocloo, Shirley	Gastonia
Coppolino, Sarah	Teitelman, Melissa	Raleigh
Corbin, Justin	Doohan, Thomas	Monroe
Corbin, Justin	Gardner, Todd	Statesville
Corley, Rebekah	Thompson, Eric	Matthews
Cosentino, Krysta	Wheeless, Clifford	Raleigh
Crain, Whitney	Perry, Robert	Jacksonville
Crain, Whitney	Richardson, Wendell	Jacksonville
Cummings, Leslie	Gouzenne, Stacey	Mooresville
Curtis, Tami	Schoenfeldt, Brent	Albemarle
Cutrell, Darrin	Gammon, Gary	Pinehurst
Czaja, Jill	North, Stephen	Spruce Pine
Daniel, Selwyn	Jackson, Anita	Lumberton
Daniel, Selwyn	Daniel, Myriam	Greenville
Daniele, Kimberly	Dell'Aria, Joseph	Whiteville
David, Lisa	Collins, Roger	Cary
David, Lisa	Lachiewicz, Paul	Chapel Hill
Davis, Kayleigh	Roberts, Joseph	Shallotte
Davis, Sarah	Hulkower, Stephen	Asheville
Daye, Melinda	Cash, Sarah	Concord
Dean, Barbara	Baker, Charles	Linville
Deans, Christopher	Smith, Bradley	Wilson
DeTroye, Alisha	Mahaffey, Danielle	High Point
Diehl, Jason	Jung, Ki	Huntersville
DiLorenzo, Damon	Hansen, Samantha	Raleigh
Dittmer, Monica	Gammon, Gary	Pinehurst
Donald, Karen	Richardson, Michael	Mint Hill
Dossenbach, Memory	Rosenbaum, David	Raleigh
Dugan, Matthew	Schoenfeldt, Brent	Albemarle
Dusel, Sarah	O'Brien, Patrick	Raleigh
Earl, Tracy	Ransom, Fabienne	Charlotte
Earl, Tracy	Maramraj, Kishan	Charlotte
Engstrom, William	Summey, Brett	Boone
Ensign, Todd	Oak, Chang	Plymouth
Evitts, Emma	Mayer, Katherine	Charlotte
Fazio, Ronald	Killinger, William	Raleigh
Feauve, Emily	Kennelly, Michael	Charlotte
Fenn, Peter	Paolini, Charlotte	Buies Creek
Ferguson, Carly	Zickler, Robert	Gastonia
File, Julie	Shields, Thomas	Winston Salem
Fleishman, Margaret	Zimmerman, William	Wilmington
Fleming, Koren	Molle, Jeffrey	Gastonia
Fluster, Morgan	North, James	Concord
Foresi, Stacie	Adams, George	Raleigh
Foy, Dale	Lee, Melvin	Garner

Fulbright, Anne	Pyles, Derek	Durham
Fulbright, Anne	Montana, Leslie	chapel hill
Gartman, Jennifer	Peace, Robin	Lumberton
Gast, Timothy	Wohlrab, Kurt	Pinehurst
Getchell, Wendy	Rhoades, Alan	Huntersville
Gifford, Allen	Rao, Caroline	Durham
Gilbert, Tonya	Nwamara-Aka, Emmanuel	Fayetteville
Girskis, Jennifer	Noell, William	Sylva
Goddard, Alan	Jones, Colin	Colerain
Goldberg, Jennifer	Howard, Chad	Charlotte
Goldberg, Jennifer	Howard, Chad	NC
Gray, Erin	Daub, Steven	Greensboro
Gray, Theresa	Taavoni, Shohreh	Durham
Green-Odlum, Anya	Howard, Chad	Greensboro
Greene, Liza	Paolini, Charlotte	Buies Creek
Groth, Ryan	Bothe, Brian	Arden
Han, Christine	Reyes, Rodolfo	Raleigh
Hanne, Chelsea	Schnier, Gregory	Burlington
Hanne, Chelsea	Dew, Jason	Burlington
Harewood, Lisa	Puente, Fernando	Raleigh
Harrill, Andrew	Evans, Charlotte	Yadkinville
Harris, Edith	Rose, Gregory	Raleigh
Harris, Nicole	Goforth, James	Hickory
Hartsell, Zachary	Summers, Erik	Winston Salem
Harvey, Todd	Huggins, Henry	Hickory
Haskin, Madelon	Mayer, Katherine	Charlotte
Hayes, Kathleen	Carlson, Richard	Charlotte
Heggerick, Jason	Martin, David	Winston Salem
Helton, Camilla	McPherson, Holly	Winston Salem
Henderson, Alveta	Carter, Monica	High Point
Herdman, Jennifer	Griffin, Stephanie	Greenville
Herrmann, Becky	Sanchez-Rivera, Efrain	Fayetteville
Heslep, Mallory	Oberer, Daniel	Charlotte
Hickey, Laura	Brooks, Kelli	Durham
Hickman, Michele	Hanlon, Charin	Shallotte
Hickman, Michele	Riggins, Bruce	Wilmington
Hill, Kimberly	Teigland, Chris	Charlotte
Hill, Tina-Marie	Green, Thomas	Rutherfordton
Hinshaw, Jeffrey	Alley, William	Winston Salem
Ho, Thuy	Uwensuyi-Edosomwan, Fidelis	Charlotte
Hooper, David	Phillips, Thirston	Fayettville
Hoover, Sara	Gammon, Gary	Pinehurst
Horn, Shelly	Reyes, Rodolfo	Lillington
Horne, Mary	Callaway, Jennifer	Charlotte
Horton, Matthew	Hinson, Thomas	Winston Salem
Howard, Lindsey	Redding, Mark	Charlotte

Hoyt, Anita	Sailer, Kaaren	Charlotte
Hughes, Courtney	Van Zandt, Keith	Winston Salem
Hunter, Sara	Abulatifa, Khalil	Williamston
Hunter, Sara	Laney, Ronald	Williamston
Huwe, Heather	Rosen, Robert	Winston Salem
Jackson, Brittany	Schoenfeldt, Brent	Albemarle
Javier, Jimzon	Manning, James	Kernersville
Jenkins, Ambria	Reed, John	Lumberton
Jennings, Donna	McLeod, William	Reidsville
Johns, Phil	Lombardi, Vincent	Charlotte
Johnson, Andrew	Groh, Mark	Asheville
Johnson, Betty	Paolini, Charlotte	Buies Creek
Johnston, Sara	Soboeiro, Michael	Raleigh
Joines, Breland	Kumar, Baljinder	Winston Salem
Jones, Daniel	Whitlock, John	Boone
Jones, Lauren	Ziewacz, John	Concord
Jones, Nancy	Castor, David	Bryson City
Kalevas, Karen	Dave, Nailesh	Lillington
Keller, Philip	Leonhardt, Gary	Greenville
Keller, Philip	Drury, James	Greenville
Kelley, Paul	Frank, Anthony	Washington
Kelley, Phillip	Hansen, Roger	Winston Salem
Kim, Hana	Mody, Sachin	Matthews
Kinstrey, Kristin	Selley, Victoria	Morehead City
Kish, John	Dinwiddie, William	Canton
Kjergaard, Katherine	Mody, Sachin	Shelby
Koonts, Alison	Conforti, John	Winston Salem
Krape, Harvey	Castor, David	Bryson City
Kurian, Mathew	Imam, Abul	Raleigh
Lachowicz, Michael	Stinson, Charles	Winston Salem
Laisure, John	Smith, John	Winston Salem
Laizure, Clancy	Williams, Dwight	Greensboro
Laliberte, Danielle	Chandler, Justin	Greensboro
Lamphere, Jeffrey	Boulton, Bryon	Raleigh
Latterner, Kim	Gouzenne, Stacey	Monroe
Lawley, Christina	Newton, William	Statesville
Lawrence, Robert	Tripp, Joseph	Ahoskie
Leach, Kari	McCaleb, Jane	Hollister
Lekity, Sarah	Kon, Neal	Winston Salem
Lentz, Jennifer	Gouzenne, Stacey	Clayton
LeSuer, Hayley	Callaway, Jennifer	Charlotte
Lewis, Bryan	Johnson, David	Raleigh
Lilleboe, Amy	Mayer, Katherine	Charlotte
Logan, Jenalyn	Frank, Anthony	Washington
Logan, Rickmon	Akbarov, Alec	Gastonia
Luscher, Lenny	Zimmerman, William	Leland

