

MINUTES

North Carolina Medical Board

September 16-18, 2009

**1203 Front Street
Raleigh, North Carolina**

Minutes of the Open sessions of the North Carolina Medical Board Meeting held September 16-18, 2009.

The September 16-18, 2009 meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. The meeting was called to order at 8:05 a.m., Wednesday, September 16, 2009, by George L. Saunders, III, MD, President. Board members in attendance were: Janelle A. Rhyne, MD, Past President; Donald E. Jablonski, DO, President-Elect; Ms. Pamela Blizzard; Thomas R. Hill, MD; Ms. Thelma Lennon; Peggy R. Robinson, PA-C; William A. Walker, MD; Paul S. Camnitz, MD and William W. Foster, MD. Also attending were R. David Henderson, Executive Director and Thom Mansfield, Board Attorney.

Presidential Remarks

Dr. Saunders commenced the meeting by reading from the State Government Ethics Act, "ethics awareness and conflict of interest reminder." No conflicts were reported.

Dr. Saunders noted that Dr. Huff would be absent during the September meeting, stating the Board should elect a Secretary/Treasurer *Pro Tempore* to take her place. The Board nominated and approved Dr. William A. Walker as he is the incoming Secretary/Treasurer.

Dr. Saunders read all of the State Board of Ethics SEI evaluations for our Board Members.

August 7, 2009

The Honorable Beverly Perdue
Governor of North Carolina
20301 Mail Service Center
Raleigh, NC 27699-0301

Via email

Re: Evaluation of Statement of Economic Interest Filed By **Ms. Pamela L. Blizzard**

Dear Governor Perdue:

I am in receipt of Ms. Pamela L. Blizzard's April 14, 2008 and March 20, 2009 Statements of Economic Interest as a member of the North Carolina Medical Board ("Board"). I have reviewed the 2009 submission for actual and potential conflicts of interest in accordance with G.S. Chapter 138A, the State Government Ethics Act ("the Ethics Act").

I did not find an actual conflict of interest or the potential for a conflict of interest.

The North Carolina Medical Board was established to license, monitor, discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

The Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. G.S. 138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. G.S. 138A-36(a) prohibits public servants from participating in certain

September 16-18, 2009

official actions in which they have an economic interest or if the public servant, a member of the public servant's extended family, or a business with which the public servant is associated would otherwise benefit from that action.

Ms. Blizzard fills the role of a public member on the Board.

In addition to the conflicts standards noted above, G.S. 138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a person or entity which is doing or seeking to do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gift rule are set out in G.S. 138A-32(e).

Please contact me if you have any questions concerning my evaluation or the ethical standards governing public servants under the State Government Ethics Act.

Re: Evaluation of Statement of Economic Interest Filed By Dr. Paul S. Camnitz

Dear Governor Perdue:

I am in receipt of Dr. Paul S. Camnitz' February 13, 2009 Statement of Economic Interest as a member of the North Carolina Medical Board ("Board"). I have reviewed it for actual and potential conflicts of interest in accordance with G.S. Chapter 138A, the State Government Ethics Act ("the Ethics Act").

I did not find an actual conflict of interest; however, I did find the potential for a conflict of interest.

The North Carolina Medical Board was established to license, monitor, discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

The Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. G.S. 138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. G.S. 138A-36(a) prohibits public servants from participating in certain official actions in which they have an economic interest or if the public servant, a member of the public servant's extended family, or a business with which the public servant is associated would otherwise benefit from that action.

Dr. Camnitz fills the role of a licensed physician recommended by the Review Panel on the Board. He is a physician with Eastern Carolina (Pitt) ENT-Head and Neck Surgery. Because he is serving on the licensing board for members of his own profession he has the potential for a conflict of interest. Dr. Camnitz should exercise appropriate caution in the performance of his public duties should matters involving his license or the licenses of his co-workers or associates come before the Board for official action. This would include recusing himself to the extent that his interests would influence or could reasonably appear to influence his actions.

September 16-18, 2009

In addition to the conflicts standards noted above, G.S. 138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a to do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gift rule are set out in G.S. 138A-32(e).

Please contact me if you have any questions concerning my evaluation or the ethical standards governing public servants under the State Government Ethics Act.

Re: Evaluation of Statement of Economic Interest Filed By Dr. William Wade Foster

Dear Governor Perdue:

I am in receipt of Dr. William Wade Foster's February 13, 2009 Statement of Economic Interest as a member of the North Carolina Medical Board ("Board"). I have reviewed it for actual and potential conflicts of interest in accordance with G.S. Chapter 138A, the State Government Ethics Act ("the Ethics Act").

I did not find an actual conflict of interest; however, I did find the potential for a conflict of interest.

The North Carolina Medical Board was established to license, monitor, discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

The Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. G.S. 138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. G.S. 138A-36(a) prohibits public servants from participating in certain official actions in which they have an economic interest or if the public servant, a member of the public servant's extended family, or a business with which the public servant is associated would otherwise benefit from that action.

Dr. Foster fills the role of a licensed physician recommended by the Review Panel on the Board. He is a physician with Raleigh Eye Center. Because he is serving on the licensing board for members of his own profession he has the potential for a conflict of interest. Dr. Foster should exercise appropriate caution in the performance of his public duties should matters involving his license or the licenses of his co-workers come before the Board for official action. This would include recusing himself to the extent that his interests would influence or could reasonably appear to influence his actions.

In addition to the conflicts standards noted above, G.S. 138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a person or entity which is doing or seeking to do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gift rule are set out in G.S. 138A-32(e).

September 16-18, 2009

Please contact me if you have any questions concerning my evaluation or the ethical standards governing public servants under the State Government Ethics Act.

Re: Evaluation of Statement of Economic Interest Filed By Dr. Janice Huff Ezzo

Dear Governor Perdue:

I am in receipt of Dr. Janice Huff Ezzo's March 3, 2008 and February 25, 2009 Statements of Economic Interest as a member of the North Carolina Medical Board ("Board"). I have reviewed the 2009 submission for actual and potential conflicts of interest in accordance with G.S. Chapter 138A, the State Government Ethics Act ("the Ethics Act").

I did not find an actual conflict of interest; however, I did find the potential for a conflict of interest.

The North Carolina Medical Board was established to license, monitor, discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

The Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. G.S. 138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. G.S. 138A-36(a) prohibits public servants from participating in certain official actions in which they have an economic interest or if the public servant, a member of the public servant's extended family, or a business with which the public servant is associated would otherwise benefit from that action.

Dr. Ezzo fills the role of a licensed physician recommended by the North Carolina Medical Society on the Board. She is a self-employed physician who practices in facilities including McLeod Addictive Disease Center Her husband Stephen Ezzo is a physician employed by Novant Health/Presbyterian Hospital. Because she is serving on the licensing board for members of her own profession she has the potential for a conflict of interest. Dr. Ezzo should exercise appropriate caution in the performance of her public duties should matters involving her license, her husband's license or the licenses of her co-workers come before the Board for official action. This would include recusing herself to the extent that her interests would influence or could reasonably appear to influence her actions.

In addition to the conflicts standards noted above, G.S. 138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a person or entity which is doing or seeking to do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gift rule are set out in G.S. 138A-32(e).

Please contact me if you have any questions concerning my evaluation or the ethical standards governing public servants under the State Government Ethics Act.

September 16-18, 2009

Re: Evaluation of Statement of Economic Interest Filed By **Dr. Thomas R. Hill**

Dear Governor Perdue:

I am in receipt of Dr. Thomas R. Hill's April 1, 2008 and February 4, 2009 Statements of Economic Interest as a member of the North Carolina Medical Board ("Board"). I have reviewed the 2009 submission for actual and potential conflicts of interest in accordance with G.S. Chapter 138A, the State Government Ethics Act ("the Ethics Act").

I did not find an actual conflict of interest; however, I did find the potential for a conflict of interest.

The North Carolina Medical Board was established to license, monitor, discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

The Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. G.S. 138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. G.S. 138A-36(a) prohibits public servants from participating in certain official actions in which they have an economic interest or if the public servant, a member of the public servant's extended family, or a business with which the public servant is associated would otherwise benefit from that action.

Dr. Hill fills the role of a licensed physician recommended by the North Carolina Medical Society on the Board. He is a physician with Western Piedmont Anesthesia, P.A. Because he is serving on the licensing board for members of his own profession he has the potential for a conflict of interest. Dr. Hill should exercise appropriate caution in the performance of his public duties should matters involving his license or the licenses of his co-workers come before the Board for official action. This would include recusing himself to the extent that his interests would influence or could reasonably appear to influence his actions.

In addition to the conflicts standards noted above, G.S. 138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a to do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gift rule are set out in G.S. 138A-32(e).

Please contact me if you have any questions concerning my evaluation or the ethical standards governing public servants under the State Government Ethics Act.

Re: Evaluation of Statement of Economic Interest Filed By **Dr. Donald E. Jablonski**

Dear Governor Perdue:

I am in receipt of Dr. Donald E. Jablonski's February 14, 2007, April 3, 2008 and March 5, 2009 Statements of Economic Interest as a member of the North Carolina Medical Board ("Board"). I

September 16-18, 2009

have reviewed the 2009 submission for actual and potential conflicts of interest in accordance with G.S. Chapter 138A, the State Government Ethics Act ("the Ethics Act").

I did not find an actual conflict of interest; however, I did find the potential for a conflict of interest.

The North Carolina Medical Board was established to license, monitor, discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

The Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. G.S. 138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. G.S. 138A-36(a) prohibits public servants from participating in certain official actions in which they have an economic interest or if the public servant, a member of the public servant's extended family, or a business with which the public servant is associated would otherwise benefit from that action.

Dr. Jablonski fills the role of an at large member on the Board. He is a physician with Country Clinic. Because he is serving on the licensing board for members of his own profession he has the potential for a conflict of interest. Dr. Jablonski should exercise appropriate caution in the performance of his public duties should matters involving his license or the licenses of his co-workers come before the Board for official action. This would include recusing himself to the extent that his interests would influence or could reasonably appear to influence his actions.

In addition to the conflicts standards noted above, G.S. 138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a person or entity which is doing or seeking to do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gift rule are set out in G.S. 138A-32(e).

Please contact me if you have any questions concerning my evaluation or the ethical standards governing public servants under the State Government Ethics Act.

Re: Evaluation of Statement of Economic Interest Filed By **Hon. John B. Lewis, Jr.**

Dear Governor Perdue:

I am in receipt of Hon. John B. Lewis, Jr.'s, March 5, 2007, March 17, 2008 and February 26, 2009 Statements of Economic Interest as a member of the North Carolina Medical Board ("Board"). I have reviewed the 2009 submission for actual and potential conflicts of interest in accordance with G.S. Chapter 138A, the State Government Ethics Act ("the Ethics Act").

I did not find an actual conflict of interest or the potential for a conflict of interest.

The North Carolina Medical Board was established to license, monitor, discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical

September 16-18, 2009

perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

The Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. G.S. 138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. G.S. 138A-36(a) prohibits public servants from participating in certain official actions in which they have an economic interest or if the public servant, a member of the public servant's extended family, or a business with which the public servant is associated would otherwise benefit from that action.

Judge Lewis fills the role of a public member on the Board.

In addition to the conflicts standards noted above, G.S. 138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a person or entity which is doing or seeking to do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gift rule are set out in G.S. 138A-32(e).

Please contact me if you have any questions concerning my evaluation or the ethical standards governing public servants under the State Government Ethics Act.

Re: Evaluation of Statement of Economic Interest Filed By **Ms. Thelma C. Lennon**

Dear Governor Perdue:

I am in receipt of Ms. Thelma C. Lennon's April 2, 2008 and May 19, 2009 Statements of Economic Interest as a member of the North Carolina Medical Board ("Board"). I have reviewed the 2009 submission for actual and potential conflicts of interest in accordance with G.S. Chapter 138A, the State Government Ethics Act ("the Ethics Act").

I did not find an actual conflict of interest; however, I did find the potential for a conflict of interest.

The North Carolina Medical Board was established to license, monitor, discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

The Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. G.S. 138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. G.S. 138A-36(a) prohibits public servants from participating in certain official actions in which they have an economic interest or if the public servant, a member of the public servant's extended family, or a business with which the public servant is associated would otherwise benefit from that action.

September 16-18, 2009

Ms. Lennon fills the role of a public member on the Board. She is a board member of Carolinas Center for Medical Excellence. While it is unlikely that this entity would appear before the Medical Board, if it did, Ms. Lennon would have the potential for a conflict of interest. She should exercise appropriate caution in the performance of her public duties should the Carolinas Center come before the Board for official action. This would include recusing herself to the extent that her interests would influence or could reasonably appear to influence her actions.

In addition to the conflicts standards noted above, G.S. 138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a person or entity which is doing or seeking to do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gift rule are set out in G.S. 138A-32(e).

Please contact me if you have any questions concerning my evaluation or the ethical standards governing public servants under the State Government Ethics Act.

Re: Evaluation of Statement of Economic Interest Filed By **Ms. Peggy Riley Robinson**

Dear Governor Perdue:

I am in receipt of Ms. Peggy Riley Robinson's February 28, 2007, April 7, 2008 and April 8, 2009 Statements of Economic Interest as a member of the North Carolina Medical Board ("Board"). I have reviewed the 2009 submission for actual and potential conflicts of interest in accordance with G.S. Chapter 138A, the State Government Ethics Act ("the Ethics Act").

I did not find an actual conflict of interest; however, I did find the potential for a conflict of interest.

The North Carolina Medical Board was established to license, monitor, discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

The Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. G.S. 138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. G.S. 138A-36(a) prohibits public servants from participating in certain official actions in which they have an economic interest or if the public servant, a member of the public servant's extended family, or a business with which the public servant is associated would otherwise benefit from that action.

Ms. Robinson fills the role of a physician assistant or nurse practitioner on the Board. She is a licensed physician assistant at The Family Doctor and an assistant professor at Duke University Medical Center. Thus she has the potential for a conflict of interest. She should exercise appropriate caution in the performance of her public duties should her p.a. license or the licenses of her co-workers at The Family Doctor or DUMC come before the Board for official action. This would include recusing herself to the extent that her interests would influence or could reasonably appear to influence her actions.

September 16-18, 2009

In addition to the conflicts standards noted above, G.S. 138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a person or entity which is doing or seeking to do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gift rule are set out in G.S. 138A-32(e).

Please contact me if you have any questions concerning my evaluation or the ethical standards governing public servants under the State Government Ethics Act.

Re: Evaluation of Statement of Economic Interest Filed By Dr. Janelle A. Rhyne

Dear Governor Perdue:

I am in receipt of Dr. Janelle A. Rhyne's February 22, 2007, April 1, 2008 and March 24, 2009 Statements of Economic Interest as a member of the North Carolina Medical Board ("Board"). I have reviewed the 2009 submission for actual and potential conflicts of interest in accordance with G.S. Chapter 138A, the State Government Ethics Act ("the Ethics Act").

I did not find an actual conflict of interest; however, I did find the potential for a conflict of interest.

The North Carolina Medical Board was established to license, monitor, discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

The Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. G.S. 138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. G.S. 138A-36(a) prohibits public servants from participating in certain official actions in which they have an economic interest or if the public servant, a member of the public servant's extended family, or a business with which the public servant is associated would otherwise benefit from that action.

Dr. Rhyne fills the role of a licensed physician recommended by the North Carolina Medical Society on the Board. She is a self-employed physician/epidemiologist who practices at New Hanover Regional Medical Center. She also consults for the New Hanover County Health Department. Because she is serving on the licensing board for members of her own profession she has the potential for a conflict of interest. Dr. Rhyne should exercise appropriate caution in the performance of her public duties should matters involving her license or the licenses of her co-workers at New Hanover Regional or the New Hanover County Health Department come before the Board for official action. This would include recusing herself to the extent that her interests would influence or could reasonably appear to influence her actions.

In addition to the conflicts standards noted above, G.S. 138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a to

September 16-18, 2009

do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gift rule are set out in G.S. 138A-32(e).

Please contact me if you have any questions concerning my evaluation or the ethical standards governing public servants under the State Government Ethics Act.

Re: Evaluation of Statement of Economic Interest Filed By Dr. George L. Saunders

Dear Governor Perdue:

I am in receipt of Dr. George L. Saunders' January 31, 2007, April 1, 2008 and April 15, 2009 Statements of Economic Interest as a member of the North Carolina Medical Board ("Board"). I have reviewed the 2009 submission for actual and potential conflicts of interest in accordance with G.S. Chapter 138A, the State Government Ethics Act ("the Ethics Act").

I did not find an actual conflict of interest; however, I did find the potential for a conflict of interest.

The North Carolina Medical Board was established to license, monitor, discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

The Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. G.S. 138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. G.S. 138A-36(a) prohibits public servants from participating in certain official actions in which they have an economic interest or if the public servant, a member of the public servant's extended family, or a business with which the public servant is associated would otherwise benefit from that action.

Dr. Sanders fills the role of a licensed physician recommended by the North Carolina Medical Society on the Board. He owns Brunswick GeriCare. Because he is serving on the licensing board for members of his own profession he has the potential for a conflict of interest. Dr. Sanders should exercise appropriate caution in the performance of his public duties should matters involving his license or that of colleagues at GeriCare come before the Board for official action. This would include recusing himself to the extent that his interests would influence or could reasonably appear to influence his actions.

In addition to the conflicts standards noted above, G.S. 138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a to do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gift rule are set out in G.S. 138A-32(e).

Please contact me if you have any questions concerning my evaluation or the ethical standards governing public servants under the State Government Ethics Act

September 16-18, 2009

Re: Evaluation of Statement of Economic Interest Filed By Dr. William A. Walker

Dear Governor Perdue:

I am in receipt of Dr. William A. Walker's March 10, 2008 and February 23, 2009 Statements of Economic Interest as a member of the North Carolina Medical Board ("Board"). I have reviewed the 2009 submission for actual and potential conflicts of interest in accordance with G.S. Chapter 138A, the State Government Ethics Act ("the Ethics Act").

I did not find an actual conflict of interest; however, I did find the potential for a conflict of interest.

The North Carolina Medical Board was established to license, monitor, discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

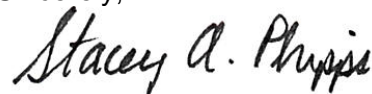
The Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. G.S. 138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. G.S. 138A-36(a) prohibits public servants from participating in certain official actions in which they have an economic interest or if the public servant, a member of the public servant's extended family, or a business with which the public servant is associated would otherwise benefit from that action.

Dr. Walker fills the role of a licensed physician recommended by the North Carolina Medical Society on the Board. He is a surgeon at Charlotte Colon and Rectal Surgery Associates and is chief of staff at Presbyterian Hospital. Because he is serving on the licensing board for members of his own profession he has the potential for a conflict of interest. Dr. Walker should exercise appropriate caution in the performance of his public duties should matters involving his license or that of his colleagues at his surgical practice or Presbyterian Hospital come before the Board for official action. This would include recusing himself to the extent that his interests would influence or could reasonably appear to influence his actions.

In addition to the conflicts standards noted above, G.S. 138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a person or entity which is doing or seeking to do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gift rule are set out in G.S. 138A-32(e).

Please contact me if you have any questions concerning my evaluation or the ethical standards governing public servants under the State Government Ethics Act.

Sincerely,

A handwritten signature in black ink that reads "Stacey A. Phipps". The signature is written in a cursive, flowing style.

Stacey A. Phipps
Attorney, SEI Unit

September 16-18, 2009

Dr. Saunders read his last address to the Board and staff:

Dr. Saunders' Statement

I take a point of personal privilege as President of the North Carolina Medical Board.

It has been a little over six years since I first came to these halls. I came in July of 2003 to replace John Dees, a President of this august body who died in office. I leave as he did, as President, but fortunately in better health. My time here has come full circle.

This Medical Board, truly one the best. if not the best, in this nation has been a testing ground. You have served the citizens of this great state with kindness and caring and our licensees with fairness and justice.

Sometimes when so much is going on, the spectacular seems mundane. Make no mistake what you do here routinely is spectacular. Let me take you through a few of the changes that have gone forward during my brief time at this great organization.

We passed the first position statement in the nation to discipline teachers of medicine who abused their students. We have yet to prosecute anyone under this rule, but I have no doubt that some of the more extreme forms of student mistreatment were prevented by the passage of this statement.

We were nudged, somewhat unwillingly, to provide greater information to our ultimate charges, the citizens of this great state. We joined the ever-growing number of states which provide significant information about its licensees.

When the very heart of medicine, the preservation of life and alleviation of suffering was attacked with physician participation in the death penalty, we opposed that position clearly, forcefully. I sat in a building, not far from where we sit today, beaming with pride, as our lawyers took our case to the State's highest court. Our legal department was able to convince three of seven justices that doctors should be healers, not harbingers of death. We struggled long. We struggled hard. We lost that battle, but I am proud to this day that we fought for the dignity and caring that is the heart of the profession of medicine.

Your Board has stood at the forefront of medical regulation, just as doctors in North Carolina have stood in the leadership of medicine and research throughout this country. Your members have stood as Board of Directors of the FSMB (Federation of State Medical Boards). Your Board members have served as editors, and as member of bylaws, and numerous other committees of that organization.

Your Board has been well-represented in many states and in nations as far away as the tip of Africa. Your Board has gone to many conferences, often leading the way for her sister boards. And sometimes, in humility and wisdom, realizing that others might know a better way and incorporating the practices of other states and nations into its own practices.

You have used the best and the brightest of your staff to keep us forever on the cutting edge of progress. Your investigators are consummate professionals. Your support and clerical staff are always seeking ways to be more user-friendly, more efficient—seeking ways to just be better.

You have seen the underlying and unifying truth in most of the complaints that come before us. You have seen that we, as a Board, as physicians and other practitioners of the healing arts, cannot be satisfied to stay in a reactive mode. You have seen that communication lies at the heart of any relationship and is the key to the relationship between doctors and patients. While others argued if there was a problem and took offence at the obvious truth, this Board saw the

September 16-18, 2009

unvarnished truth—physician-patient communication was often less than perfect. In less than one year, you took an idea and made it a reality—home grown, affordable, convenient courses where physicians who lost or perhaps, never had communication skills, could model effective communication. You started courses, which begin this week and which will hopefully go beyond the troubled physicians we see here, but will be used as models of effective communication for all physicians.

You have done all this with quiet yet bold leadership. You have done this with the guidance and support of singularly dedicated individuals who sit at this table with me today, two of whom are traveling, but with us in spirit. All this you have done with an employee number that includes one half staff member for every county in state of North Carolina.

There are challenges before you. To make our licensing process even more streamlined while maintaining the integrity of the evaluations, making a workforce within the Medical Board which looks like the workforce outside the Medical Board, performing clinical evaluations of our licensees in their clinical settings which would be more relevant and useful than the costly and inefficient method we now use where a physician is carted off to some distant place which does not resemble the conditions he or she practices under.

I know that many of these changes will take you outside of your comfort zones. Newness is not always a bad thing.

Finally, I personally owe a great deal too many of you. The people of this great state owe you much more. You are the centurions of care, guardians of good medical practice. I ask my fellow Board members to rise and give you, the staff of the North Carolina Medical Board the applause and ovation you richly deserve.

George L. Saunders, III, MD, President

Minute Approval

Motion: A motion passed that the July 2009 Board Minutes, the July 2009 Special Board Meeting Minutes and the amended January 2009 Minutes are approved as presented.

Miscellaneous Announcements

Dr. Rhyne gave an update on the H1N1 virus.

Executive Director's Announcements

Mr. Henderson reported that Representative Allen would be visiting the Medical Board today.

Mr. Henderson advised everyone that the NC Medical Board and the NC Board of Nursing would share a booth at the NC State Fair. It will run the 15 days and be staffed by employees of both boards.

Several employees were recognized for their employment anniversaries.

ATTORNEY'S 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.

Written reports on 145 cases were presented for the Board's review. The specifics of the non-public matters in this report are not included.

A motion passed to return to open session.

EXECUTED CASES

PUBLIC ACTIONS

Adams, Beverly Jean S. MD

Public Letter of Concern executed 08/29/2009

Anderson, Eric Andres PA

Notice of Revocation executed 7/17/09

Anderson, Jeffery Stuart MD

Consent Order executed 07/17/2009

Andrews, Thomas James MD

Consent Order executed 08/20/2009

Beam, Daren Moss RTL

Public Letter of Concern executed 08/13/2009

Berman, Lorraine Mayer-Wolpert MD

Public Letter of Concern executed 07/31/2009

Black, Steven Ray MD

Notice of Charges & Allegations; Notice of Hearing executed 7/31/09

Blackwell, Michael Aldred MD

Consent Order executed 9/10/09

Bliss, Laura Katherine MD

Amended Consent Order executed 09/03/2009

Book, Roy Dewayne MD

Consent Order executed 8/31/09

Bowman, Karolen Ruth Church MD

Notice of Charges & Allegations; Notice of Hearing executed 8/24/09

Bridger, Jennifer Rahn PA

Re-Entry Agreement executed 09/09/2009

Chavis, Robert Michal PA

September 16-18, 2009

Order executed 7/30/09

Cranston, Jay Wheeler MD

Consent and Waiver and Public Letter of Concern executed 8/14/09

Daniel, Michael Page MD

Consent Order executed 8/14/09

DeCherney, George Stephen MD

Re-Entry Agreement executed 09/15/2009

Denis, Guy Joseph MD

Denial letter executed 7/30/09; Withdrawal letter executed 8/26/09

Duncan, Richard Dean MD

Public Letter of Concern and Consent and Waiver executed 9/8/09

Dunn, Lawrence Anthony MD

Notice of Charges and Allegations executed 09/04/2009

Dobyns, Perrin Thomas MD

Consent Order executed 07/30/2009

Esensoy, Taner MD

Public Letter of Concern executed 09/04/2009

Finger, Frederick Eli MD

Consent and Waiver and Public Letter of Concern executed 7/31/09

Fong, John K MD

Re-Entry Agreement executed 07/31/2009

Geckler, Thomas Alan

Denial of Licensure executed 07/31/2009

Glaesner, Edward Julian NP

Amended Consent Order executed 09/01/2009

Godwin, Patrick Lee MD

Consent Order executed 8/7/09

Haque, Ehteshamul MD

Entry of Revocation executed 09/01/2009

Henson, Joseph Bascom MD

Consent Order executed 07/30/2009

Ilunga, Christine Kabanga MD

Public Letter of Concern executed 07/22/2009

Imam, Naiyer MD

Public Letter of Concern and Consent and Waiver executed 9/8/09

Intini, Ronald Samuel MD

Consent Order executed 7/21/09

September 16-18, 2009

Keller, Philip Arthur PA
Order executed 7/20/09

Kotzen, Rene Marlon MD
Consent Order executed 9/8/09

Kramer, James Scott MD
Notice of Charges & Allegations; Notice of Hearing executed 9/9/09

Mesa, Gregory Robert PA
Consent Order executed 7/17/09

Meyer, Paul Fredrick MD
Public Letter of Concern and Consent and Waiver executed 9/8/09

Ng, Chun-Ho Patrick MD
Order executed 8/28/09

Nicholas, Theodore William MD
Consent Order executed 7/17/09

Niemeyer, Meindert Albert
Consent Order executed 7/17/09

Nisbett, Donald A. MD
Notice of Charges and Allegations; Notice of Hearing executed 08/05/2009

Nolan, Clyde MD
Notice of Charges and Allegations; Notice of Hearing executed 08/11/2009

Oenbrink, Raymond Joseph MD
Consent and Waiver and Public Letter of Concern executed 8/14/09

Paul, Robert Allen PA
Consent Order executed 07/21/2009

Rogers, Anita Ellen PA
Notice of Charges and Allegations; Notice of Hearing executed 07/29/2009

Rogers, William Everette MD
Amended Re-Entry Agreement executed 08/11/2009

Rollins, Curtis Edward MD
Notice of Charges and Allegations; Notice of Hearing executed 7/28/09

Scallion, Ralph Michael MD
Notice of Charges and Allegations; Notice of Hearing executed 08/05/2009

Smith, Erastus MD
Public Letter of Concern executed 9/2/09

Thrift-Cottrell, Alesia Dawn MD
Findings of Fact, Conclusions of Law & Order of Discipline executed 7/28/09

Vaughan, Howell Anderson PA
Amended Consent Order and Re-Entry Agreement executed 09/02/2009

Verdin, Thomas Marion MD
Non-Disciplinary Consent Order executed 7/21/09

Webb, Stacey Johnson
Denial Letter executed 8/31/09

White, Dale E. PA
Notice of Charges and Allegations; Notice of Hearing executed 09/02/2009

Wolf, Bradley Rex MD
Consent Order executed 8/28/09

Zaslow, Ely David MD
Order executed 8/28/09

NON-PUBLIC ACTIONS

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.

Written reports on 62 cases were presented for the Board's review. The specifics of the non-public matters in this report are not included.