Lyerly, Lauren	Wilson, Benjamin	Lexington
Maas, Jordan	Vesa, Allin	Charlotte
Majka, Peter	Hey, Lloyd	Raleigh
Mann, Karen	Frank, Anthony	Washington
Marlow, Wendy	Koch, Daniel	Lincolnton
Marlow, Wendy	Kiefer, Mark	Lincolnton
Martin, Jeffrey	Bonsall, Richard	Winston Salem
Mathis, Marla	Ward, William	Charlotte
Mattingly, Daniel	Pitts, Venus	Raleigh
Matuga, Lisa	McCutchen, Jeffrey	Charlotte
Matuga, Lisa	Carruth, Marc	Charlotte
Mayer, Martin	Almasri, Ghiath	Greenville
Mayo, Carmen	Shute, Kevin	Asheboro
McCall, Tanya	Brower, Jonathan	Southern Pines
McCall, Tanya	Milewski, Ronald	Southern Pines
McCutcheon, Leslie	Carroll, Raymond	Cary
McDonald, Margaret	Lee, Melvin	Clayton
McDonald, Margaret	Gouzenne, Stacey	Clayton
McDonald, Margaret	Kommu, Chandrasekhar	Winston Salem
McHatton, Timothy	Chodri, Tanvir	Randleman
McKenzie, Rachel	Digel, Mary	Sparta
McKittrick, Katherine	Saladin, Elizabeth	Cherokee
McLellan, James	Eskew, Thomas	Wilmingon
Melgar, Tammy	Patel, Yogin	Kinston
Methvin, Sarah	Boulton, Bryon	Raleigh
Miglarese, Lauren	Taavoni, Shohreh	Durham
Mitchell, Sophia	Sy, Alexander	Winston Salem
Mitchell-Barnes, Donna	Hendricks, Andrew	Lumberton
Mohr, Ashley	Gouzenne, Stacey	Charlotte
Monfort, Kelly	Cutting, Paul	Clyde
Monfort, Kelly	King, Gerald	Clyde
Morehart, Jodi	Dough, Robert	Asheboro
Moreno, Paula	McCarty, Gregory	Hendersonville
Morgan, Diana	Dell'Aria, Joseph	Whiteville
Morrison, Cheryl	Calvert, Joseph	North Wilkesboro
Morrison, Cheryl	Holder, David	Lexington
Muse, Rochelle	Beam, Robert	Winston Salem
Nakos, Eleftheria	Bennett, Ward	Raleigh
Neal, Amanda	Bentsen, Isabella	Raleigh
Newbrough, David	Van Dongen, Philip	Edenton
Newbrough, David	Hoidal, Charles	Elizabeth City
Nguyen, Brigitte	Kommu, Chandrasekhar	Clayton
Nowak, Mellisa	Stewart, Christopher	Coats
Nowak, Mellisa	Pittman, William	Raleigh
Nutt, Linda	Russo, Mark	Charlotte
O'Connor, Brian	Akbarov, Alec	Gastonia

O'Connor, Brian	Stiegel, Robert	Charlotte
O'Grady, Holly	Howard, Chad	Winston Salem
O'Regan, Janathea	Watson, Michael	Raleigh
Olsen, Amanda	Reed, John	Lumberton
Olson, Michael	Murphy, Charles	Durham
Omonde, Peter	Abulatifa, Khalil	Washington
Orji, Nneka	Sailer, Kaaren	Charlotte
Owens, Edward	Kiger, Tara	New Bern
Pace, S.	Mahan, Dennis	Henderson
Pace, S.	Mahan, Dennis	Henderson
Pace, S.	Allen, Louis	Louisburg
Panos, Constantina	De La Torre, Ernesto	Brevard
Pate, Robert	Lamm, Yen-Jwu	Fayetteville
Patel, Neelema	Ryan, William	Lumberton
Patel, Nipa	Masha, Omodele	Gastonia
Patel, Nipa	Hawkins, Michael	Gastonia
Paul, Jennifer	Muss, Hyman	Chapel Hill
Payne, Andrea	Moulton, Michael	Wilmington
Peifer, Jennifer	Henke, Elizabeth	Durham
Perry, Jayme	Lee, Melvin	Wilkesboro
Petry, Susan	Greenberg, Gary	Raleigh
Petry, Susan	Wu, Lawrence	Raleigh
Pfaff, Charles	Selley, Victoria	Morehead City
Pfitzer, Melissa	Frank, Harrison	Leland
Phillips, James	Hutchinson, Michael	Fayetteville
Phillips, James	Raval, Raju	Fayetteville
Phillips, Kimberly	Majure, David	Mt Airy
Pitylak, Jennifer	Gouzenne, Stacey	Charlotte
Pitylak, Jennifer	Kommu, Chandrasekhar	Fayetteville
Plate, Anne	Shields, John	Winston Salem
Poole, Michael	Lekwauwa, Ureh	Raleigh
Pope, April	Paolini, Charlotte	Buries Creek
Port, Christopher	Queng, Joan	Robbinsville
Porter, Robert	Donoghue, Brian	Raleigh
Prentice, Cassidy	Crocker, Daniel	Rocky Mount
Prentice, Jonathan	Liebelt, Ralph	Durham
Prince, Elizabeth	Hooper, Jeffrey	Asheboro
Prince, Elizabeth	Williams, Dwight	Asheboro
Punja, Punam	Atluri, Prashanti	Greenville
Pysell, Timothy	Foster, James	Charlotte
Pysell, Timothy	Cohen, Bruce	Charlotte
Rapp, Heather	Burishkin, Daniel	Asheville
Rasfeld, Curtis	Shugoll, Richard	Pineville
Rasmussen, Mark	Dement, Joseph	Asheville
Rayburn, Eric	Reese, Kevin	Wilmington
Rayburn, Eric	Foutty, James	Wilmington

Raynor, Tamela	Shen, John	Troy
Rea, Mary	Sigal, Barry	Winston Salem
Rice, Easton	Stuckert, Jody	Greensboro
Rigsbee, William	Dell'Aria, Joseph	Whiteville
Robinson, Anthony	Soboeiro, Michael	Raleigh
Robinson, Jordan	Copelan, Edward	Charlotte
Rodriguez, Jessica	Burke, Lillian	Roanoke Rapids
Rogers, Christina	Kiger, Tara	New Bern
Rohena, Carla	Crane, Jonathan	Wilmington
Rooney, Jamie	Lopez, Fernando	Oxford
Roy, Jaime	De La Torre, Ernesto	Brevard
Rudd, Terra	Madigan, Timothy	Edenton
Ruscetti, J'nelle	Burkett, Jessica	Wilmington
Russell, Douglas	Berger, Martin	Yanceyville
Rutledge-Holt, Debbie	Schoenfeldt, Brent	Albemarle
Salmony, Richard	Poleski, Martin	Durham
Santos, Eileen	Wells, Matthew	Fayetteville
Satterfield, Thomas	Smith, Anthony	Greenville
Savoie, Shanee	McCutcheon, Debra	Morehead City
Scherer, Christine	Garman, Steve	Elizabeth City
Scott, Brandy	Frank, Anthony	Hacelock
Scott, Nadine	Hayes, Chason	Charlotte
Sears, Sandra	Jacobs, Ronnie	Asheville
Sears, Sandra	Magan, Sharmarke	Gastonia
Sears, Sandra	Hawkins, Michael	Brentwood
Sears, Sandra	Webster, Earl	Asheville
Sears, Sandra	Castillo, Elizabeth	Asheville
Sexton, Jeremy	Schoenfeldt, Brent	Albemarle
Shaw, Lindsey	Callaway, Jennifer	Charlotte
Sheets, Victoria	Gallup, Kenneth	Winston Salem
Shepherd, Mark	Schoenfeldt, Brent	Albemarle
Shillinglaw, Lindsay	Madsen, Christian	Charlotte
Shirley, Lavette	Bernstein, Daniel	Charlotte
Shopshire, Renee	Patel, Sonal	Durham
Shutak, Michael	Kolluru, Mangaraju	Kinston
Sikod, Sega	Madsen, Christian	Charlotte
Simon, Spencer	Feinson, Theodore	Raleigh
Skinner, Ann	Panter, James	Sylva
Skislak, Corrine	Leung, Eugene	Garner
Smith, Gregory	Korang, Victor	Greensboro
Smith, Harold	Gouzenne, Stacey	Mooresville
Smith, Jennifer	Mody, Sachin	Hickory
Smith, Lindsay	Weber, Thomas	Raleigh
Smith, Ronald	Sung, Jade	Burlington
Spangler, Charlotte	Margraf, Russell	Raleigh
Spicer, Blai	Avbuere, Edwin	Charlotte

Spiegel, Barry	Reyes, Rodolfo	Lillington
Spiegel, Barry	Gaskins, Raymond	Fayetteville
Spinelli, Jessica	Yaeger, Edwin	Angier
Stabingas, Kimberly	Konopka, Scott	Wake Forest
Stamper, Elmer	Schoenfeldt, Brent	Albemarle
Starr, Eric	Gouzenne, Stacey	Statesville
Steeves, Andrea	Brooks, Kelli	Durham
Stegall, Stacie	Huang, Jeffrey	Raleigh
Stockstill, Rebekah	Shaw, Kathryn	Charlotte
Stone, Hoyt	Ramos, Richard	Greensboro
Stott, Elizabeth	Tucci, Keith	Greenville
Strader, Christine	Teoh, Su	Greensboro
Strasser, Lauren	Taavoni, Shohreh	Durham
Sullivan, Emily	Fernandez, Eldaliz	Greensboro
Talley, Courtney	Howard, Chad	Greensboro
Tallmer, Enid	Wirth, Lynne	Raleigh
Tannehill, Sondra	Walsh, Zane	Fayetteville
Thoma, Gage	Perry, Robert	Jacksonville
Travise, Danielle	Bradley, Teresa	Asheville
Troyon, Sharon	Hsu, Warren	Wilmington
Trzcienski, Michael	Thorp, Adam	Wilson
Van Vooren, Amy	Lopez, Fernando	Oxford
Vandentop, Roberta	Dave, Nailesh	Lillington
Vaughn, James	Steadman, Paul	Wallace
Walewski, Kelly	Cox, Christopher	Durham
Wall, Renee	Rose, Daniel	Wilmington
Walls, Laura	Skelton, Joseph	Winston Salem
Walls, Linda	Evans, Charlotte	Yadkinville
Warden, Stephen	Patel, Yogin	Kinston
Warrick, Alicia	Mahaffey, Danielle	High Point
Weavil, Emma	Shields, Thomas	Winston Salem
Webster, Lisa	Hjerpe, Kent	Eden
Weil, David	Schoenfeldt, Brent	Albemarle
Wheeler, Lisa	Eglinton, Daniel	Asheville
White, Steven	Watson, Stanley	Clayton
Whitley, Andrea	Howard, Chad	Winston Salem
Wiles, Marie	Mahan, Dennis	Creedmoor
Williams, Catherine	O'Malley, John	Wilmington
Williams, Ginika	Bounous, Judith	Gateville
Williams, Jessica	Callaway, Jennifer	Charlotte
Williams, Michelle	Lowry, James	Shelby
Wilson, Sean	Lowe, Jason	Fayetteville
Wisotsky, Joanna	Bolouri, Mohammad	Charlotte
Wolfe, Stephanie	Guerrini, James	Clemmons
Womble, Brittany	Godfrey, Wanda	Garner
Wood, Alice	Lopez, Jose	Mount Airy

Woodstock, Jennifer	MacGuire, Osborne	Hickory
Young, Richard	Venable, Robert	Plymouth
Zehr, Kyle	Yaste, Jeffrey	Asheboro
Zimmerman, Amanda	Rauck, Richard	Winston Salem
Zurich, Kathleen	Plaut, Timothy	Asheville

Additional Supervisor List – 08/28/13 – 08/31/13

Name	Primary Supervisor	Practice City
Barnett, Leann	Kassman, Neil	Statesville
Bartolozzi, John	Gardner, Todd	Statesville
Bennett, Kelly	Gaskin, Steve	Concord
Dixon, Joseph	Moulton, Michael	Wilmington
Hawkins, William	Rosenbaum, David	Raleigh
Holland, Geoffrey	Harris, William	Winston Salem
Howard, Matthew	Sloboda, John	Boone
Hunt, Bethany	Guerrini, James	Clemmons
Jernejcic, Tara	Aronson, Richard	Greensboro
King, Donna	Kapural, Leonardo	Winston Salem
Lockridge, Emily	Blazek, F.	High Point
Randolph, Mark	Brown, Richard	Wilson
Ross, Allison	Maroof, Shaheda	Raleigh
Russ, Joshua	Pellegrino, Yvette-Marie	Mooresville
Sanders, Courtney	D'Alessandro, Donald	Charlotte
Smith, Gregory	Haq, Muhammad	Fayetteville
Syme, Janet	Carroll, Eben	Winston Salem
Wagoner, Jessica	Tomar, Sanjay	Clayton
Weegar, James	Johanson, William	Morganton

21 NCAC 32B .1303 APPLICATION FOR PHYSICIAN LICENSE

(a) In order to obtain a Physician License, an applicant shall:

(1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit a photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;

(3) submit documentation of a legal name change, if applicable;

(4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(5) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education. ~~The applicant's date of graduation from medical school shall be written in the designated space, and the school seal shall be stamped on the form; the dean or other official of the applicant's medical school shall sign this form, verifying the information;~~ However, the Board shall waive this requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS or AOA approved specialty board within the past 10 years;

(6) for an applicant who has graduated from a medical or osteopathic school approved by the LCME, the CACMS or COCA, meet the requirements set forth in G.S. 90-9.1;

(7) for an applicant graduating from a medical school not approved by the LCME, meet the requirements set forth in G.S. 90-9.2;

(8) provide proof of passage of an examination testing general medical knowledge. In addition to the examinations set forth in G.S. 90-10.1 (a state board licensing examination; NBME; USMLE; FLEX, or their successors), the Board accepts the following examinations (or their successors) for licensure:

(A) COMLEX,

(B) NBOME, and

(C) MCCQE;

(9) submit proof that the applicant has completed graduate medical education as required by G.S. 90-9.1 or 90-9.2, as follows:

(A) A graduate of a medical school approved by LCME, CACMS or COCA shall have satisfactorily completed at least one year of graduate medical education approved by ACGME, CFPC, RCPSC or AOA.

(B) A graduate of a medical school not approved by LCME shall have satisfactorily completed three years of graduate medical education approved by ACGME, CFPC, RCPSC or AOA.