A motion passed to return to open session

PROPOSED RULE AMENDMENTS:

NURSE PRACTITIONER RULES

21 NCAC 32M .0101, .0104, .0105, .0106, .0107, .0108, .0110, .0116

Reason for Proposed Action: The Medical Board and the Board of Nursing recently reviewed all nurse practitioner rules to improve clarity. Revision of the rules is necessary to clarify language within each rule for consistency and to better reflect new processes. Deletion of language that is no longer appropriate, allow additional continuing education options and correct placement of rule language within the Section.

A public hearing was held on August 31, 2009 at 10:00am, at the NC Medical Board, 1203 Front St, Raleigh, NC 27609. No comments were received at this hearing.

9/2009 BOARD ACTION: Approve the following amendments:

21 NCAC 32M .0101, .0104, .0105, .0106, .0107, .0108, .0110, and .0116 are proposed to be amended as follows:

21 NCAC 32M .0101 DEFINITIONS

The following definitions apply to this Subchapter:

- (1) "Medical Board" means the North Carolina Medical Board.

September 16-18, 2009

- (2) "Board of Nursing" means the Board of Nursing of the State of North Carolina.
- (3) "Joint Subcommittee" means the subcommittee composed of members of the Board of Nursing and Members of the Medical Board to whom responsibility is given by G.S. 90-6 and G.S. 90-171.23(b)(14) to develop rules to govern the performance of medical acts by nurse practitioners in North Carolina.
- (4) "Nurse Practitioner or NP" means a currently licensed registered nurse approved to perform medical acts consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a licensed physician for ongoing supervision, consultation, collaboration and evaluation of medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform.
- (5) "Registration" means authorization by the Medical Board and the Board of Nursing for a registered nurse to use the title nurse practitioner in accordance with this Subchapter.
- (6) "Approval to Practice" means authorization by the Medical Board and the Board of Nursing for a nurse practitioner to perform medical acts within her/his area of educational preparation and certification under a collaborative practice agreement (CPA) with a licensed physician in accordance with this Subchapter.
- ~~(7) "Nurse Practitioner Applicant" means a registered nurse who may function prior to full approval as a Nurse Practitioner in accordance with Rule .0104(g) of this Subchapter.~~
- ~~(7)(8)~~ "Supervision" means the physician's function of overseeing medical acts performed by the nurse practitioner.
- ~~(8)(9)~~ "Collaborative practice agreement" means the arrangement for nurse practitioner-physician continuous availability to each other for ongoing supervision, consultation, collaboration, referral and evaluation of care provided by the nurse practitioner.
- ~~(9)(10)~~ "Primary Supervising Physician" means the licensed physician who, by signing the nurse practitioner application, shall provide on-going supervision, collaboration, consultation and evaluation of the medical acts performed by the nurse practitioner as defined in the collaborative practice agreement. Supervision shall be in compliance with the following:
- (a) The primary supervising physician shall assure both Boards that the nurse practitioner is qualified to perform those medical acts described in the collaborative practice agreement.
- (b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a primary supervising physician.
- (c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation may supervise a nurse practitioner in the non-training situation.
- ~~(10)(11)~~ "Back-up Supervising Physician" means the licensed physician who, by signing an agreement with the nurse practitioner and the primary supervising physician(s), shall provide supervision, collaboration, consultation and evaluation of medical acts by the nurse practitioner in accordance with the collaborative practice agreement when the Primary Supervising Physician is not available. Back-up supervision shall be in compliance with the following:
- (a) The signed and dated agreements for each back-up supervising physician(s) shall be maintained at each practice site.
- (b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a back-up supervising physician.

- (c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation and has a signed collaborative practice agreement with the nurse practitioner and the primary supervising physician may be a back-up supervising physician for a nurse practitioner in the non-training situation.
- ~~(11)~~(12) "Volunteer Approval" means approval to practice consistent with this Subchapter except without expectation of direct or indirect compensation or payment (monetary, in kind or otherwise) to the nurse practitioner.
- ~~(12)~~(13) "Disaster" means a state of disaster as defined in G.S. 166A-4(3) and proclaimed by the Governor, or by the General Assembly pursuant to G.S. 166A-6.
- ~~(14)~~ ~~"Interim Status" means limited privileges granted by the Board of Nursing to a graduate of an approved nurse practitioner educational program meeting the requirements in Rule .0105 of this Subchapter or a registered nurse seeking initial approval in North Carolina, as defined in Rule .0104(g) of this Subchapter, while awaiting final approval to practice as a nurse practitioner.~~
- ~~(13)~~(15) "National Credentialing Body" means one of the following credentialing bodies that offers certification and re-certification in the nurse practitioner's specialty area of practice: American Nurses Credentialing Center (ANCC); American Academy of Nurse Practitioners (AANP); National Certification Corporation of the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC); and the Pediatric Nursing Certification Board (PNCB).

History Note: Authority G. S. 90-6; 90-18(c)(14); 90-18.2;
Eff. January 1, 1991;
Amended Eff. December 1, 2009; December 1, 2006; August 1, 2004; May 1, 1999; January 1, 1996.

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 of this Section;
 - (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 five 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.
- (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. ~~Boards.~~
- (d) The nurse practitioner's approval to practice is terminated when the nurse practitioner discontinues working within the approved nurse practitioner collaborative practice agreement and the nurse practitioner shall notify the ~~Boards~~ Board of Nursing in writing. The Boards may 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 Subparagraph (a) of this Rule.
- (f) Applications for approval of changes in practice arrangements for a nurse practitioner currently approved to practice in North Carolina:
- (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) Interim status for a nurse practitioner applicant shall be granted to a registered nurse who has met the registration requirements as set forth in Rule .0103 and .0105 of this Subchapter with the following limitations:~~
- ~~(1) no prescribing privileges;~~
- ~~(2) primary or back-up physicians shall be continuously available for ongoing supervision, collaboration, consultation and countersigning of notations of medical acts in all patient charts within two working days of nurse practitioner applicant-patient contact;~~
- ~~(3) face-to-face consultation with the primary supervising physician shall be weekly with documentation of consultation consistent with Rule .0110(e)(3) of this Subchapter; and~~
- ~~(4) shall not exceed six months.~~
- ~~(g)(h)~~ 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)(i)~~ Volunteer Approval to Practice. ~~Both Boards may grant approval~~ Approval to practice in a volunteer capacity may be granted to a nurse practitioner who has met the qualifications to practice as a nurse practitioner in North Carolina.
- ~~(i)(j)~~ The nurse practitioner shall pay the appropriate fee as outlined in Rule .0115 of this Subchapter.
- ~~(j)(k)~~ 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. December 1, 2009; November 1, 2008; January 1, 2007; August 1, 2004.

21 NCAC 32M .0105 EDUCATION AND CERTIFICATION REQUIREMENTS FOR REGISTRATION AS A NURSE PRACTITIONER

A nurse practitioner applicant who completed a nurse practitioner education program prior to December 31, 1999 shall provide evidence of successful completion of a course of education that contains a core curriculum including 400 contact hours of didactic education and 400 contact hours of preceptorship or supervised clinical experience.

- (1) The core curriculum shall contain the following components:
- (a) health assessment and diagnostic reasoning including:
- (i) historical data;
- (ii) physical examination data;

September 16-18, 2009

- (iii) organization of data base;
 - (b) pharmacology;
 - (c) pathophysiology;
 - (d) clinical management of common health problems and diseases such as the following shall be evident in the nurse practitioner's academic program:
 - (i) respiratory system;
 - (ii) cardiovascular system;
 - (iii) gastrointestinal system;
 - (iv) genitourinary system;
 - (v) integumentary system;
 - (vi) hematologic and immune systems;
 - (vii) endocrine system;
 - (viii) musculoskeletal system;
 - (ix) infectious diseases;
 - (x) nervous system;
 - (xi) behavioral, mental health and substance abuse problems;
 - (e) clinical preventative services including health promotion and prevention of disease;
 - (f) client education related to Sub-items (1)(d) and (e) of this Rule; and
 - (g) role development including legal, ethical, economical, health policy and interdisciplinary collaboration issues.
- (2) Nurse practitioner applicants exempt from components of the core curriculum requirements listed in Item (1) of this Rule are:
 - (a) Any nurse practitioner approved to practice in North Carolina prior to January 18, 1981, is permanently exempt from the core curriculum requirement.
 - (b) A nurse practitioner certified by a national credentialing body prior to January 1, 1998, who also provides evidence of satisfying Sub-items (1)(a)-(c) of this Rule shall be exempt from core curriculum requirements in Sub-items (1)(d)-(g) of this Rule. Evidence of satisfying Sub-items (1)(a)-(c) of this Rule shall include:
 - (i) a narrative of course content; and
 - (ii) contact hours.
- (3) A nurse practitioner with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification by a national credentialing body.

*History Note: Authority G.S. 90-18(c)(14); 90-171.42;
 Eff. January 1, 1991;
 Recodified from 21 NCAC 32M .0005 Eff. January 1, 1996;
 Amended Eff. May 1, 1999; January 1, 1996;
 Recodified from 21 NCAC 32M .0104 Eff. August 1, 2004;
 Amended Eff. December 1, 2009; December 1, 2006; August 1, 2004.*

21 NCAC 32M .0106 ANNUAL RENEWAL

(a) Each registered nurse who is approved to practice as a nurse practitioner in this state shall annually renew each approval to practice with the Board of Nursing no later than the last day of the nurse practitioner's birth month by:

- (1) Maintaining current RN licensure;
- (2) Submitting the fee required in Rule .0115 of this Subchapter; and
- (3) Completing the renewal application.

~~(b) A nurse practitioner with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification by a national credentialing body.~~

~~(b)(6)~~ If the nurse practitioner has not renewed by the last day of her/his birth month, the approval to practice as a nurse practitioner shall lapse.

History Note: Authority G.S. 90-6; 90-18(14); 90-171.23(b);
Eff. January 1, 1996;
Amended Eff. August 1, 2004; May 1, 1999;
Recodified from Rule .0105 Eff. August 1, 2004;
Amended Eff. December 1, 2009; November 1, 2008.

21 NCAC 32M .0107 CONTINUING EDUCATION (CE)

In order to maintain nurse practitioner approval to practice, the nurse practitioner shall earn 50 contact hours of continuing education each year beginning with the first renewal after initial approval to practice has been granted. ~~Continuing Education hours are~~ At least 20 hours of the required 50 hours must be those hours for which approval has been granted by the American Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical Education (ACCME), other national credentialing bodies or practice relevant courses in an institution of higher learning. Documentation shall be maintained by the nurse practitioner and made available upon request to either Board.

History Note: Authority G.S. 90-6; 90-18(14); 90-171.23(14);
Eff. January 1, 1996;
Amended Eff. August 1, 2004; May 1, 1999;
Recodified from Rule .0106 Eff. August 1, 2004;
Amended Eff. December 1, 2009; April 1, 2008

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. ~~Boards by completing the form supplied by the Boards.~~
- (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 as stipulated in Rules .0103(a)(1), .0104(a); .0106(b); .0107; and .0110 and (b)(1) of this Subchapter and receive notification from the Board of Nursing ~~both Boards~~ of approval prior to beginning practice after the application is approved by both Boards. ~~practice.~~
- (d) A nurse practitioner with an inactive approval to practice status of greater than five 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.

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

21 NCAC 32M .0110 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT

- (a) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.
- (b) Collaborative Practice Agreement:
- (1) shall be agreed upon and signed by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;

September 16-18, 2009

- (2) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice agreement and available for inspection by members or agents of either Board;
 - (3) shall include the drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered and performed by the nurse practitioner consistent with Rule .0109 of this Subchapter; and
 - (4) shall include a pre-determined plan for emergency services.
- (c) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.
- (d) Quality Improvement Process:
- (1) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.
 - (2) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified time-frame.
 - (3) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner at least every six months. Documentation for each meeting shall:
 - (A) identify clinical problems discussed, including progress toward improving outcomes as stated in Subparagraph (d)(2) of this Rule, and recommendations, if any, for changes in treatment plan(s);
 - (B) be signed and dated by those who attended; and
 - (C) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.
- (e) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner/primary or back-up supervising physician(s):
- (1) During the first six months of ~~the initial~~ a collaborative practice agreement between a nurse practitioner and the primary supervising physician, agreement, there shall be monthly meetings for the first six months to discuss practice relevant clinical issues and quality improvement measures. ~~Be:~~
 - (A) ~~review and countersigning of notations of medical acts by a primary or back-up supervising physician within seven days of nurse practitioner-patient contact.~~
 - (B) ~~meetings with the primary supervising physician on a weekly basis for one month after approval to practice is received and at least monthly for a total of six months.~~
 - (2) ~~During the first six months of a subsequent collaborative practice agreement between a nurse practitioner previously approved to practice and a different primary supervising physician, there shall be meetings with the new primary supervising physician monthly for the first six months.~~
 - (2)(3) Documentation of the meetings shall:
 - (A) identify clinical issues discussed and actions taken;
 - (B) be signed and dated by those who attended; and
 - (C) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

*History Note: Authority G.S. 90-6; 90-18(14); 90-18.2; 90-171.23(14);
Eff. January 1, 1991;*

September 16-18, 2009

Amended Eff. December 1, 2009; August 1, 2004; May 1, 1999; January 1, 1996; March 1, 1994;
Recodified from Rule .0109 Eff. August 1, 2004.

21 NCAC 32M .0116 PRACTICE DURING A DISASTER

(a) A nurse practitioner approved to practice in this State or another state may perform medical acts as a nurse practitioner under the supervision of a physician licensed to practice medicine in North Carolina during a disaster in a county in which a state of disaster has been declared or counties contiguous to a county in which a state of disaster has been declared.

(b) The nurse practitioner shall notify ~~both Boards~~ the Board of Nursing in writing of the names, practice locations and telephone number for the nurse practitioner and each primary supervising physician within 15 days of the first performance of medical acts as a nurse practitioner during the disaster, and the Board of Nursing shall notify the Medical Board pursuant to protocols developed by both Boards. ~~disaster.~~

(c) Teams of physician(s) and nurse practitioner(s) practicing pursuant to this Rule shall not be required to maintain on-site documentation describing supervisory arrangements and plans for prescriptive authority as otherwise required pursuant to Rules .0109 and .0110 of this Subchapter.

History Note: Authority G.S. 90-18(c)(13), (14); 90-18.2; 90-171.20(7); 90-171.23(b); 90-171.42;
Eff. August 1, 2004; May 1, 1999;
Recodified from Rule .0105 Eff. August 1, 2004.
Amended Eff. December 1, 2009.

FINAL ARGUMENTS

LOWE, James, MD – Fayetteville, NC

Denial

Dr. Lowe's application for medical licensure was denied based on MD's disciplinary history with the Board, including a 2007 Consent Order which indefinitely suspended Dr. Lowe's license and the revocation of his New York medical license.