(C) An applicant may satisfy the graduate medical education requirements of Parts (A) or (B) of this Subparagraph by showing proof of current certification by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS or AOA;

(10) submit a FCVS profile:

(A) If the applicant is a graduate of a medical school approved by LCME, CACMS or COCA, and the applicant previously has completed a FCVS profile; or

(B) If the applicant is a graduate of a medical school other than those approved by LCME, COCA or CACMS;

(11) if a graduate of a medical school other than those approved by LCME, AOA, COCA or CACMS, furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if:

(A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); or

(B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;

~~(12) submit reports from all state medical or osteopathic boards from which the applicant has ever held a medical or osteopathic license, indicating the status of the applicant's license and whether or not any action has been taken against the licensee;~~

~~(13)~~(12) submit an AMA Physician Profile and, if applicant is an osteopathic physician, also submit an AOA Physician Profile;

~~(14)~~(13) if applying on the basis of the USMLE, submit:

(A) a transcript from the FSMB showing a score on USMLE Step 1, both portions of Step 2 (clinical knowledge and clinical skills) and Step 3; and

(B) proof that the applicant has passed each step within three attempts. However, the Board shall waive this requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS or AOA approved specialty board within the past 10 years;

~~(15)~~(14) if applying on the basis of COMLEX, submit:

(A) a transcript from the NBOME showing a score on COMLEX Level 1, both portions of Level 2 (cognitive evaluation and performance evaluation) and Level 3; and

(B) proof that the applicant has passed COMLEX within three attempts. However, the Board shall waive this requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS or AOA approved specialty board within the past 10 years;

~~(16)~~(15) if applying on the basis of any other board-approved examination, submit a transcript showing a passing score;

~~(17)~~(16) submit a NPDB / HIPDB report, dated within 60 days of submission of the application;

~~(18)~~(17) submit a FSMB Board Action Data Report;

~~(19)~~(18) submit two completed fingerprint record cards supplied by the Board;

~~(20)~~(19) submit a signed consent form allowing a search of local, state, and national files for any criminal record;

~~(21)~~(20) provide two original references from persons with no family or marital relationship to the applicant. These references must be:

(A) from physicians who have observed the applicant's work in a clinical environment within the past three years;

(B) on forms supplied by the Board;

(C) dated within six months of the submission of the application; and

(D) bearing the original signature of the writer;

~~(22)~~(21) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and

~~(23)~~(22) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(b) In addition to the requirements of Paragraph (a) of this Rule, the applicant shall submit proof that the applicant has:

(1) within the past 10 years taken and passed either:

(A) an exam listed in G.S. 90-10.1 (a state board licensing examination; NBOME; USMLE; COMLEX; or MCCQE or their successors;

(B) SPEX (with a score of 75 or higher); or

(C) COMVEX (with a score of 75 or higher);

(2) within the past 10 ~~years~~ years:

(A) obtained certification or recertification or CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS or AOA; or

(B) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous certification);

(3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC or AOA; or

(4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.

(c) All reports must be submitted directly to the Board from the primary source, when possible.

(d) An applicant shall appear in person for an interview with the Board or its agent, if the Board needs more information to complete the application.

(e) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

History note: Authority G.S. 90-8.1; 90-9.1; 90-9.2; 90-13.1;

Eff. August 1, 2010;

Amended Eff. November 1, 2013; January 1, 2012; November 1, 2011; October 1, 2011.

21 NCAC 32B .1350 REINSTATEMENT OF PHYSICIAN LICENSE

(a) Reinstatement is for a physician who has held a North Carolina License, but whose license either has been inactive for more than one year, or whose license became inactive as a result of disciplinary action (revocation or suspension) taken by the Board. It also applies to a physician who has surrendered a license prior to charges being filed by the Board.

(b) All applicants for reinstatement shall:

(1) submit a completed application, attesting under oath that information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit documentation of a legal name change, if applicable;

(3) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship,

the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(4) If a graduate of a medical school other than those approved by LCME, AOA, COCA or CACMS, shall furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if:

(A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); or

(B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;

~~(5) submit reports from all state medical or osteopathic boards from which the applicant has ever held a medical or osteopathic license, indicating the status of the applicant's license and whether or not any action has been taken against the license;~~

~~(6)~~(5) submit the AMA Physician Profile; and, if applicant is an osteopathic physician, also submit the AOA Physician Profile;

~~(7)~~(6) submit a NPDB/HIPDB report dated within 60 days of the application's submission;

~~(8)~~(7) submit a FSMB Board Action Data Bank report;

~~(9)~~(8) submit documentation of CME obtained in the last three years, upon request;

~~(10)~~(9) submit two completed fingerprint cards supplied by the Board;

~~(11)~~(10) submit a signed consent form allowing a search of local, state, and national files to disclose any criminal record;

~~(12)~~(11) provide two original references from persons with no family or material relationship to the applicant. These references must be:

(A) from physicians who have observed the applicant's work in a clinical environment within the past three years;

(B) on forms supplied by the Board;

(C) dated within six months of submission of the application; and

(D) bearing the original signature of the author;

~~(13)~~(12) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and

~~(14)~~(13) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.

(c) In addition to the requirements of Paragraph (b) of this Rule, the applicant shall submit proof that the applicant has:

(1) within the past 10 years taken and passed either:

(A) an exam listed in G.S. 90-10.1 (a state board licensing examination; NBME; NBOME; USMLE; FLEX; COMLEX; or MCCQE or their successors);

(B) SPEX (with a score of 75 or higher); or

(C) COMVEX (with a score of 75 or higher);

(2) within the past ten ~~years~~ years:

(A) obtained certification or recertification of CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS or AOA; or

(B) met requirements for ABMS MOC (maintenance or certification) or AOA OCC (Osteopathic continuous Certification);

(3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC or AOA; or

(4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.

(d) All reports must be submitted directly to the Board from the primary source, when possible.

(e) An applicant shall be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character, if the Board needs more information to complete the application.

(f) An application must be complete within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

History Note: Authority G.S. 90-8.1; 90-9.1; 90-10.1; 90-13.1;
Eff. August 1, 2010;
Amended Eff. November 1, 2013; November 1, 2011.

21 NCAC 32B .1402 APPLICATION FOR RESIDENT'S TRAINING LICENSE

(a) In order to obtain a Resident's Training License, an applicant shall:

(1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit documentation of a legal name change, if applicable;

(3) submit a photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;

(4) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education. ~~The applicant's date of graduation from medical school shall be written in the designated space, and the school seal shall be stamped on the form; the dean or other official of the applicant's medical school shall sign the form verifying the information;~~

(5) If a graduate of a medical school other than those approved by LCME, AOA, COCA or CACMS, furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if:

(A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); or

(B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;

(6) submit an appointment letter from the program director of the GME program or his appointed agent verifying the applicant's appointment and commencement date;

(7) submit two completed fingerprint record cards supplied by the Board;

(8) submit a signed consent form allowing a search of local, state, and national files for any criminal record;

(9) pay a non-refundable fee pursuant to G.S. 90-13.1(b), plus the cost of a criminal background check;

(10) provide proof that the applicant has taken and passed:

(A) the COMLEX Level 1 within three attempts and each component of COMLEX Level 2 (cognitive evaluation and performance evaluation) within three attempts; or

(B) the USMLE Step 1 within three attempts and each component of the USMLE Step 2 (Clinical Knowledge and Clinical Skills) within three attempts; and

(11) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(b) An applicant shall be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character, if the Board needs more information to complete the application.

History Note: Authority G.S. 90-8.1; 90-12.01; 90-13.1;
Eff. August 1, 2010;
Amended Eff. November 1, 2013; August 1, 2012; November 1, 2011.

21 NCAC 32B .1502 APPLICATION FOR MEDICAL SCHOOL FACULTY LICENSE

(a) The Medical School Faculty License is limited to physicians who have expertise which can be used to help educate North Carolina medical students, post-graduate residents and fellows but who do not meet the requirements for Physician licensure.

(b) In order to obtain a Medical School Faculty License, an applicant shall:

(1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit the Board's form, signed by the Dean or his appointed representative, indicating that the applicant has received full-time appointment as either a lecturer, assistant professor, associate professor, or full professor at a medical school in the state of North Carolina;

(3) submit documentation of a legal name change, if applicable;

(4) submit a photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public as a true likeness of the applicant;

(5) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education. However, the Board shall waive this requirement if the applicant has been certified or recertified by an ABMS, DDFP, FRCP, FRCS or AOA approved specialty board within the past 10 years; ~~The applicant's date of graduation from medical school shall be written in the designated space, and the school seal shall be stamped on~~

~~the form; the dean or other official of the applicant's medical school shall sign this form, verifying the information;~~

(6) supply a certified copy of applicant's birth certificate or a certified copy of a valid and unexpired US passport if the applicant was born in the United States. If the applicant does not possess proof of US citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(7) submit proof of satisfactory completion of at least one year of GME approved by ACGME, CFPC, RCPSC, or AOA; or evidence of other education, training or experience, determined by the Board to be equivalent;

(8) submit reports from all medical or osteopathic boards from which the applicant has ever held a medical or osteopathic license, indicating the status of the applicant's license and whether or not any action has been taken against the license;

(9) submit an AMA Physician Profile; and, if applicant is an osteopathic physician, submit an AOA Physician Profile;

(10) submit a NPDB report, HIPDB report, dated within 60 days of applicant's oath;

(11) submit a FSMB Board Action Data Bank report;

(12) submit two completed fingerprint record cards supplied by the Board;

(13) submit a signed consent form allowing a search of local, state, and national files to disclose any criminal record;

(14) provide two original references from persons with no family or marital relationship to the applicant. These letters must be:

(A) from physicians who have observed the applicant's work in a clinical environment within the past three years;

(B) on forms supplied by the Board;

(C) dated within six months of the applicant's oath; and

(D) bearing the original signature of the writer.

(15) pay to the Board a non-refundable fee of three hundred fifty dollars ($350.00), plus the cost of a criminal background check; and

(16) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All reports must be submitted directly to the Board from the primary source, when possible.

(d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(e) An application must be completed within one year of the date of the applicant's oath.

(f) This Rule applies to licenses granted after the effective date of this Rule.

History Note: *Authority G.S. 90-12.3; 90-13.2;*
Eff. June 28, 2011.
Amended Eff. November 1, 2013

21 NCAC 32B .1602 SPECIAL PURPOSE LICENSE ~~– VISITING INSTRUCTOR~~

(a) The Special Purpose License is for physicians who wish to come to North Carolina for a limited time, scope and purpose, such as to demonstrate or learn a new technique, procedure or piece of equipment, or to educate physicians or medical students. ~~students in an emerging disease or public health issue.~~

(b) In order to obtain a Special Purpose License, an applicant shall:

(1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;

(3) submit documentation of a legal name change, if applicable;

(4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(5) comply with all requirements of G.S. 90-12.2A;

(6) submit the Board's form, completed by the mentor, showing that the applicant has received an invitation from a medical school, medical practice, hospital, clinic or physician licensed in the state of North Carolina, outlining the need for the applicant to receive a special purpose license and describing the circumstances and timeline under which the applicant will practice medicine in North Carolina;

(7) submit an AMA Physician Profile and, if applicant is an osteopathic physician, also submit AOA Physician Profile;

(8) submit an FSMB Board Action Data Bank report;

(9) submit two completed fingerprint record cards supplied by the Board;

(10) submit a signed consent form allowing a search of local, state, and national files for any criminal record;

(11) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check;

(12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All reports must be submitted directly to the Board from the primary source, when possible.

(d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(e) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

History Note: Authority G.S. 90-8.1; 90-9.1; 90-12.2A; 90-13.1;
Eff. August 1, 2010.
Amended Eff. November 1, 2013.

21 NCAC 32B .2001 EXPEDITED APPLICATION FOR PHYSICIAN LICENSE

(a) A specialty board-certified physician who has been licensed in at least one other state, the District of Columbia, U.S. territory or Canadian province for at least five years, has been in active clinical practice the past two years; and who has a clean license application, as defined in Paragraph (c) of this Rule may apply for a license on an expedited basis.

(b) An applicant for an expedited Physician License shall:

(1) complete the Board's application form, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit documentation of a legal name change, if applicable;

(3) on the Board's form, submit a photograph taken within the past year, at least two inches by two inches, certified as a true likeness of the applicant by a notary public;

(4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport.. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(Note: there may be some applicants who are not present in the U.S. and who do not plan to practice physically in the U.S. Those applicants shall submit a statement to that effect);

(5) provide proof that applicant has held an active license to practice medicine in at least one other state, the District of Columbia, U.S. Territory or Canadian province for at least five years immediately preceding this application;

(6) provide proof of clinical practice providing patient care for an average of 20 hours or more per week, for at least the last two years;

(7) provide proof ~~of~~ of:

(A) current certification or current recertification by an ABMS, CCFP, FRCP, FRCS, or AOA approved specialty board obtained within the past 10 years; or

(B) obtained certification or recertification of CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS or AOA; or

(C) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous Certification);

(8) submit an AMA Physician Profile; and, if applicant is an osteopathic physician, submit an AOA Physician Profile;

(9) submit a NPDB/HIPDB report dated within 60 days of the applicant's oath;

(10) submit a FSMB Board Action Data Bank report;

(11) submit two completed fingerprint record cards supplied by the Board;

(12) submit a signed consent form allowing a search of local, state and national files to disclose any criminal record;

(13) pay to the Board a non-refundable fee of three hundred fifty dollars ($350.00), plus the cost of a criminal background check; and

(14) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.

(c) A clean license application means that the physician has none of the following:

(1) professional liability insurance claim(s) or payment(s);

(2) criminal record;

(3) medical condition(s) which could affect the physician's ability to practice safely;

(4) regulatory board complaint(s), investigation(s), or action(s) (including applicant's withdrawal of a license application);

(5) adverse action taken by a health care institution;

(6) investigation(s) or action(s) taken by a federal agency, the U.S. military, medical societies or associations;

(7) suspension or expulsion from any school, including medical school.

(8) graduation from any United States or Canadian medical school that is not LCME or CACMS approved; or

(9) has passed no licensing examination other than Puerto Rico Written Examination/Revalida.

(d) All reports must be submitted directly to the Board from the primary source, when possible.

(e) The application process must be completed within one year of the date on which the application fee is paid. If not, the applicant shall be charged a new applicant fee.

History Note: *Authority G.S. 90-9.1; 90-5; 90-11; 90-13.1;*
Eff. August 1, 2010.
Amended Eff. November 1, 2013.

21 NCAC 32B .1701 SCOPE OF PRACTICE UNDER ~~MILITARY~~ LIMITED VOLUNTEER LICENSE AND RETIRED LIMITED VOLUNTEER LICENSE

The holder of a ~~Military~~ Limited Volunteer License or a Retired Volunteer Limited License may practice medicine and surgery only at clinics that specialize in the treatment of indigent patients, and may not receive any compensation for services rendered, either direct or indirect, monetary, in-kind, or otherwise for the provision of medical services.

History Note: *Authority G.S. 90-8.1; 90-12.1A;*
Eff. August 1, 2010.
Amended Eff. November 1, 2013.

21 NCAC 32B .1702 APPLICATION FOR ~~MILITARY~~ LIMITED VOLUNTEER LICENSE

(a) The ~~Military~~ Limited Volunteer License is available to physicians ~~working in the armed services or Veterans Administration~~ who ~~are not licensed in~~ hold an active license in a state or jurisdiction other than North Carolina, ~~but~~ and who wish to volunteer at civilian indigent clinics.

(b) In order to obtain a ~~Military~~ Limited Volunteer License, an applicant shall:

(1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit a ~~recent~~ photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;

(3) submit documentation of a legal name change, if applicable;

(4) submit proof of ~~an active license from a state medical or osteopathic board~~ active licensure from another state or jurisdiction indicating the status of the license and whether or not any action has been taken against the license;

(5) ~~supply~~ submit a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

~~(6) provide proof that the application is authorized to treat personnel enlisted in the United States armed services or veterans by submitting a letter signed by the applicant's commanding officer;~~

(6) submit a NPDB report, dated within 60 days of submission of the application;

(7) submit a FSMB Board Action Data Bank report;

(8) submit two completed fingerprint record cards supplied by the Board;

(9) submit a signed consent form allowing a search of local, state, and national files for any criminal record;

(10) pay a non-refundable fee to cover the cost of a criminal background check;

(11) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All ~~reports~~ materials must be submitted directly to the Board from the primary source, when possible.

(d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(e) An application must be completed within one year of the date of submission.

History Note: Authority G.S. 90-8.1; 90-12.1A;

Eff. August 1, 2010.