Dr. Lowe was represented by James L. Conner, II.
The Board was represented by Todd Brosius.

PANEL HEARING: August 19, 2009

PANEL MEMBERS: George L. Saunders, III, M.D., Board President and Presiding Officer; Janice Huff, M.D., Board Member; Peggy S. Robinson, P.A.-C, Board Member; William Foster, M.D., Board Member; and John B. Lewis, Jr., L.L.B, Public Board Member. John B. Lewis, Jr., L.L.B. did not participate in the consideration of the Panel's Recommended Decision.

PANEL RECOMMENDATION: 1. issued a six (6) to eight (8) month temporary license, with the ultimate duration of the temporary license to be determined based on the availability of interview times with the Board for consideration of continuing licensure; 2. shall not perform any elbow or hand surgery until such time that Dr. Lowe can demonstrate to the Board that he can perform such surgeries with the requisite technical skills and clinical acumen; 3. every operative note for every procedure that Dr. Lowe performs in the three (3) months following the entry of this order will be reviewed by a plastic surgeon who is certified by the American Board of Plastic Surgery for both completeness and appropriateness of care; 4. within one-year after commencing

September 16-18, 2009

practice Dr. Lowe must take a Current Procedural Terminology coding course and a Medical Record Documentation course, to be approved by the Office of the Medical Director of the NC Medical Board; 5. within one-year after commencing practice, Dr. Lowe shall complete an ethics course that is equivalent to the course offered by the Center for Personalized Education for Physicians approved by the Office of the Medical Director of the NC Medical Board; 6. every quarter for one (1) year, Dr. Lowe will submit a list of charts for every patient seen in his practice and, from that list, an audit of ten (10) charts will be chosen randomly for review by an individual approved by this Board to do an in-depth audit and confirm that the charts are accurately and appropriately coded; 7. prior to the expiration of the six (6) to eight (8) month temporary license, Dr. Lowe will submit a list of charts for every patient seen in his practice and, from that list, an audit of ten (10) charts will be chosen randomly for review by the Office of the Medical Director of the NC Medical Board; 8. within one-year from the date of execution of this Order, Dr. Lowe shall author an article for the Forum, delineating the possible consequences of up coding and ethical lapses, to be approved by the Board President; and 9. attend an Informal Interview at the end of the six (6) to eight (8) month period for which the temporary license is issued.

FINAL ARGUMENTS: September 18, 2009

QUORUM MEMBERS: Donald Jablonski, DO, Board Member and Presiding Officer; Pamela Blizzard, Board Member; Paul Camnitz, MD, Board Member; Thomas Hill, MD, Board Member; Thelma Lennon, Board Member; Janelle Rhyne, MD, Board Member; William Walker, MD, Board Member.

9/2009 BOARD ACTION: Reject the Panel Recommendation. Uphold denial.

PROPOSED CONSENT ORDERS:

Nolan, Clyde MD - Greensboro, NC

Dr. Nolan was not present.
The Board was represented by Patrick Balestrieri.

9/2009 BOARD ACTION: Accept proposed Consent Order

Uwagerikpe, Louis Alimiro, MD - Valdosta, GA

Dr. Uwagerikpe was represented by Bob Crawford.
The Board was represented by Marcus Jimison

9/2009 BOARD ACTION: Reject proposed Consent Order. Pre-approve a Non-Disciplinary Consent Order.

Drago, Paul Carl MD - Charlotte, NC

Dr. Drago was represented by Jim Wilson.
The Board was represented by Todd Brosius.

9/2009 BOARD ACTION: Accept proposed Consent Order.

Stone, Todd Iverson PA - Asheville, NC

Mr. Stone was represented by Alan Schneider.

September 16-18, 2009

The Board was represented by Marcus Jimison.

9/2009 BOARD ACTION: Accept proposed Consent Order. (Peggy Robinson, PA-C recused)

Kerr, John Martin MD - Bedford, VA

Dr. Kerr was represented by Jerry Allen.
The Board was represented by Marcus Jimison.

9/2009 BOARD ACTION: Accept proposed Consent Order.

Freeman, Tyler Ira MD - Charlotte, NC

Dr. Freeman was represented by Donna Eyster.
The Board was represented by Patrick Balestrieri.

9/2009 BOARD ACTION: Accept proposed Consent Order.

Wells, James Shelton MD - Hillsborough, NC

Dr. Wells was represented by Jim Wilson.
The Board was represented by Todd Brosius.

9/2009 BOARD ACTION: Accept proposed Non-Disciplinary Consent Order.

Rogers, Anita Ellen PA-C - Youngsville, NC

Ms. Rogers was represented by Alan Schneider.
The Board was represented by Patrick Balestrieri.

9/2009 BOARD ACTION: Reject proposed Consent Order. Pre-approved a Public Letter of Concern.

Kuers, Peter Friedrich W. MD - Jacksonville, NC

Dr. Kuers appeared pro se.
The Board was represented by Patrick Balestrieri.

9/2009 BOARD ACTION: Accept proposed Consent Order.

Clinton, Robert Allen MD - Fayetteville, NC

Dr. Clinton was represented by Matt Leerberg.
The Board was represented by Todd Brosius.

9/2009 BOARD ACTION: Reject proposed Consent Order. Preauthorize a Consent Order with a 4 month suspension retroactive, may only practice family medicine, may not practice plastic surgery. If Dr. Clinton does not accept the preauthorized Consent Order the Board votes to Charge. If Dr. Clinton resumes plastic surgery the Board votes to Summarily Suspend Dr. Clinton's license.

Gabriel, Pamela Simone MD - Las Vegas, NV

Dr. Gabriel was represented by Mary Wells, however, Mrs. Wells was not present.

September 16-18, 2009

The Board was represented by Marcus Jimison.

9/2009 BOARD ACTION: Preauthorize a Consent Order reprimanding Dr. Gabriel for not responding to the Board.

Blackwood, Hilary Susan NP - Haw River, NC

Ms. Blackwood was represented by Mary Wells, however, Mrs. Wells was not present. The Board was represented by Marcus Jimison.

9/2009 BOARD ACTION: Accept proposed Consent Order.

Nash, Will Light MD - Sylva, NC

Dr. Nash was represented by Jim Williams, however, Mr. Williams was not present. The Board was represented by Marcus Jimison.

9/2009 BOARD ACTION: Approve Notice of Dismissal in light of the fact that Dr. Nash has gone inactive.

EXECUTIVE COMMITTEE REPORT

The Executive Committee of the North Carolina Medical Board met from 10:30 a.m. – 12:30 p.m. and 5:00 p.m. – 6:30 p.m. on September 16, 2009, and from 7:30 a.m. – 8:30 a.m. on September 17, 2009, at the offices of the Board. Members present were: George L. Saunders, MD; Donald E. Jablonski, DO; and Janelle A. Rhyne, MD. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller).

Financial Statements

Mr. Celentano, CPA, presented the July 2009 compiled financial statements. July is the ninth month of fiscal year 2009. The August & July BB & T portfolio statements were reviewed by the Committee. The Committee was reminded that representatives from BB & T will be present in November to review our recent investment performance. Mr. Celentano also reviewed the Board's current cash position as of August 31, 2009. Dr. Rhyne made a motion to accept the financial statements as reported. Dr. Jablonski seconded the motion and the motion was approved unanimously.

Old Business

Public Letters of Concern: At the July meeting, the Executive Committee approved a proposal to give licensees an opportunity to meet with members of the Board before undergoing a professional assessment. The Committee asked whether the Board should do the same before issuing a Public Letter of Concern (PubLOC) and asked the staff to research how many PubLOCs were issued in 2008. The staff reported the number to the Committee, and the Committee decided to accept this as information.

Petition for Rulemaking: On June 30 the Board received a petition for rulemaking pursuant to G.S. 150B-20. The petitioners asked the Board to adopt a rule that would require all non-physicians who use the designation "Doctor" or "Dr." to properly identify themselves through the use of ID badges and to verbally disclose information to patients, as well as identify the license or certification in any advertisement for health care services. At the July meeting, the Board voted to disseminate copies of the petition to all interested parties and solicit feedback.

September 16-18, 2009

The feedback was reviewed by the Committee and it was agreed to defer this issue until the Federation of State Medical Board has had time to study this matter and issue model guidelines.

New Business

Proposed Fiscal Year 2010 Budget: Mr. Celentano and Mr. Henderson reviewed with the Committee a draft of the proposed budget for fiscal year 2010. Dr. Rhyne made a motion to accept the proposed budget and to disseminate copies of the proposed budget to all Board Members for their review prior to a vote on Friday. Dr. Jablonski seconded the motion and the motion was approved unanimously.

S958 Implementation Recommendations: Mr. Henderson presented a proposal for implementing S958. These recommendations will be discussed with the full Board.

Licenses issued with a PLOC: The Board has authorized staff to issue a license to an applicant who has a clean application. In addition, the Board has authorized staff to issue a license with a private letter of concern (PLOC) in certain limited situations. However, many license applications continue to be delayed due to the need for full Board approval of an application with a PLOC. Staff recommends that the Board delegate to the President and his designee the authority to issue a license with a PLOC upon the unanimous recommendation of the Senior Staff Review Committee. If the President or his designee rejects the SSRC recommendation, the application will go to the full Board at the next meeting. Dr. Rhyne made a motion to adopt the proposal. Dr. Jablonski seconded the motion and the motion was approved unanimously.

Malpractice Posting Questions: Mr. Thomas Mansfield, Director of the Legal Department, reviewed with the Committee an e-mail he received from Mr. David Sousa, the Senior VP and General Counsel for Medical Mutual Insurance Company (MMIC). In the e-mail, Mr. Sousa raised several questions relating to the recently passed H703 and the implications for MMIC and their insured licensees. The Committee discussed each question and asked Mr. Mansfield to respond to Mr. Sousa consistent with those discussions.

Posting Time Periods: 1) Regarding Federal/State Agency Actions (DEA, FDA, Medicare, Medicaid), the Committee reaffirmed its decision to post these actions for seven years. 2) Regarding Malpractice Judgements or Awards, the Committee recommends the Board adopt a policy of posting this information for seven years with a beginning date of May 1, 2008, to be consistent with malpractice settlements.

Proposed 2011 Meeting / Hearing Schedule: Mr. Henderson reviewed with the Committee the proposed 2011 Board Meeting / Hearing schedule. Dr. Rhyne made a motion to accept the schedule of NCMB Board Meeting dates as proposed. Dr. Jablonski seconded the motion and the motion was approved unanimously.

Employment Contract / Executive Director Performance Review - Personnel Members of the Executive Committee met in a closed session pursuant to NC General Statute §143-318.11(a)(6) to complete their annual performance evaluation of the Board's Executive Director, Mr. David Henderson, to discuss an employment contract for Mr. Henderson and to direct legal counsel in connection with the proposed employment contract.

POLICY COMMITTEE REPORT

Committee Members: Dr. Walker, Dr. Rhyne and Judge Lewis

OLD BUSINESS:

TELEMEDICINE

Issue: The Board to consider recent adoptions of telemedicine policies and statements by the Federation, Blue Cross Blue Shield and the AMA.

5/2009 COMMITTEE DISCUSSION: Dr. Rhyne reported that the Federation recently adopted a statement regarding telemedicine. It was also reported that BCBS would be implementing a new e-medicine policy.

5/2009 BOARD ACTION: Mr. Brosius to use information from AMA, Federation, Medical Society and BCBS, to begin working on a comprehensive policy. This policy should include the telepsychiatry issue the Committee addressed last year.

7/2009 COMMITTEE DISCUSSION: Dr. Rhyne reported that the AMA recently passed a policy regarding telemedicine and that Blue Cross Blue Shield may have also taken a position regarding this issue.

7/2009 COMMITTEE RECOMMENDATION: Mr. Brosius is to continue to research this issue. The Committee will report its findings at the September meeting.

7/2009 BOARD ACTION: No action required.

9/2009 COMMITTEE DISCUSSION: Mr. Brosius presented the following proposed Position Statement. Comments were solicited from DHHS and their recommendations were considered and incorporated where the Policy Committee deemed appropriate.

9/2009 COMMITTEE RECOMMENDATION: Present proposed Position Statement to the full Board for consideration. This issue will be revisited at the November 2009 meeting.

9/2009 BOARD ACTION: Have proposed Position Statement published in Forum for comments before final adoption by Board.

Telemedicine

“Telemedicine” is the practice of medicine using electronic communication, information technology or other means between a physician 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 physicians 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 physicians practicing via telemedicine will be held to the same standard of care as physicians 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 physician 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 -- Physicians 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 physician as if the exam had been performed face-to-face.

Other examinations may also be considered appropriate if the physician is at a distance from the patient, but a licensed health care professional is able to provide various physical findings that the physician 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 physician to discipline by the Board.¹

Informed Consent -- The physician using telemedicine should obtain the patient's informed consent before providing care via telemedicine services. In addition to information relative to treatment, the patient should be informed of the risks and benefits of being treated via telemedicine, including how to receive follow-up care or assistance in the event of an adverse reaction to the treatment or in the event of an inability to communicate as a result of a technological or equipment failure. The patient retains the right to withdraw his or her consent at any time.

Physician-Patient Relationship – The physician 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. Physicians 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 physician 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

¹ See also the Board's Position Statement entitled "Contact with Patients before Prescribing."
September 16-18, 2009

relevant components of the electronic professional interaction must be documented as with any other encounter.

The physician 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 physician and a telemedicine physician for the same ailment, then the primary physician's medical record and the telemedicine physician'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 physician using telemedicine to regularly provide medical services to patients located in North Carolina should be licensed to practice medicine in North Carolina.² Physicians need not reside in North Carolina, as long as they have a valid, current North Carolina license.

North Carolina physicians 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 Web site:
http://www.fsmb.org/directory_smb.html.

Fees – The Board's licensees should be aware that third-party payors may have differing requirements and definitions of telemedicine for the purpose of reimbursement.

BOARD CERTIFICATION DISTINCTION

7/2009 BOARD ACTION: Approve proposed rule. Proceed with rule-making process.

9/2009 COMMITTEE DISCUSSION: It was reported that the following rule has been submitted to the Office of Administrative Hearing to be published in the NC Register. A public hearing for the purpose of collecting any comments will be held at the Board's office on November 30, 2009 at 11:00 am. The proposed rule will be submitted to the Board at its December meeting for adoption.

9/2009 BOARD ACTION: Accept as information.

21 NCAC 32Y .0101 is proposed for adoption as follows:

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.