Amended Eff. November 1, 2013

21 NCAC 32B .1704 APPLICATION FOR RETIRED LIMITED VOLUNTEER LICENSE

(a) The Retired Limited Volunteer License is available to physicians who have been licensed in North Carolina or another state or jurisdiction, have an inactive license, ~~but~~ and who wish to volunteer at ~~civilian~~ indigent clinics.

~~(b)~~ (f) ~~In order to obtain a Retired Limited Volunteer License, an applicant who holds an active license in another state or jurisdiction~~ shall: An applicant who has never held a North Carolina license but held an active license in another state or jurisdiction, which is currently inactive, shall:

(1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit a ~~recent~~ photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;

(3) submit documentation of a legal name change, if applicable;

(4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(5) submit proof of ~~an active license~~ licensure from another state ~~medical or osteopathic board~~ or jurisdiction indicating the status of the license and whether or not any action has been taken against ~~it;~~ the license;

(6) submit two completed fingerprint record cards supplied by the Board;

(7) submit a signed consent form allowing a search of local, state and national files for any criminal record;

(8) pay a non-refundable fee to cover the cost of a criminal background check;

(9) submit a FSMB Board Action Data Bank report;

(10) submit a NPDB report, dated within 60 days of submission of the application;

~~(10)(11) submit documentation of CME obtained in the last three years;~~

~~(11)~~(12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

~~(12)~~(13) All materials must be submitted to the Board from the primary source, when possible.

(c) An applicant who holds an active North Carolina physician license may convert that to a Retired Limited Volunteer License by completing the ~~Board's form.~~ Application for Retired Volunteer License.

(d) An applicant who ~~has been licensed in~~ held a North Carolina license ~~but~~ which has been inactive less than six months may convert ~~that~~ to a Retired Limited Volunteer License by completing the ~~Board's license renewal questions.~~ the Application for Retired Volunteer License.

(e) An applicant who ~~has been licensed in~~ held a North Carolina license ~~but who~~ which has been inactive for more than six months but less than two years shall meet the requirements ~~must use the reactivation process~~ set forth in 21 NCAC 32B .1360. ~~An applicant who does not have a North Carolina license, but has an inactive license to practice medicine and surgery in another state or jurisdiction, and who has been inactive for more than six months but less than two years must comply with the requirements for reactivation of physician license under 21 NCAC 32B .1360.~~

(f) An applicant who held a North Carolina license which has been inactive for more than two years shall meet the requirements set forth at 21 NCAC 32B .1350.

~~(f)~~(g) A physician who has been ~~inactive~~ out of practice for more than two years will be required to complete a reentry ~~program.~~ program as set forth in 21 NCAC 32B .1370.

~~(g)~~(h) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

~~(h)~~(i) An application must be completed within one year of the date of submission.

History Note: Authority G.S. 90-8.1; 90-12.1A;
Eff. August 1, 2010.
Amended Eff. November 1, 2013.

21 NCAC 32M .0104 PROCESS FOR APPROVAL TO PRACTICE

(a) Prior to the performance of any medical acts, a nurse practitioner shall:

(1) meet registration requirements as specified in 21 NCAC 32M .0103;

(2) submit an application for approval to practice;

(3) submit any additional information necessary to evaluate the application as requested; and

(4) have a collaborative practice agreement with a primary supervising physician.

(b) A nurse practitioner seeking approval to practice who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and their management directly related to the nurse practitioner's area of education and certification. A nurse practitioner refresher course participant may be granted an approval to practice that is limited to clinical activities required by the refresher course.

(c) The nurse practitioner shall not practice until notification of approval to practice is received from the Board of Nursing after both Boards have approved the application.

(d) The nurse practitioner's approval to practice is terminated when the nurse practitioner discontinues working within the approved nurse practitioner collaborative practice agreement or experiences an interruption in her or his registered nurse licensure status, and the nurse practitioner shall so notify the Board of Nursing in writing. The Boards shall extend the nurse practitioner's approval to practice in cases of emergency such as sudden injury, illness or death of the primary supervising physician.

(e) Applications for approval to practice in North Carolina shall be submitted to the Board of Nursing and then approved by both Boards as follows:

(1) the Board of Nursing shall verify compliance with Rule .0103 of this Subchapter and Paragraph (a) of this Rule; and

(2) the Medical Board shall verify that the designated primary supervising physician holds a valid license to practice medicine in North Carolina and compliance with Paragraph (a) of this Rule.

(f) Applications for approval of changes in practice arrangements for a nurse practitioner currently approved to practice in North Carolina shall be submitted by the applicants as follows:

(1) addition or change of primary supervising physician shall be submitted to the Board of Nursing and proceed pursuant to protocols developed by both Boards; and

(2) request for change(s) in the scope of practice shall be submitted to the Joint Subcommittee.

(g) A registered nurse who was previously approved to practice as a nurse practitioner in this state who reapplies for approval to practice shall:

(1) meet the nurse practitioner approval requirements as stipulated in Rule .0108(c) of this Subchapter; and

(2) complete the appropriate application.

(h) Volunteer Approval to Practice. The North Carolina Board of Nursing shall grant approval to practice in a volunteer capacity to a nurse practitioner who has met the qualifications to practice as a nurse practitioner in North Carolina.

(i) The nurse practitioner shall pay the appropriate fee as outlined in Rule .0115 of this Subchapter.

(j) A Nurse Practitioner approved under this Subchapter shall keep proof of current licensure, registration and approval available for inspection at each practice site upon request by agents of either Board.

History Note: Authority G.S. 90-18(c)(14); 90-18.2; 90-171.20(7); 90-171.23(b); 90-171.42;
Eff. January 1, 1991;
Paragraph (b)(1) was recodified from 21 NCAC 32M .0104 Eff. January 1, 1996;
Amended Eff. December 1, 2006; May 1, 1999; January 1, 1996;
Recodified from 21 NCAC 32M .0103 Eff. August 1, 2004;
Amended Eff. <u>November 1, 2013;</u> January 1, 2013; December 1, 2009; November 1, 2008; January 1, 2007; August 1, 2004.

21 NCAC 32M .0108 INACTIVE STATUS

(a) Any nurse practitioner who wishes to place her or his approval to practice on an inactive status shall notify the Board of Nursing in writing.

(b) A nurse practitioner with an inactive approval to practice status shall not practice as a nurse practitioner.

(c) A nurse practitioner with an inactive approval to practice status who reapplies for approval to practice shall meet the qualifications for approval to practice in Rules .0103(a)(1), .0104(a) and (b), .0107, and .0110 of this Subchapter and receive notification from the Board of Nursing of approval prior to beginning practice after the application is approved by both Boards.

(d) A nurse practitioner who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and management of these conditions directly related to the nurse practitioner's area of education and ~~certification in order to be eligible to apply for approval to practice.~~ <u>certification. A nurse practitioner refresher course participant may be granted an approval to practice that is limited to clinical activities required by the refresher course.</u>

History Note: Authority G.S. 90-18(c)(14); 90-18.2; 90-171.36;
Eff. January 1, 1996;
Amended Eff. <u>November 1, 2013;</u> January 1, 2013; December 1, 2009; December 1, 2006; August 1, 2004; May 1, 1999.

21 NCAC 32S .0209 NON APPLICABILITY EXEMPTION FROM LICENSE

This Subchapter does not apply to: Nothing in this Subchapter shall be construed to require licensure for:

(1) a student enrolled in a Physician Assistant Educational Program accredited by the Commission on Accreditation of Allied Health Education Programs or its successor organizations;

(2) a physician assistant employed by the federal government while performing duties incident to that employment; or

(3) an agent or employee of a physician who performs delegated tasks in the office of a physician but who is not rendering services as a physician assistant and identifying him/herself as a physician assistant.

History Note: *Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;*
Eff. September 1, 2009
Amended Eff. November 1, 2013.