September 16-18, 2009

Subchapter 32Y – SPECIALTY AND BOARD CERTIFICATION ADVERTISING

21 NCAC 32Y .0101 ADVERTISING OF SPECIALTY AND BOARD CERTIFICATION

(a) No physician shall 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 (1) the American Board of Medical Specialties; (2) the Bureau of Osteopathic Specialists of American Osteopathic Association; (3) the Royal College of Physicians and Surgeons of Canada; (4) a board or association with an Accreditation Council for Graduate Medical Education approved postgraduate training program that provides complete training in that specialty or subspecialty; or (5) a board or association with equivalent requirements approved by the North Carolina Medical Board.

(b) Any physicians advertising or otherwise holding himself or herself out to the public as “Board Certified” as contemplated in paragraph (a) shall disclose in the advertisement the specialty board by which the physician was certified.

(c) Physicians shall not list their names under a specific specialty in advertisements, including but not limited to, classified telephone directories and other directories unless: (1) they are board certified as defined in paragraph (a); or (2) they have successfully completed a training program in the advertised specialty that is accredited by the Accreditation Council for Graduate Medical Education or approved by the Council on Postdoctoral Training of the American Osteopathic Association.

History Note: Authority G.S.90-5.1, 90-5.2, 90-14.

NEW BUSINESS:

Position Statement - Disruptive Physicians

Issue: The Continued Competence Committee has asked that the Policy Committee consider a Position Statement pertaining to disruptive physicians.

9/2009 COMMITTEE DISCUSSION: The Policy Committee reviewed several policies and statements in preparation of considering a Position Statement on disruptive physicians. It was agreed that the Committee should develop a Position Statement.

Mr. Brosius pointed out that we issue a number to private letters of concern addressing this issue and that it would be beneficial to have a Position Statement to support these letters.

Dr. Walker stated that the Position Statement should be a broad one that emphasized the importance of collaborating as a team to best manage patient care. Dr. Rhyne suggested that the issue be framed one of patient safety. Dr. Rhyne pointed out that the

September 16-18, 2009

Position Statement should try to reach those physicians who tend to alienate themselves from the team and the ones practicing in rural areas. It was noted that many hospitals already have policies in place.

It was agreed that it is important to develop a Position Statement that was positive.

9/2009 COMMITTEE RECOMMENDATION: Mr. Brosius will draft a proposed Position Statement to be presented for the Committee to consider at the November 2009 meeting.

9/2009 BOARD ACTION: Accept Committee Recommendation.

CONTINUED COMPETENCE COMMITTEE REPORT

The Continued Competence Committee of the North Carolina Medical Board was called to order at 2:00 p.m., Thursday, September 17, 2009, at the office of the Medical Board. Members present were: Peggy Robinson, PA-C, Chair; William Walker, MD and Paul Camnitz, MD. Also attending were: Janelle Rhyne, MD; Michael Sheppa, MD, Medical Director; David Henderson, Executive Director, Hari Gupta, Director of Operations, Christina Apperson, Legal Attorney, Kathy Heilig, Guest and Maureen Bedell, Recorder.

July Minutes

Motion to approve the July minutes was approved.

OLD BUSINESS

- I. An update to the questions from the CME Audit Program was presented to the Committee. The Registration department will likely handle the CME Audit; those selected for audit will be chosen by a random generator; the process will begin in January 2010. A brief discussion followed.

NEW BUSINESS

- I. Dr. Janelle Rhyne gave the Committee an update on the Federation of State Medical Board Maintenance of Licensure. It was stated that the ABMS conference is on November 2nd and the AMA CPE conference is on September 24-25. Dr. Rhyne discussed two of her current roles; working with the FSMB on the White Paper, a scientific basis on Maintenance of Licensure and what it does. They have a target deadline of January 2010. The second is the Maintenance of Licensure Advisory Group who reviews all the Maintenance of Licensure documents and gives final opinions as to the next step. We referred to the 'An Analysis of the Impact of Implementation of Maintenance of Licensure Requirements' document which was prepared at request of the FSMB Board of Directors. A discussion followed.
- II. Dr. Walker discussed his role with the NC Medical Society MOL/MOC work. There is no apparent interest in an exam; MOL should equal MOC and the need to help the doctors who are at risk. At risk being described as Non-Board Certified. A discussion followed.
- III. Dr. Rhyne stated that she would be attending the FSMB Board of Directors meeting on October 7-9 and the MOL Advisory Group on October 12-13. A discussion followed.

September 16-18, 2009

LICENSE COMMITTEE REPORT

Present: Don Jablonski, DO, Chairman, Pamela Blizzard, Joy Cooke, Michelle Allen, Mary Mazzetti, Kim Chapin, Ravonda James, Scott Kirby, MD, Thom Mansfield, Patrick Balestrieri
Absent: Janice Huff, MD

OPEN SESSION

1. Pre-Approved PLOC for single DUI

Summary: It has been suggested that applicants with a single DUI who have an otherwise clean application should receive a pre-approved DUI PLOC upon consensus recommendation of the Senior Staff Review Committee and a single board member review of the application. The pre-approved DUI PLOC will include those applicants who have had an unremarkable PHP evaluation (which evaluation is required for DUI within past 5 years; BAC greater than .14 mg%).

Board Action: Add recommendation to the Pre-Approved PLOC list.

2. Modification of 21 NCAC 32B .0312, .0313 and proposed rule for medical education

Summary: At the 7/2009 meeting the Board approved proposed regulatory rules to no longer require verification of out of country medical license; allow applicants with no US or Canadian postgraduate training but have acceptable specialty Board certification to be eligible for license; and implementing a rule requiring a minimum of 130 weeks of medical education.

Board Action: Grant staff permission to implement the above modifications when it is beneficial to the applicant.

3. Proposal for providing new licensees license information

Summary: New licensees currently receive a CD containing the MPA, position statements, regulatory rules, CME, FAQs and 10 things that could bring you to the attention of the Board. In an effort to reduce cost it is recommended that the "now licensed letter" be edited to direct licensees to visit the web site for the information that is currently on the CD. This will ensure that the information they are getting is current. The committee should agree that the language used is strong enough that the licensee understands they are ultimately responsible for knowing this information. We will continue to send the Forum, printed information on the privilege tax license (this information will be more visible for the licensee) and PHP brochure. We figure it would be a cost savings of about \$2000 a year. A copy of the current letter and the proposed letter are included in this document for your information.

Board Action: Accept proposed letter and discontinue sending CDs. Request public affairs to add statement to the Forum advising physicians to review the web site for updated materials.

4. Proposed licensing rules. See Adhoc Tab 140 for proposed rules. Nancy Hemphill will be present for discussion.

Board Action:

- Faculty Limited license: Change language to: Submit proof of satisfactory completion of at least one year of graduate medical education approved by ACGME, CFPC, RCPSC, AOA or other jurisdiction approved by the Board.
- Special Purpose license: Accept proposal
- Retired Volunteer license: Add a CME requirement equivalent to NCMB's CME requirement for active physicians
- Military Limited Volunteer: Accept proposal
- Disaster License: Accept proposal
- Reinstatement: Accept proposal
- Reactivation: Accept proposal
- Special volunteer –Repeal rules
- Special Limited/Psychological medicine –Repeal rules

Staff to investigate another licensing avenue for physicians who surrender their license under investigation who are exonerated or returned to a status whether they could resume practice whose time frame is shorter than the reinstatement process.

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.

Twenty six 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.

**SEPTEMBER 2009
APPLICANTS PRESENTED**

Abdo, Rami Iskandar
Abraham, Ken Shafquat
Adenupe, Olumade Adebambo
Agarwal, Subhashish
Alam, Md Shah
Alexander, Steven Thomas
Ali, Asra Ahmed
Allen, Pamela Gutbier
Anderson, Jada Jean
Anderson, Paula Ann
Ansari-Lawal, Aaisya Nabeehah
Arigo, Laura Joan

September 16-18, 2009

Armenta, Arturo Hernandez
Asante, Donald Darko
Asenso, Philip
Asghar, Mammona
Ashame, Elias Sima
Ash-Bernal, Rachel
Ashraf, Mohammad Bilal
Atta-Fynn, Rosemary
Attia, Albert
Augustus, Todd Matthew
Ayoub, Basim Ayoub Gabra
Babalola, Olufemi Abiola
Bagg, Stephen Alan
Ballon, Jonathan Lewis
Barnard, Karen
Barrow, Tawana W
Basilios, Fathy Zakhary
Beck, Christina Owen
Bell, David Sheffield
Bendezu, Luis Arturo
Benjamin, Alexis
Benson, Matthew Richard
Berman, Lorraine Mayer-Wolpert
Beteta, Juan Carlos
Beumer, Halton Wolfgang
Bhatt, Himani
Bitar, Remberto Jose
Bitner, Hubert Piotr
Blake, Khashana A
Boggs, Leo Richard
Boku, Abinet Mulat
Bonner, Mack
Borg, Bryson Dale
Borun, Alexander Gregory
Borzutzky, Carlos A.
Boussios, Helen
Bouton, Brian Barrett
Boyd, Jenny Melissa
Branch, John William
Branton, Tara Lorraine
Brennan, James Matthew
Brooks, Hiram Brownlee
Brubaker, Lauren Marie
Brust, David Gardiner
Bufo, Anthony James
Buckley, Karen Marie
Bullock, Nicole Patrice
Bulsara, Ketan Ramanlal
Burns, Justin Michael

Burton, Bradford Stewart
Busuttil, Steven James
Caldwell, Jason William
Caldwell, Ryan Blaine
Calley, Doyle Edward
Canepa, Cathy
Carney, Kelly Anne
Carroll, Victoria Louise
Caruso, Thomas Daniel
Casey, Erica R
Cavendish, Aimee Lee
Chang, James Yoon Koo
Charney, Jack Matthew
Chen, Eric Hong-Wen
Chinappa Nagappa, Lakshmi
Kanth
Chisholm, Joel Patrick
Choufani, Joe Naji
Chudow, Scott Russell
Chung, Arlene Eunhee
Cimo Hemphill, Christine Louise
Clayton, M. Jane
Coccaro, Peter Joseph
Cole, Jeffrey Randall
Collins, John Orvil
Conners, Christopher James
Cooner, Edward William
Corrigan, Devlyn Lee
Cowett, Richard Michael
Crall, Catherine Marie
Creel, Michael Eric
Crowder, Sakeitha L'Tia
Csapo, Ilona Melinda
Dani, Nipa Kashish
Danieli, Sembua Samuel
Danninger, Sarah Joyce
Davis, Christopher Kenyon
Davis, Linda Libbey
De Guzman, Jocelyn May
Defazio, Jennifer Marie
Dehmer, Jeffrey Joseph
Delgado, Ruby
Deonanan, Joel Krishna
Dewolfe, Melissa Ann
Dhawan, Vandana
Dibb, Lindsay Hill
Doss, Ashwin Seetharamadoss
Kadaramandalige

Dowling, Marie
Dubuc, Serge
Dudley, Stephen Christopher
Dwamena, Natasha
Edosomwan-Eigbe, Emmanuel
Ososelase
Edralin, Lenard Joseph
Ehrmann, David Charles
Eichinger, Josef Karl
Ekatan, Juliet Anyokot
Elbein, Steven Conrad
Emory, Cynthia Lynn
Eng-Osborne, Adriane Kacho
Enkiri, Sean Alexander
Farris, Sarah Roxanne
Farzanmehr, Haleh
Fasola Mimiza, Carlos Gedeon
Ferrell, Andrew Stephen
Fenn, James David
Finberg, Karin Elisabeth
Floyd, Coleman Lee
Fong, John K
Forcina, Matthew Scott
Forstein, David Andrew
Fox, Olin Mackay
Frederick, Matthew Allen
Galloway, Kenneth Charles
Gandhi, Niyati Naresh
Gann, Thomas Higgins
Garrido, Ben Javier
Gates, David Merle
Gbadamosi, Mobolanle Omolara
Gebregiorgis, Yared Assefa
Gelfand, Stephen Gerard
Genao, Liza Isabel
Gilliam, Ryan Dwain
Gingerich, Troy Curtis
Go, Ronaldo Collo
Godwin, Meredith Owen
Goebel, Michael Anthony
Gomes, Andrew Ekansh
Gonzalez, Juan Carlos
Gordon, Jason Andrew
Gorenstein, Scott
Graham, Toney III
Green, William Harris
Greenwald, Daniel Maier
Gregory, Christopher Paul
Groves, Stephen Eugene

Gupta, Ekta
Gwan-Nulla, Daniel Nvakob
Haag, Alejandro F
Hankes, Diane Kane
Hari, Raj Neale
Hartwell, Erin Kathleen
Hatch, David Matthews
Hazra, Soumyadipta
Helmick, Jody Geer
Helsel, Shasta Brewer
Hernandez Acosta, Estela
Yolanda
Hertel, Joachim E
Hetu, Marie Lucette Diane
Caroline
Hixon, Tamera Marie
Holcomb, Katherine Zibilich
Hoover, Stephen Albert
Horsley, Ross Arthur
Hossain, Zakia
Humberson, Jennifer Baird
Hupp, James Richard
Hurdle, Jerald Edward
Hutcheson, Justin Kelby
Insana, Antonino
Jacob, Shibin Thomas
Jalil, Yasmin
Johnson, Kenneth Lee
Jones, Mandisa-Maia
Jones, Terrence Allen
Jones, Thomas Lanier
Kachroo, Arun
Kanaly, Travis Edward
Kang, Eunice Yoo-Hyun
Karam, Pascal Youssef
Kassabo, Zuheir
Kataria, Lynn
Kathard, Haresh Manilall
Kebreab, Frezghi
Keirns, Carla Christine
Khan, Farha
Khan, Muhammad Amir
Khan, Muhammad Haroon
Khan, Nawazish Ali
Kidder, James Michael
Killian, Frank Andreas
Kim-Judd, Jeong Nam
Kipnes, Joanna Ruth

Kirby, Jess McKarns
Koirala, Dibas
Kolli, Vamshi Krishna
Kommu, Chandrasekhar
Kompanik, Heather Carroll
Konzer, Tia Rene'
Koretzky, Emil David
Kreymerman, Peter Alexander
Kunkel, Cooper David
Labban, George
Ladani, Binalkumar
Lalwani, Sonesh Kumar
Lama, Gagan Swarup
Larson, Richard Duane
Lateef, Kamran Naeem
Lee, Yeonhee
Liddell, Travis Richard
Linker, Martha Katherine
Lipsius, Bruce David
Liss, Jason Aaron
Llewellyn, Kevin Thomas
Lobo, Leonard Jason
Locklear, Sarah Ransom
Lohkamp, Irene Stavrou
Lovins, Jonathan S
Lukowski, David Eric
Luneau, Scott Michael
Lutterbie, Yasmin Isabel
Ma, Jianjun
Macosko, Cecilie
Mahatme, Sheran
Maizels, Morris
Major, Ishmeal
Mammarappallil, Marisa Crowther
Mancini, John Gregory
Manes, Amritpal Kaur
Manos, Heather Michelle
Markowski, Matthew
Marquez-Valedon, Guillermo
Antonio
Martin, Abigail Ellen
Martin, Christopher Ray
Mathew, Dana Richards
May, Douglas Russell
Mayer, Katherine Anne
McAllister, Susan Fleming
McGhee, James Ernest
McGreal, Nancy Marie

Mehta, Paras H
Mejia Acosta, Monica
Miller, Glendese Camille
Miller, Keegan Vern
Minton, Challie Alvis
Moore, Delores Cox
Moore, Gary Arlan
Morgan, Michael Brandon
Mouawad, Dani
Mull, Shane Robert
Murphy, Alison Jean
Nadakav, Sunil Jacob Inasu
Nadkarni, Vaishali Rahul
Nambudiri, Gopakumar Sankaran
Nash, Erin Caudill
Neal, Colleen Hawley
Neal, Jeffrey Gardner
Neely, Emily Peoples
Nehra, Vandana
Nelcamp, Gregory Arnold
Nelson, Marsha Criscio
Newton, Yolanda Marie
Nguyen, Mai Trang Le
Nguyen, Tuan Thanh
Nobiletti, John B.
Novak, Stephen Bruce
Noveck, Robert Joseph
O'Dell, Kevin
Odoni, Janet Aoko
Oenbrink, Raymond Joseph
Ojie, Jude Ogochukwu
Omotosho, Philip Ayodeji
O'Neill, Jenna Lyn
Orlino, Elmo Nazareno
Orwitz, Jonathan Ira
Ose, Benjamin Lee
Ozment, Caroline Pinson
Parent, Colleen Elizabeth
Park, Hyung D
Park, Steven Ilkwon
Parker, Irfan Umer
Parker, Jeremy Michael
Paraliticci, Raul Edgardo
Pasha, Nadia Hameed
Patel, Jirpesh Raojibhai
Patel, Jyoti Mahesh
Patel, Ketan Mahendra
Patel, Shahil Manu

Patel, Shetul Ishverbhai
Patel, Vikesh
Peacock, Samuel Moore
Pearsall, Herbert Rowland
Perlman, Bruce Stephen
Perlman, Jason Mathew
Pernia, Mona Genelle
Perry, Cheryl Denine
Pitt, Roger McCoy
Plonk, Timothy Matthew
Plunkett, Julia Lynn
Poisson, Jessica Lynne
Pokorny, Jeff
Porterfield, Christopher Paul
Potter, Natia
Prentice, Jonathan Robert
Pruitt, Jimmy Daniel
Pye, Joseph Patrick
Radecki, Ryan Patrick
Rahman, Abdul Wmf
Rahman, Abu-Ahmed Zahidur
Raja, Atif Yasin
Ralston, Emilie
Rapalje, Robert Alexander
Reece, Amanda Jane
Reed, Robin Marie
Richards, Tess Georgette
Richardson, Patrice Tracy-ann
Rico, Anthony Louis
Riggs, Gregory S
Riley-Bussey, Annie Marlene
Roberts, Montgomery Lee
Rosedale, Michael James
Rosenthal, Andrew Martin
Roska, David Christopher
Ross, Michael Marshall
Rossi, Peter John
Rubin, Mitchell Jay
Russo, Barbara Ann
Salus, Kathleen Ann
Samuels, Todd Louis
Sassoon, Jodi Singer
Sastry, Sangeeta R
Saucedo, Jason Edward
Saxonhouse, Matthew Adam
Schaffer, Richard Solon
Schmit, Kristine Marie

Schmitt, James Louis
Scott, Charles Corey
Seo, Esther Esook
Seo, Mi La
Shafer, Brian David
Shah, Romin Bharat
Shah, Tajammul
Sharf, Hillard Carol
Sheldon, Scott Andrew
Sherman, John Alan
Shields, Nicole Paulson
Shifrin, David Alan
Shrestha, Kasturi
Sileshi, Bantayehu
Simon, Segun Victor
Sindram, Aliana Patricia
Sines, Daniel Thomas
Sirintrapun, Sahussapont Joseph
Sitouah, Mahdi
Slatkoff, Marc Lester
Slattery, Jay Ryan
Slaughter, Van
Slota, Paul Andrew
Smith, Esther
Sobol, Anna Lucy
Soda, Elizabeth Anne
Sommer, Courtney
Song, Qilin
Sowmya, Basavatti Madappa
Sponzo, Robert William
Steffey, Coral Leslie
Stewart, Donald Kent
Stille, Kristen Mitchell
Strohkirsch, Jeremy Richard
Summers, Helena Gerhardt
Surgers, Sherri James
Susa, Joseph Stephen
Sutter, Jennifer Auer
Swartz, Edina Cseh
Sweigard, Jenny Lynn
Taganas, Marianne Rachelle L.
Talwar, Devina
Tapia-Centola, Beatriz Amalia
Taylor, Richard Stephen
Tompkins, Kenneth James
Torres, Nadja Ivette
Torres-Quinones, Marta Ivelisse
Trollip, Dawn Stanford

Tsuang, Wayne
Tull, Duane Franklin
Turner, Jack Cocke
Turner, Linda Ann
Ucheya, Blessing Chinonyerem
Udoh, Benjamin
Uebelhoer, Nathan Sayre
Uherova, Patricia
Vas, Steven Tedford
Vavilathota, Jayachandra Babu
Veguilla, Erica
Velasquez, Indira
Verdin, Thomas Marion
Verma, Siddharth
Verma, Sumeet
Versage, Jessica Leigh
Vinuya, Alexander Bondoc
Walker, Patrick Donovan
Walton, Charles Edward II
Warrier, Indulekha
Watt, Kevin Michael
Weber, Michelle Hickman
Weinberger, April Lynn
Weise, Karen Yax
Weiss, Richard
Welch, Martha Carroll
Wheeler, Kathryn Elizabeth
White, Charles Jared
Wildpret, Jennifer Lynn
Wiles, Benjamin Scott
Wilkins, Thomas LeRoy
Williams, Sharon Letita
Willis, Kimberly Rachelle
Wilson, Aimee Michelle
Wilson, Mary Carolyn
Wood, Arthur Paul
Wyland, Douglas John
Yap, Jennifer Llamado
Yi, Xianjin
Zechowy, Allen Charles
Zheng, Haoyi
Zhou, Ruihai
Zuberi, Mussaret Aziz
Zwack, Gregory Charles

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.

Ten 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.

LICENSES APPROVED FROM JULY 2, 2009 – AUGUST 31, 2009

Full license

Abdo, Rami Iskandar
Abraham, Ken Shafquat
Adenupe, Olumade Adebambo
Agarwal, Subhashish
Alam, Md Shah
Alexander, Steven Thomas
Ali, Asra Ahmed
Allen, Pamela Gutbier
Anderson, Jada Jean
Arigo, Laura Joan
Armenta, Arturo Hernandez
Asante, Donald Darko
Asenso, Philip
Asghar, Mammona
Ashame, Elias Sima
Ash-Bernal, Rachel
Ashraf, Mohammad Bilal
Atta-Fynn, Rosemary
Attia, Albert
Augustus, Todd Matthew
Ayoub, Basim Ayoub Gabra
Babalola, Olufemi Abiola
Bagg, Stephen Alan
Ballon, Jonathan Lewis
Barnard, Karen
Barrow, Tawana W
Basilios, Fathy Zakhary
Beck, Christina Owen
Bendezu, Luis Arturo

September 16-18, 2009

Berman, Lorraine Mayer-Wolpert
Beteta, Juan Carlos
Beumer, Halton Wolfgang
Bhatt, Himani
Bitar, Remberto Jose
Bitner, Hubert Piotr
Blake, Khashana A
Bockewitz, Elizabeth Gage
Boggs, Leo Richard
Boku, Abinet Mulat
Bonner, Mack
Borg, Bryson Dale
Borun, Alexander Gregory
Boussios, Helen
Boyd, Jenny Melissa
Branch, John William
Branton, Tara Lorraine
Brooks, Hiram Brownlee
Brubaker, Lauren Marie
Brust, David Gardiner
Bufo, Anthony James
Bullock, Nicole Patrice
Burns, Justin Michael
Busuttil, Steven James
Caldwell, Jason William
Caldwell, Ryan Blaine
Calley, Doyle Edward
Canepa, Cathy
Carney, Kelly Anne
Carroll, Victoria Louise
Casey, Erica R
Cavendish, Aimee Lee
Chang, James Yoon Koo
Charney, Jack Matthew
Chen, Eric Hong-Wen
Chinappa Nagappa, Lakshmi Kanth
Chisholm, Joel Patrick
Choufani, Joe Naji
Chudow, Scott Russell
Chung, Arlene Eunhee
Cimo Hemphill, Christine Louise
Clayton, M. Jane
Coccaro, Peter Joseph
Cole, Jeffrey Randall
Collins, John Orvil
Conners, Christopher James

Cooner, Edward William
Corrigan, Devlyn Lee
Crall, Catherine Marie
Creel, Michael Eric
Crowder, Sakeitha L'Tia
Csapo, Ilona Melinda
Dani, Nipa Kashish
Danieli, Sembua Samuel
Danninger, Sarah Joyce
Davis, Christopher Kenyon
Davis, Linda Libbey
De Guzman, Jocelyn May
Defazio, Jennifer Marie
Dehmer, Jeffrey Joseph
Delgado, Ruby
Dewolfe, Melissa Ann
Dhawan, Vandana
Dibb, Lindsay Hill
Doss, Ashwin Seetharamadoss Kadaramandalige
Dowling, Marie
Dubuc, Serge
Dwamena, Natasha
Edosomwan-Eigbe, Emmanuel Ososelase
Edralin, Lenard Joseph
Ehrmann, David Charles
Eichinger, Josef Karl
Ekatan, Juliet Anyokot
Elbein, Steven Conrad
Emory, Cynthia Lynn
Eng-Osborne, Adriane Kacho
Enkiri, Sean Alexander
Farris, Sarah Roxanne
Farzanmehr, Haleh
Fasola Mimiza, Carlos Gedeon
Ferrell, Andrew Stephen
Finberg, Karin Elisabeth
Floyd, Coleman Lee
Fong, John K
Forcina, Matthew Scott
Forstein, David Andrew
Fox, Olin Mackay
Frederick, Matthew Allen
Galloway, Kenneth Charles
Gandhi, Niyati Naresh
Gann, Thomas Higgins
Garrido, Ben Javier

Gbadamosi, Mobolanle Omolara
Genao, Liza Isabel
Gilliam, Ryan Dwain
Gingerich, Troy Curtis
Go, Ronaldo Collo
Godwin, Meredith Owen
Goebel, Michael Anthony
Gonzalez, Juan Carlos
Gordon, Jason Andrew
Gorenstein, Scott
Green, William Harris
Gregory, Christopher Paul
Groves, Stephen Eugene
Gupta, Ekta
Gwan-Nulla, Daniel Nvakob
Haag, Alejandro F
Hankes, Diane Kane
Hari, Raj Neale
Hartwell, Erin Kathleen
Hazra, Soumyadipta
Helmick, Jody Geer
Helsel, Shasta Brewer
Hernandez Acosta, Estela Yolanda
Hertel, Joachim E
Hetu, Marie Lucette Diane Caroline
Hixon, Tamera Marie
Holcomb, Katherine Zibilich
Hoover, Stephen Albert
Horsley, Ross Arthur
Hossain, Zakia
Humberson, Jennifer Baird
Hurdle, Jerald Edward
Hutcheson, Justin Kelby
Insana, Antonino
Jacob, Shibin Thomas
Jalil, Yasmin
Johnson, Kenneth Lee
Jones, Mandisa-Maia
Jones, Terrence Allen
Jones, Thomas Lanier
Kachroo, Arun
Kanaly, Travis Edward
Kang, Eunice Yoo-Hyun
Karam, Pascal Youssef
Kassabo, Zuheir
Kataria, Lynn

Kathard, Haresh Manilall
Kebreab, Frezghi
Keirns, Carla Christine
Khan, Farha
Khan, Muhammad Amir
Khan, Muhammad Haroon
Khan, Nawazish Ali
Kidder, James Michael
Killian, Frank Andreas
Kim-Judd, Jeong Nam
Kipnes, Joanna Ruth
Kirby, Jess McKarns
Koirala, Dibas
Kolli, Vamshi Krishna
Kompanik, Heather Carroll
Konzer, Tia Rene'
Koretzky, Emil David
Kreymerman, Peter Alexander
Labban, George
Ladani, Binalkumar
Lalwani, Sonesh Kumar
Lama, Gagan Swarup
Larson, Richard Duane
Lateef, Kamran Naeem
Lee, Yeonhee
Liddell, Travis Richard
Linker, Martha Katherine
Lipsius, Bruce David
Liss, Jason Aaron
Llewellyn, Kevin Thomas
Lobo, Leonard Jason
Locklear, Sarah Ransom
Lohkamp, Irene Stavrou
Lovins, Jonathan S
Lukowski, David Eric
Luneau, Scott Michael
Lutterbie, Yasmin Isabel
Ma, Jianjun
Macosko, Cecilie
Mahatme, Sheran
Maizels, Morris
Mammarappallil, Marisa Crowther
Mancini, John Gregory
Manes, Amritpal Kaur
Markowski, Matthew
Marquez-Valedon, Guillermo Antonio

Martin, Abigail Ellen
Martin, Christopher Ray
Mathew, Dana Richards
May, Douglas Russell
Mayer, Katherine Anne
McAllister, Susan Fleming
McGreal, Nancy Marie
Mehta, Paras H
Mejia Acosta, Monica
Miller, Glendese Camille
Miller, Keegan Vern
Minton, Challie Alvis
Moore, Delores Cox
Moore, Gary Arlan
Morgan, Michael Brandon
Mouawad, Dani
Mull, Shane Robert
Murphy, Alison Jean
Nadakav, Sunil Jacob Inasu
Nadkarni, Vaishali Rahul
Nambudiri, Gopakumar Sankaran
Nash, Erin Caudill
Neal, Colleen Hawley
Neal, Jeffrey Gardner
Neely, Emily Peoples
Nehra, Vandana
Nelcamp, Gregory Arnold
Nelson, Marsha Criscio
Newton, Yolanda Marie
Nguyen, Mai Trang Le
Nguyen, Tuan Thanh
Nobiletti, John B.
Novak, Stephen Bruce
Noveck, Robert Joseph
Odoni, Janet Aoko
Oenbrink, Raymond Joseph
Ojie, Jude Ogochukwu
Omotosho, Philip Ayodeji
O'Neill, Jenna Lyn
Orlino, Elmo Nazareno
Ose, Benjamin Lee
Ozment, Caroline Pinson
Parent, Colleen Elizabeth
Park, Hyung D
Park, Steven Ilkwon
Parker, Irfan Umer