Licensing Committee Appendicies

September 25, 2013

Name
Address
City, State, Zip

Dear Dr. Last Name

As a result of satisfying the requirements of the North Carolina Medical Board, you are, as of this date, licensed to practice medicine in the State of North Carolina. **Your license number is 2013-00000.**

A renewal certificate has been sent to your e-mail address on record. If you did not receive the e-mail, you can obtain a copy of the certificate from our website (click on ‘Renewal’ and then ‘Duplicate Renewal Certificate’).

You must renew your license annually within 30 days of your birthday. Renewal is done online (www.ncmedboard.org) and your 3 year CME cycle starts on your next birthday. You must obtain a total of 60 Category 1 CME hours relevant to your current or intended specialty or area of practice by the end of the 3 year cycle. CME FAQ’s are available online.

Physicians who dispense medication for a fee must register with the North Carolina Board of Pharmacy, 6015 Farrington Road, Suite 201, Chapel Hill, NC 27517. 919-246-1050. www.ncbop.org

You should direct controlled substance registration questions to the Drug Enforcement Administration (DEA) 75 Spring Street, SW, Room 740, Atlanta, GA 30303. Telephone 1-888-219-8689. FAX# (404) 893-7095. www.usdoj.gov

Physicians should review privilege tax information to determine if you must pay an annual $50.00 business tax to the NC Department of Revenue, P.O. Box 25000, Raleigh, NC 27640, (919) 733-3673. www.dornc.com

It is your responsibility to review and be familiar with the “Professional Resource” section on the Boards website www.ncmedboard.org. The section contains applicable laws, rules, position statements, the Board’s quarterly publication “Forum” and other items of professional use. Enclosed you will find the Board’s position statement on telemedicine or scope of practice for your use.

Please keep the Board’s office advised of any address changes.

Sincerely,

R. David Henderson
Executive Director

January 29, 2013

Personal and Confidential

Via Certified Mail – Return Receipt Requested

_______________, PA
____
____

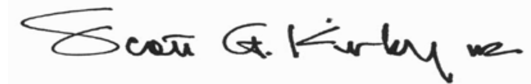
Dear PA ___________:

As a result of information reviewed by the North Carolina Medical Board ("Board") while evaluating your application for a physician assistant license, the Board offers you the following comments. The Board notes that you have a Doctor of Medicine degree, however, you should not use your "Dr.", or any equivalent title in any clinical setting. This will ensure that no one you work with and no one for whom you may provide care, has any misunderstanding of your role as a physician assistant.

The Board does not consider this to have been an investigation. However, under certain circumstances, you may be required to report this action to other credentialing, regulatory or licensing boards. If so, a copy of this letter may be used for that purpose.

Please do not hesitate to contact me if I can be of further assistance.

Sincerely,



Scott G. Kirby, MD
Medical Director

:jc

November 22, 2013

Personal and Confidential

Via Certified Mail - Return Receipt Requested

___________, M.D.
____
____

Dear Dr. ________:

As a result of information reviewed by the North Carolina Medical Board ("Board") while evaluating your application for a medical license, the Board offers you the following comments. The Board notes that your practice plans include providing patient care via the means of telemedicine. As referenced in the letter confirming your licensure, there are numerous laws, regulations and position statements pertaining to the practice of medicine in North Carolina available on the Board's website, www.ncmedboard.org. I would like to specifically bring to your attention the Board's position statement with regard to telemedicine; a copy of which is enclosed for your review.

The Board does not consider this to have been an investigation. However, under certain circumstances, you may be required to report this action to other credentialing, regulatory or licensing boards. If so, a copy of this letter may be used for that purpose.

Please feel free to call me at any time should you have questions regarding this letter or any other matters related to your medical practice in North Carolina.

Sincerely,

Scott G. Kirby, MD
Medical Director

:jc

Enclosure

November 22, 2013

Personal and Confidential

Via Certified Mail – Return Receipt Requested

_______________, MD
____
____

Dear Dr. __________:

As a result of information reviewed by the North Carolina Medical Board ("Board") while evaluating your application for a medical license, the Board offers you the following comments. The Board notes that the majority of your medical training and practice have been focused in [dermatology]. The Board is concerned that you have recently been expanding your practice to include [plastic surgery]. The Board emphasizes its expectation that you will appropriately limit your practice to areas where you are competent.

The Board does not consider this to have been an investigation. However, under certain circumstances, you may be required to report this action to other credentialing, regulatory or licensing boards. If so, a copy of this letter may be used for that purpose.

Please do not hesitate to contact me if you have questions or if I can be of assistance.

Sincerely,

Scott G. Kirby, MD
Medical Director

:jc

November 21, 2011

Personal and Confidential

Via Certified Mail - Return Receipt Requested

_____________, MD
____
____

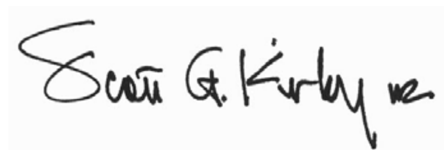
Dear Dr. ________:

As a result of information reviewed by the North Carolina Medical Board ("Board") while evaluating your application for a physician assistant license, the Board offers you the following comments. The Board notes that your practice plans state that you intend to practice only administrative medicine. It is the Board's expectation that, should you wish to change your area of practice, you will take the necessary steps to ensure that you are fit and competent to do so.

The Board does not consider this to have been an investigation. However, under certain circumstances, you may be required to report this action to other credentialing, regulatory or licensing boards. If so, a copy of this letter may be used for that purpose.

Please do not hesitate to contact me if you have any questions about the Board's expectation, or if I can be of assistance.

Sincerely,



Scott G. Kirby, MD
Medical Director

:jc

Telemedicine

Created: Jul 1, 2010

"Telemedicine" is the practice of medicine using electronic communication, information technology or other means between a licensee in one location and a patient in another location with or without an intervening health care provider.

The Board recognizes that technological advances have made it possible for licensees to provide medical care to patients who are separated by some geographical distance. As a result, telemedicine is a potentially useful tool that, if employed appropriately, can provide important benefits to patients, including: increased access to health care, expanded utilization of specialty expertise, rapid availability of patient records, and the reduced cost of patient care.

The Board cautions, however, that licensees practicing via telemedicine will be held to the same standard of care as licensees employing more traditional in-person medical care. A failure to conform to the appropriate standard of care, whether that care is rendered in-person or via telemedicine, may subject the licensee to potential discipline by this Board.

The Board provides the following considerations to its licensees as guidance in providing medical services via telemedicine:

Training of Staff— Staff involved in the telemedicine visit should be trained in the use of the telemedicine equipment and competent in its operation.

Examinations— Licensees using telemedicine technologies to provide care to patients located in North Carolina must provide an appropriate examination prior to diagnosing and/or treating the patient. However, this examination need not be in-person if the technology is sufficient to provide the same information to the licensee as if the exam had been performed face-to-face.

Other examinations may also be considered appropriate if the licensee is at a distance from the patient, but a licensed health care professional is able to provide various physical findings that the licensee needs to complete an adequate assessment. On the other hand, a simple questionnaire without an appropriate examination may be a violation of law and/or subject the licensee to discipline by the Board. (1)

Licensee-Patient Relationship – The licensee using telemedicine should have some means of verifying that the person seeking treatment is in fact who he or she claims to be. A diagnosis should be established through the use of accepted medical practices, i.e., a patient history, mental status examination, physical examination and appropriate diagnostic and laboratory testing. Licensees using telemedicine should also ensure the availability for appropriate follow-up care and maintain a complete medical record that is available to the patient and other treating health care providers.

Medical Records—The licensee treating a patient via telemedicine must maintain a complete record of the telemedicine patient's care according to prevailing medical record standards. The medical record serves to document the analysis and plan of an episode of care for future

reference. It must reflect an appropriate evaluation of the patient's presenting symptoms, and relevant components of the electronic professional interaction must be documented as with any other encounter.

The licensee must maintain the record's confidentiality and disclose the records to the patient consistent with state and federal law. If the patient has a primary care provider and a telemedicine provider for the same ailment, then the primary care provider's medical record and the telemedicine provider's record constitute one complete patient record.