Parker, Jeremy Michael
Pasha, Nadia Hameed
Patel, Jyoti Mahesh
Patel, Shahil Manu
Patel, Shetul Ishverbhai
Patel, Vikesh
Peacock, Samuel Moore
Pearsall, Herbert Rowland
Perlman, Bruce Stephen
Perlman, Jason Mathew
Pernia, Mona Genelle
Perry, Cheryl Denine
Pitt, Roger McCoy
Plonk, Timothy Matthew
Plunkett, Julia Lynn
Poisson, Jessica Lynne
Pokorny, Jeff
Porterfield, Christopher Paul
Potter, Natia
Pye, Joseph Patrick
Radecki, Ryan Patrick
Rahman, Abdul Wmf
Rahman, Abu-Ahmed Zahidur
Raja, Atif Yasin
Ralston, Emilie
Rapahe, Robert Alexander
Reece, Amanda Jane
Reed, Robin Marie
Richards, Tess Georgette
Richardson, Patrice Tracy-ann
Rico, Anthony Louis
Riggs, Gregory S
Riley-Bussey, Annie Marlene
Roberts, Montgomery Lee
Rosedale, Michael James
Rosenthal, Andrew Martin
Roska, David Christopher
Ross, Michael Marshall
Rubin, Mitchell Jay
Russo, Barbara Ann
Salus, Kathleen Ann
Samuels, Todd Louis
Sassoon, Jodi Singer
Sastry, Sangeeta R
Saucedo, Jason Edward
Saxonhouse, Matthew Adam

Schaffer, Richard Solon
Schmit, Kristine Marie
Scott, Charles Corey
Seo, Esther Esook
Seo, Mi La
Shafer, Brian David
Shah, Romin Bharat
Shah, Tajammul
Sherman, John Alan
Shields, Nicole Paulson
Shifrin, David Alan
Shrestha, Kasturi
Sileshi, Bantayehu
Simon, Segun Victor
Sindram, Aliana Patricia
Sines, Daniel Thomas
Sitouah, Mahdi
Slattery, Jay Ryan
Slaughter, Van
Slota, Paul Andrew
Smith, Esther
Sobol, Anna Lucy
Soda, Elizabeth Anne
Sommer, Courtney
Song, Qilin
Sowmya, Basavatti Madappa
Sponzo, Robert William
Steffey, Coral Leslie
Stewart, Donald Kent
Stille, Kristen Mitchell
Strohkirch, Jeremy Richard
Summers, Helena Gerhardt
Surgers, Sherri James
Susa, Joseph Stephen
Sutter, Jennifer Auer
Swartz, Edina Cseh
Sweigard, Jenny Lynn
Taganas, Marianne Rachelle L.
Talwar, Devina
Tapia-Centola, Beatriz Amalia
Thakor, Raju
Torres, Nadja Ivette
Torres-Quinones, Marta Ivelisse
Trollip, Dawn Stanford
Tsuang, Wayne
Tull, Duane Franklin

Turner, Linda Ann
Ucheya, Blessing Chinonyerem
Uebelhoer, Nathan Sayre
Vas, Steven Tedford
Vavilathota, Jayachandra Babu
Veguilla, Erica
Verdin, Thomas Marion
Verma, Siddharth
Verma, Sumeet
Versage, Jessica Leigh
Vinuya, Alexander Bondoc
Walker, Patrick Donovan
Warrier, Indulekha
Watt, Kevin Michael
Weber, Michelle Hickman
Weinberger, April Lynn
Weise, Karen Yax
Weiss, Richard
Welch, Martha Carroll
Wheeler, Kathryn Elizabeth
White, Charles Jared
Wildpret, Jennifer Lynn
Wiles, Benjamin Scott
Wilkins, Thomas LeRoy
Williams, Sharon Letita
Willis, Kimberly Rachelle
Wilson, Aimee Michelle
Wilson, Mary Carolyn
Wyland, Douglas John
Yap, Jennifer Llamado
Yi, Xianjin
Zechowy, Allen Charles
Zheng, Haoyi
Zhou, Ruihai
Zuberi, Mussaret Aziz
Zwack, Gregory Charles

Reinstatement

Bell, David Sheffield
McGhee, James Ernest
O'Dell, Kevin Bruce
Orwitz, Jonathan Ira
Patel, Ketan Mahendra
Rossi, Peter John
Sheldon, Scott Andrew
Tompkins, Kenneth James
Wood, Arthur Paul

Reactivation

Anderson, Paula Ann
Ansari-Lawal, Aaisya Nabeehah
Benson, Matthew Richard
Bulsara, Ketan Ramanlal
Cowett, Richard Michael
Gelfand, Stephen Gerard
Kommu, Chandrasekhar
Slatkoff, Marc Lester

Retired Volunteer License

Kunkel, Cooper David

Faculty Limited License

Hupp, James Richard

Initial PA Applicants Licensed 07/01/09 – 08/31/09**PA-Cs****Name**

Anagnos, Cynthia Ann	08/11/2009
Argenta, Joseph Louis	08/25/2009
Ballard, Marquiez Denise	07/30/2009
Balsly, Josh	07/06/2009
Barnett, T J	08/25/2009
Beach, Andrew Wilson	07/10/2009
Bilger, Lindsey Leigh	07/22/2009
Bogdanova, Galina	08/20/2009
Bommersbach, Alicia Renee	07/10/2009
Brighton, Arthur James	08/06/2009
Brooks, Whitney Hammer	08/07/2009
Brown, LaDonna	08/27/2009
Browning, Amber Brooke	08/19/2009
Brusa, Jennifer Lynn	08/25/2009
Cadmus, Caroline Maria	07/20/2009
Casati, Alden Kennedy	08/20/2009
Consey, Shawn Christopher	07/20/2009
Cotter, Erica Lynn	08/21/2009
Craver, Amelia Olweean	08/26/2009
Davanzo, Michael James	07/10/2009
Dean, Tracy Cameron	07/13/2009
DeLong, Carrie Cress	08/11/2009
DeMio, Brian Deland	07/16/2009
Dessauer, Frank Michael	07/29/2009
Dick, Ian Edwin	08/28/2009
DiMicco, Elaine Marguerite	08/11/2009

September 16-18, 2009

Duignan, Alan Joseph	07/22/2009
DuVernois, David Alan Winston	07/22/2009
Edelstein, Scott Andrew	07/06/2009
Fegeley, Michelle Kidder	08/28/2009
Fletcher, Chelsea	08/18/2009
Fox, Heather Michelle	08/07/2009
Franklin, Amy Rachelle	08/27/2009
Fuller, Nichole Michelle	08/10/2009
Funk, Tracy L	08/19/2009
Geissler, Sarah Elizabeth	08/27/2009
Goff, Michelle Lee	08/12/2009
Gould, Laura Elizabeth	08/07/2009
Griffin, Brian Christopher	07/14/2009
Guthrie, Joseph Clark	08/20/2009
Haikal, Melissa Ann	08/17/2009
Heath, Frank William	08/21/2009
Hoffman, Carrie Lynn	08/06/2009
Howard, Kimberly Lynn	08/21/2009
Howell, Erin Perry	08/20/2009
Jackson, Heather Leigh	08/10/2009
Jansen, Jan Udell	07/20/2009
Jones, Maurice DeValya	07/02/2009
Kerekes, Alison Parsons	07/13/2009
Kolstad, Cassie	08/28/2009
Kristufek, Karma Ashley	07/20/2009
Leep, Daniel David	07/27/2009
LeSuer, Hayley Hasty	08/11/2009
Lewis, Randall Eugene	07/22/2009
Long, Ashley Burns	08/25/2009
Lowe, Mary Elizabeth	07/21/2009
Mabout, Sonia Joy	08/20/2009
Mathe, Alyssa Ehren	08/28/2009
McCrate, Elizabeth J	07/06/2009
McKeeever, Carinne Frances	07/13/2009
McMasters, Joy Elaine	07/13/2009
Meadows, Mary Catherine	08/28/2009
Milam, Robert Scott	08/18/2009
Miller, Richard Dale	07/22/2009
Montanaro, Maria Del Rosario	07/10/2009
Morgan, Heather Michelle	08/21/2009
Nash, Angela Nicole	08/11/2009
O'Brien, Bridget Ann	08/25/2009
Primak, Michael Thomas	08/18/2009
Pyburn, Stacy Lynn	08/12/2009
Russell, Elizabeth Breckheimer	07/20/2009
Sherlock, Randy Charles	08/17/2009

Smith Martin, Tracy Ann	08/24/2009
Spencer, Matthew Johnson	08/11/2009
Spencer, Sheila Faye	08/07/2009
Spencer, Stacy Nicole	08/27/2009
Staplefoote, Catherine Elizabeth	08/20/2009
Stella, Dawn Marie	08/27/2009
Stotler, Lindsey Jo	08/11/2009
Stovall, Kathryn Risse	08/27/2009
Streby, Penny Rae	08/12/2009
Townsend, Shannon Holberton	07/24/2009
Trum, Christopher Hunter	08/25/2009
Vidas, Denise Michelle	08/06/2009
Walker, Michael Dale	07/10/2009
Walker, Michael Douglas	08/11/2009
Walther, Mark Peter	07/06/2009
Watson, Tracy Carole	07/14/2009
Weinberger, Frankie Ann	07/20/2009
Weppner, Beth Wheeler	08/14/2009
Wexler, Kimberly Carol	08/11/2009
White, Bobby Lee	07/06/2009
Womack, Jamie M	07/22/2009
Woods, Jacquetta A	08/11/2009

PA-Cs Reactivations/Reinstatements/Re-Entries

Holler, Teresa Ann –	Reinstatement	07/16/2009
Paul, Robert Allen -	Reinstatement	07/21/2009
Pitko, Mary Jo -	Reinstatement	07/16/2009
Walker, Michael Dale-	Reinstatement	07/10/2009

Additional Supervisor List – 07/01/09 – 07/31/09

July data unavailable due to database (GLS) issue. H. Gupta working on issue and information will be included on next report.

Additional Supervisor List – 08/01/09 – 08/31/09

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Alcala, Jose	Borges-Neto, Salvador	Durham
Ardelean, Rhonda	Lee, Melvin	Asheville
Argenta, Joseph	Sharma, Navneet	Elkin
Arnold, Alison	Burnett, Tara	Raleigh

September 16-18, 2009

Arnold, Alison
Arnold, Alison
Balsly, Josh
Bartlett, Whitney
Bernier, Lisa
Blaylock, Justin
Blohm, Nicole
Brown, Jessica
Browning, Amber
Brusa, Jennifer
Buckland, David
Carter, John
Casati, Alden
Chavis, Robert
Chavis, Robert
Clark, Adam
Clark, Jessica
Collins, Steven
Combs, Glen
Cook, Ashly
Cotter, Erica
Craver, Amelia
Crawford, Kelly
Dedmond, Melissa
Dellinger, Jennie
DeMio, Brian
DeMio, Brian
DeMio, Brian
Despaigne, Policarpo
Dick, Ian
Dore, Mary
Dowdall, Michelle
Dowdall, Michelle
Dowdall, Michelle
Dowdall, Michelle
Dowdall, Michelle
Dowdall, Michelle
Drago, David
Drago, David
Drinkwater, Don
Edwards, Felicia
Emler, Sherlynn
Fletcher, Chelsea
Ganley, Oswald
Giordano, Michelle
Gocke, Thomas

Colson, Lacy
Feinson, Theodore
Charles, Kirk
Nelson, John
Bunio, Richard
Sorathia, Divyang
Okwara, Benedict
Sy, Alexander
Okwara, Benedict
Harden, William
Chodri, Tanvir
Burkart, Thomas
Udekwu, Pascal
Chavis, Herman
Pistone, Daniel
Howell, David
Khan, Neelam
Sierra, Kimberley
Marshall, William
Evans, Michael
Choi, Jiho
Patterson, Robert
Hess, Suzanne
El-Gamal, Hazem
Allgood, Sara
Meyer, Mitchell
Pridgen, James
Zinicola, Daniel
Phillips, David
Charlton, Glenn
Zeng, Guangbin
Galland, Mark
Idler, Cary
Luo-Tseng, Ingrid
Watson, Derek
Wheeless, Clifford
Yenni, Lawrence
Ferris, Andrew
Ward, Marc
Haglund, Michael
Edwards, Christopher
Osta, Elie
Beckham, Michelle
Greenberg, Gary
Asher, Anthony
Rubino, John

Raleigh
Raleigh
Raleigh
Hickory
Cherokee
High Point
Monroe
Winston Salem
Monroe
Rocky Mount
Asheboro
Winston Salem
Raleigh
Red Springs
Wilmington
Laurinburg
Burlington
Rockingham
Kernersville
Smithfield
Dunn
Sanford
Advance
Charlotte
Charlotte
Wallace
Clinton
Rocky Point
Whiteville
Henderson
Charlotte
Wake Forest
Wake Forest
Chapel Hill
Wake Forest
Wake Forest
Wake Forest
Concord
Concord
Durham
Asheville
Snow Hill
Spring Hope
Raleigh
Charlotte
Raleigh

Godwin, Anita
Gould, Laura
Gould, Laura
Gould, Laura
Grant, Jill
Gray, Lee
Halpin, John
Hartley, Kelly
Heath, Frank
Hepler, James
Houle, Katherine
Howard, Kimberly
Howell, Erin
Howell, Erin
Howell, Erin
Hunnings, Blakely
Hunnings, Blakely
Hunnings, Blakely
Hunnings, Blakely
Hunnings, Blakely
Hunnings, Blakely
Jackson, Heather
Jackson, Heather
Jansen, Ingram
Jarosz, Jessica
Jarosz, Jessica
Jarosz, Jessica
Karr, Christina
Karr, Christina
Kassab, Troy
Kissel, Stacy
Kissel, Stacy
Klahn, Vern
Kolstad, Cassie
Kuhl, Lauren
Kurtz, Harry
Kurtz, Harry
Kurtz, Harry
Kurtz, Harry
Leaman, Jason
Leep, Daniel
Leiken, Shuli
Leiken, Shuli
Leiken, Shuli
Leiken, Shuli
Leiken, Shuli

Smith, Jeffrey
Lazio, Barbara
Lee, Kenneth
Tucci, Keith
Edwards, Angela
Andy, Camille
Broyles, William
Kreisman, Steven
Lin, Shu
Hines, Marcono
Mueller, John
D'Amico, Thomas
Casey, Virginia
Clark, Duwayne
Wattenbarger, John
Idler, Cary
Luo-Tseng, Ingrid
Suh, Paul
Watson, Derek
Wheeless, Clifford
Yenni, Lawrence
Crosby, Kim
Weston, Steven
Dorvil, Deborah
Luo-Tseng, Ingrid
Watson, Derek
Yenni, Lawrence
Charles, Kirk
Moran, Joseph
Roberts, Joseph
Cohen, Max
Tooke, Sydney
Russ, Donald
Bell, Joseph
Chow, Arthur
Hage, William
Haglund, Michael
Mikles, Mark
Silver, William
Cockrell, Wiley
Lytle, Richard
Brown, Howard
Collins, Roger
Grana, Lisa
Haglund, Michael
Inge, Jack

Kings Mountain
Greenville
Greenville
Greenville
Winston Salem
Kernersville
Durham
Charlotte
Durham
Smithfield
Winston Salem
Durham
Charlotte
Charlotte
Charlotte
Wake Forest
Cary
Wake Forest
Wake Forest
Wake Forest
Wake Forest
Charlotte
Charlotte
Elizabethtown
Chapel Hill
Wake Forest
Wake Forest
Raleigh
Raleigh
Whiteville
Greensboro
Greensboro
Hickory
Pembroke
Raleigh
Raleigh
Durham
Raleigh
Raleigh
Knightdale
Asheville
Fuquay Varina
Raleigh
Cary
Durham
Raleigh

Leiken, Shuli
Lentz, Jennifer
Lewis, Melissa
Lewis, Melissa
Luscher, Lenny
Mabout, Sonia
Maddux, Joseph
Mahar, Colleen
Maldonado, Manuel
Martinez, Maria
Mattingly, Daniel
McAllister, Amy
McKay, Bruce
Meador, Anthony
Melgar, Tammy
Meyring, Daniel
Munn, William
Owens, Claire
Pace, Shirley
Patterson, Miriam
Paul, Robert
Poland-Torres, Denise
Putnam, Marshall
Putnam, Marshall
Quintero, Tammi
Ramsauer, Kenneth
Ramsauer, Kenneth
Ramsauer, Kenneth
Ramsauer, Kenneth
Ramsauer, Kenneth
Ramsey, Pamela
Rapelje, James
Rojas, Brian
Rojas, Brian
Sawyer, Lindsay
Scalzitti, Selena
Schade, Jana
Scheer, Elizabeth
Sherlock, Randy
Smith Martin, Tracy
Smith, Gregory
Smith, Gregory
Stotler, Lindsey
Stovall, Kathryn
Streby, Penny
Streby, Penny

Vulgaropulos, Spyro
Gaston, Kris
Feasel, Michael
Warren, Mark
Meyer, Mitchell
Hart, Darlington
Chaudhry, Abdul
Tooke, Sydney
Zeng, Guangbin
Smith, Anthony
Morse, Eric
Wright, David
Clayton, Robert
Johnson, Scott
Osta, Elie
Vyas, Pankaj
Feasel, Michael
Fitch, Duane
Hussain, Khwaja
High, Kevin
Davis, Jerome
Peterson, Noel
Pacos, Andrew
Riser, Mark
Jones, Enrico
Idler, Cary
Luo-Tseng, Ingrid
Suh, Paul
Watson, Derek
Yenni, Lawrence
Perry, Joseph
Clayton, Robert
Bullard, Dennis
Rosenblum, Shepherd
Cockrell, Wiley
Hensley, Terry
Quinn, Marshall
Hughes, George
Asbill, Brian
Weatherford, David
Elston, Scott
McAllister, John
Obeng, Francis
Crissman, Mark
Maier, George
Molle, Jeffrey

Cary
Charlotte
Roanoke Rapids
Greenville
Wallace
Charlotte
Raleigh
Greensboro
Charlotte
Greenville
Raleigh
Durham
Wendell
Fort Bragg
Snow Hill
Benson
Rocky Mount
Wilson
Goldsboro
WinstonSalem
Greensboro
Tarboro
Smithfield
Smithfield
Greensboro
Wake Forest
Chapel Hill
Wake Forest
Wake Forest
Wake Forest
Winston Salem
Wendell
Raleigh
Raleigh
Knightdale
New Bern
Trenton
Durham
Asheville
Wilmington
Garner
Lumberton
Charlotte
Graham
Gastonia
Gastonia

Struve, Adona	Hernandez, Lynn	Monroe
Surber, Veronika	Mittal, Madhur	Jacksonville
Surber, Veronika	Prenatt, William	Jacksonville
Tallmer, Enid	Surgers, Sherri	Raleigh
Thomas, Robert	Eller, Chrystal	Troy
Townsend, Shannon	Gallup, Kenneth	Winston Salem
Trzecienski, Michael	Bovard, Scott	Raleigh
Trzecienski, Michael	Hage, William	Raleigh
Tshuma, Lisa	Meehan-De La Cruz, Kathleen	Hendersonville
Valente, Louis	Collins, David	Winston Salem
		Rutherford
Vang, Mai	Cox, James	College
Vidas, Denise	Bunio, Richard	Cherokee
Waldron, Lauren	Henegar, Martin	Charlotte
Walker, Michael	Hill, Donald	Asheboro
Warden, Stephen	Ward, Nina	Washington
Wheeler, Julia	Iuliano, Philip	Monroe
Wilkins, Bobbi	Asch, Adam	Greenville
Woods, Jacquetta	Monteith, Charles	Chapel Hill

ALLIED HEALTH COMMITTEE REPORT

The Allied Health Committee of the North Carolina Medical Board met on Wednesday, September 16, 2009 at the office of the Board.

Present: Peggy Robinson, PA-C, Chair, Thomas Hill, MD, William Foster, MD, Lori King, CPCS, Quanta Williams, Marcus Jimison, Christina Apperson, Jane Paige, David Henderson, Hari Gupta, Nancy Hemphill, Patricia Paulson, Michael Sheppa, MD, Ryan Vann, Elmira Powell, Mike Borden

Open Session

Revised PA Rules. Revised PA Rules became effective 09/01/09.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

Limited License for PAs in Disasters & Emergencies. Amending PA Rule 21 NCAC 32S.0118. Ms. Nancy Hemphill discussed.

Committee Recommendation: Accept to amend PA Rule.

Board Action: Accept to amend PA Rule.

PAs with multiple supervising physicians. Meeting to be set up in the near future to discuss PAs with multiple primary supervising physicians.

Committee Recommendation: Accept as information.

September 16-18, 2009

Board Action: Accept as information.

EMS Drug Monitoring Program. HB878 passed and has been ratified by the governor. This gives EMS the authority to establish a drug monitoring program for impaired EMTs that will be implemented by the Nursing Board. The first planning meeting was held 08/31/09 with the Nursing Board. Dr. Kanof will keep us updated.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

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.

Five 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.

Summary: Some feel that the pace of the NCMB meetings is much better when the NP Joint Subcommittee does not meet. Would the NCMB NPJS committee members be willing to consider meeting outside of the regular NCMB meeting? This may be inconvenient for members that do not live close to Raleigh.

BOARD ACTION: Defer until November when new AHC members are named.

Midwifery Joint Subcommittee notice

Summary: The Midwifery Joint Subcommittee (MJS) will meet to discuss Session Law 2009-574. This bill would give them the opportunity to consider a method for license Certified Professional Midwives (CPMs). This will be discussed at the NP Joint Subcommittee meeting today.

BOARD ACTION: For information. Issue was addressed at the NPJS meeting – the MJS has called a meeting to be held on October 13, 2009.

Perfusionist Report

Summary: Open session portion of PAC meeting minutes (July & August).

BOARD ACTION: Accept as information

Polysomnography Practice Act

Summary: Effective January 01, 2012 polysomnographic technologists (sleep techs) must be registered with the NC Medical Board. No license will be required, but sleep techs must register annually on September 1. Guidelines for supervision will be developed and published in "The Forum".

September 16-18, 2009

BOARD ACTION: Accept as information

Perfusionist Report

Summary: Closed session portion of PAC meeting minutes (August).

BOARD ACTION: Accept as information

APPROVED NP LIST

AUGUST 20 – SEPTEMBER 02, 2009

List of Initial Applicants

NAME	PRIMARY SUPERVISOR	PRACTICE CITY
ANDERSON, TAKELA	PAVELOCK, RICHARD	STATEVILLE
ANTHONY, ARENNETTE	SANDERS, ROBYN	GREENSBORO
ARIWODO, UDO	AVBUERE, EDWIN	GREENSBORO
BLACK, AMY	IRUELA, MARIA	WINSTON SALEM
CALLIS, ELMA	FINCH, GEORGE	RUTHERFORDTON
DANIELS, JULIE	CUMMINGS, JAMES	GREENVILLE
GANT, APRIL	NWOSU, AGODICHI	FAYETTEVILLE
HARMS, TERESA	HUNTER, ROBERT	RALEIGH
HOLLOWELL, JAMIE	GRAFFAGNINO, CARMELO	DURHAM
HOTELLING, BARBARA	CARLOUGH, MARTHA	CHAPEL HILL
LANZONE, ASHLEY	JONES, CHARLES	GREENVILLE
MCDONALD, ELIZABETH	WOODS, KRISTI	WAKE FOREST
PILLSBURY, CAROL	DROSSMAN, DOUGLAS	CHAPEL HILL
WEST, TARA	ESCOLAR, MARIA	CHAPEL HILL

NP ADDITIONAL SUPERVISOR LIST

ADAMS, TEREON	RAWLS, STACEY	ROCKY MOUNT
ALEXANDER, MARY	MILROY, GREGORY	GASTONIA
BARKLEY, VICKIE	BARKLEY, KARL	HIGH POINT
BASKIN, ROBIN	LILLARD, PATRICK	ASHEVILLE
BATY, OTIS	EDRALIN, LENARD	WILMINGTON
BAXLEY, SHARON	DORVIL, DEBORAH	ELIZABETHTOWN
BROCK, DONNA	OSBAHR, ALBERT	WAYNESVILLE
CAINE-FRANCIS, DONA	LATZ, TRACY	MOORESVILLE
CRAVEN, SUSAN	LOYNES, JAMES	MOREHEAD CITY
DENTON, KATRINA	COOPER, STEWART	KING
DOYLE, MELISSA	GOOTMAN, AARON	FAYETTEVILLE
DYER, MICHELE	SARANTOU, TERRY	CHARLOTTE
EVERS, STEPHANIE	MURRAY, WARREN	NEW BERN
FESPERMAN, JOHN	HOLLINGSWORTH, JANE	BURLINGTON
FLEENOR, KRISTI	DIAL, TASHA	HIGH POINT

September 16-18, 2009

HIGBY MARTIN, AMANDA	SIERRA, KIMBERLEY	ROCKINGHAM
HOLDSWORTH, NOEL	BRAR, PREETINDER	KINGS MOUNTAIN
HOLOMAN, ELIZABETH	BASTEK, TARA	RALEIGH
JACOBS, SUSANNE	GODARD, MICHAEL	RALEIGH
KENNY, JULIA	FLOWE, KENNETH	RALEIGH
MIKULANINEC, CLAUDIA	FRIED, MICHAEL	GREENSBORO
MILLEN, STEVEN	SIERRA, KIMBERLEY	ROCKINGHAM
RODRIGUEZ-LENNON, LUZ	LUE, ALVIN	WINSTON SALEM
SHULER, EMILY	BROWN, MICHAEL	WAYNESVILLE
TYSINGER, STEVEN	WIGGINS, DAVID	THOMASVILLE
WILSON, LORETTA	PORTNER, BRUCE	HIGH POINT
YORK, REGINA	ZELLER, KATHLEEN	RANDLEMAN

NPJS Summary

The minutes (open & closed sessions) from the May meeting were approved with an addition to the closed session portion to show that Peggy Robinson was recused from case 9.

Agenda Additions

- Midwifery Committee notice

Compliance Review Report

- There were a total of 18 reviews done since the last report was given. Peggy Robinson suggested amending the requirements to facilitate electronic prescribing. See handout for specifics.

Disciplinary Actions taken since May 2009

- There was 1 action reported by the Medical Board and 5 by the Board of Nursing since the last meeting. The Board of Nursing also reported 3 cases in which action was taken against the nurse practitioners' RN license.

Rule Changes

- The Medical Board's public hearing was held with no comments. The Board of Nursing's public hearing for the rule changes is scheduled for September 25.

Notice from Midwifery Joint Subcommittee

- The MJS has asked to call a meeting on Tuesday, October 13 at noon. Since some members of the NPJS do not live in Raleigh, it may be possible for them to participate via conference call.

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.

Nine cases 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.

REVIEW (COMPLAINT) COMMITTEE REPORT

Thomas Hill, MD, Chair; Peggy Robinson; Thelma Lennon; William Foster, 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 Review (Complaint) Committee reported on twenty nine 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 (COMPLAINTS) COMMITTEE REPORT

Janelle Rhyne, MD, Chair; Donald Jablonski, DO; William Walker, MD; Pamela Blizzard; Paul Camnitz, 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 Disciplinary (Complaints) Committee reported on six 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

Janelle Rhyne, MD, Chair; Donald Jablonski, DO; William Walker, MD; Pamela Blizzard; Paul Camnitz, 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 Disciplinary (Malpractice) Committee reported on 55 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.

DISCIPLINARY (MEDICAL EXAMINER) COMMITTEE REPORT

Janelle Rhyne, MD, Chair; Donald Jablonski, DO; William Walker, MD; Pamela Blizzard; Paul Camnitz, 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 Disciplinary (Medical Examiner) Committee reported on 3 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.

INFORMAL 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.

Twenty one 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

Janelle Rhyne, MD, Chair; Donald Jablonski, DO; William Walker, MD; Pamela Blizzard; Paul Camnitz, 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 Disciplinary (Investigative) Committee reported on 34 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

Thomas Hill, MD, Chair; Peggy Robinson; Thelma Lennon; William Foster, 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 Review (Investigative) Committee reported on 38 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

Thelma Lennon, Chair; Thomas Hill, MD, Janice Huff, 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 50 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.

ADJOURNMENT

This meeting was adjourned at 5:00 p.m., September 18, 2009.

William A. Walker, MD
Secretary/Treasurer *Pro Tempore*

September 16-18, 2009