Licensure—The practice of medicine is deemed to occur in the state in which the patient is located. Therefore, any licensee using telemedicine to regularly provide medical services to patients located in North Carolina should be licensed to practice medicine in North Carolina. Licensees need not reside in North Carolina, as long as they have a valid, current North Carolina license. (2)

North Carolina licensees intending to practice medicine via telemedicine technology to treat or diagnose patients outside of North Carolina should check with other state licensing boards. Most states require physicians to be licensed, and some have enacted limitations to telemedicine practice or require or offer a special registration. A directory of all U.S. medical boards may be accessed at the Federation of State Medical Boards website.

(1) See also the Board's Position Statement entitled "Contact with Patients before Prescribing."
(2) N.C. Gen. Stat. § 90-18(c)(11) exempts from the requirement for licensure: "The practice of medicine or surgery by any nonregistered reputable physician or surgeon who comes into this State, either in person or by use of any electronic or other mediums, on an irregular basis, to consult with a resident registered physician or to consult with personnel at a medical school about educational or medical training. This proviso shall not apply to physicians resident in a neighboring state and regularly practicing in this State."

The Board also notes that the North Carolina General Statutes define the practice of medicine as including, "The performance of any act, within or without this State, described in this subdivision by use of any electronic or other means, including the Internet or telephone." N.C. Gen. Stat. § 90-1.1(5)f.

Physician scope of practice

Created: Mar 1, 2011

This Position Statement is intended to guide physicians who undertake to perform new procedures, use new technologies, or migrate into areas of practice for which they have not received formal graduate medical education. The Board recognizes that medicine is a dynamic field that, along with individual practices, continues to evolve. Economic pressures, business opportunities, lifestyle considerations and access to care are all reasons that physicians move into new areas of practice. However, patient harm can occur when physicians practicing outside areas in which they were trained are unable to meet accepted and prevailing standards of care in the new practice area.

The informed, prudent care of patients begins with adequate training and the selection of appropriate patients. Follow up care and the ability to address complications is paramount. Physicians intending to expand their practice to an area outside of their graduate medical education should ensure that they have acquired the appropriate level of education and training.

It is the Board's position that all physicians, irrespective of their training, will be held to the standard of acceptable and prevailing medical practice as set forth in N.C. Gen. Stat. § 90-14(a)(6).* It also may be prudent for physicians to confirm that their liability insurance provides coverage for the procedures they intend to perform.

*In some instances, the Board may have provided relevant guidance to particular practice areas. See for example the Board's position statements on Laser Surgery, Office-Based Procedures, Care of the Patient Undergoing Surgery or Other Invasive Procedure, and Advertising and Publicity

21 NCAC 32B .1360 REACTIVATION OF PHYSICIAN LICENSE

(a) Reactivation applies to a physician who has held a physician license in North Carolina, and whose license has been inactive for up to one year except as set out in Rule .1704(e) of this Subchapter. Reactivation is not available to a physician whose license became inactive either while under investigation by the Board or because of disciplinary action by the Board.
(b) In order to reactivate a Physician License, an applicant shall:

(1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
(2) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States; (Note: there may be some applicants who are not present in the US and who do not plan to practice physically in the US. Those applicants shall submit a statement to that effect);
(3) submit a FSMB Board Action Data Bank report;
(4) submit documentation of CME obtained in the last three years;
(5) submit two completed fingerprint record cards supplied by the Board;
(6) submit a signed consent form allowing search of local, state, and national files for any criminal record;
(7) pay to the Board the relevant, non-refundable fee, plus the cost of a criminal background check; and
(8) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
(d) Notwithstanding the above provisions of this rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply.

History Note: Authority G.S. 90-8.1; 90-9.1; 90-12.1A; 90-13.1; 90-14(a)(11a);
Eff. August 1, 2010.

21 NCAC 32B .1350 REINSTATEMENT OF PHYSICIAN LICENSE

(a) Reinstatement is for a physician who has held a North Carolina License, but whose license either has been inactive for more than one year, or whose license became inactive as a result of disciplinary action (revocation or suspension) taken by the Board. It also applies to a physician who has surrendered a license prior to charges being filed by the Board.

(b) All applicants for reinstatement shall:

(1) submit a completed application, attesting under oath that information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit documentation of a legal name change, if applicable;

(3) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(4) If a graduate of a medical school other than those approved by LCME, AOA, COCA or CACMS, shall furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if:

(A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); or

(B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;

(5) submit reports from all state medical or osteopathic boards from which the applicant has ever held a medical or osteopathic license, indicating the status of the applicant's license and whether or not any action has been taken against the license;

(6) submit the AMA Physician Profile; and, if applicant is an osteopathic physician, also submit the AOA Physician Profile;

(7) submit a NPDB/HIPDB report dated within 60 days of the application's submission;

(8) submit a FSMB Board Action Data Bank report;

(9) submit documentation of CME obtained in the last three years, upon request;

(10) submit two completed fingerprint cards supplied by the Board;

(11) submit a signed consent form allowing a search of local, state, and national files to disclose any criminal record;

(12) provide two original references from persons with no family or material relationship to the applicant. These references must be:

(A) from physicians who have observed the applicant's work in a clinical environment within the past three years;

(B) on forms supplied by the Board;

(C) dated within six months of submission of the application; and

(D) bearing the original signature of the author;

(13) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and

(14) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.

(c) In addition to the requirements of Paragraph (b) of this Rule, the applicant shall submit proof that the applicant has:

(1) within the past 10 years taken and passed either:

(A) an exam listed in G.S. 90-10.1 (a state board licensing examination; NBME; NBOME; USMLE; FLEX; COMLEX; or MCCQE or their successors);

(B) SPEX (with a score of 75 or higher); or

(C) COMVEX (with a score of 75 or higher);

(2) within the past ten years obtained certification or recertification of CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS or AOA;
(3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC or AOA; or
(4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.

(d) All reports must be submitted directly to the Board from the primary source, when possible.
(e) An applicant shall be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character, if the Board needs more information to complete the application.
(f) An application must be complete within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.
(g) Notwithstanding the above provisions of this rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply.

History Note: Authority G.S. 90-8.1; 90-9.1; 90-10.1; 90-13.1;
Eff. August 1, 2010;
Amended Eff. November 1, 2011.

21 NCAC 32B.1402 is proposed to be amended as follows:

21 NCAC 32B .1402 APPLICATION FOR RESIDENT'S TRAINING LICENSE

(a) In order to obtain a Resident's Training License, an applicant shall:

(1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit documentation of a legal name change, if applicable;

(3) submit a photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;

(4) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education;

(5) If a graduate of a medical school other than those approved by LCME, AOA, COCA or CACMS, furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if:

(A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); or

(B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;

(6) submit an appointment letter from the program director of the GME program or his appointed agent verifying the applicant's appointment and commencement date;

(7) submit two completed fingerprint record cards supplied by the Board;

(8) submit a signed consent form allowing a search of local, state, and national files for any criminal record;

(9) pay a non-refundable fee pursuant to G.S. 90-13.1(b), plus the cost of a criminal background check;

(10) provide proof that the applicant has taken and passed within three attempts:

(A) the COMLEX Level 1 ~~within three attempts~~ and each component of COMLEX Level 2 (cognitive evaluation and performance evaluation) ~~within three attempts~~; and, if taken, COMLEX Level 3; or

(B) the USMLE Step 1 ~~within three attempts~~ and each component of the USMLE Step 2 (Clinical Knowledge and Clinical Skills) ~~within three attempts~~; and if taken, USMLE Step 3; and

(11) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(b) If the applicant previously held a North Carolina residency training license, the licensure requirements established by rule at the time the applicant first received his or her North Carolina residency training licensure shall apply. Copies of previous versions of the rule may be obtained from the Board.

~~(b)~~ (c) An applicant shall be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character, if the Board needs more information to complete the application.

History Note: Authority G.S. 90-8.1; 90-12.01; 90-13.1;
Eff. August 1, 2010;
Amended Eff. November 1, 2013; August 1, 2012; November 1, 2011.