

MINUTES

North Carolina Medical Board

November 17-19, 2010

**1203 Front Street
Raleigh, North Carolina**

Minutes of the Open sessions of the North Carolina Medical Board Meeting held November 17-19, 2010.

The North Carolina Medical Board met November 17 – 19, 2010, at its office located at 1203 Front Street, Raleigh, NC. Janice E. Huff, MD, President, called the meeting to order at 8:00am Wednesday, November 17, 2010. Board members in attendance were: Donald E. Jablonski, DO, Past President; Ralph C. Loomis, MD, President-Elect; William A. Walker, MD, Secretary/Treasurer; Ms. Pamela Blizzard; Thomas R. Hill, MD; Ms. Thelma Lennon; John B. Lewis, Jr., LLB; Peggy R. Robinson, PA-C; Paul S. Camnitz, MD; Karen R. Gerancher, MD and Eleanor E. Greene, MD.

Presidential Remarks

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

Minute Approval

Motion: A motion passed to approve the September 15, 2010 Board Minutes and the October 14, 2010 Hearing Minutes.

Instillation Ceremony and New Board Member Oath

Dr. Jablonski administered the Oath of Office for President of the NC Medical Board to Dr. Janice E. Huff.

Dr. Huff administered the Oath of Office for President-Elect to Dr. Ralph C. Loomis.

Dr. Huff administered the Oath of Office for Secretary/Treasurer to Dr. William A. Walker.

Dr. Huff administered the New Board Member Oath to Dr. Eleanor E. Greene.

Announcements

Dr. Huff presented the following resolution to Dr. Jablonski on behalf of the Board:

RESOLUTION

In Recognition of the Distinguished Service Rendered by
Donald E. Jablonski, DO, as President of the
North Carolina Medical Board

November 1, 2009—October 31, 2010

Whereas, Donald E. Jablonski, DO, was named to the North Carolina Medical Board in 2005 by Governor Michael Easley. In 2007 he was elected by his fellow Board members to serve as treasurer of the North Carolina Medical Board; in 2008, he was elected to the combined

position of secretary-treasurer; in 2009, he became president-elect, and in November 2009, he was sworn in as president of the North Carolina Medical Board. Dr. Jablonski has been a leader in the osteopathic profession and its professional associations, and is the first DO to serve as president of the North Carolina Medical Board; and

WHEREAS, during his service on the North Carolina Medical Board, Dr. Jablonski has served on the Board's Disciplinary, Best Practices, Licensing, Allied Health, Clinical Pharmacy Practitioners Joint Subcommittee and Executive Committees; and

WHEREAS, he has taken a leadership role in the Federation of State Medical Boards, serving two terms on the FSMB Program Committee since May 2008; and

WHEREAS, during Dr. Jablonski's term as president, he has:

- Led the Board in adopting a new approach to medical regulation and policy creation, by inviting participation by those whom the Board regulates and others who may be affected by Board action. This initiative resulted in public meetings on licensure of administrative physicians; specialty board certification and advertising; and practice drift. By opening its process, the Board has gained input from the regulated community, improved the quality of Board policy and rulemaking, strengthened connections with other health care entities and improved relationships with physicians and professional societies;
- Led Janelle Rhyne, MD's successful campaign to become chair-elect of the Federation of State Medical Boards, particularly by mobilizing the support of other doctors of osteopathy across the nation.

WHEREAS, Dr. Jablonski's term on the NCMB and especially as president coincided with an extraordinary time of personal grief and transition, during which he continued to attend Board meetings, interview license applicants, attend FSMB meetings and put in the long hours which Board service demands.

WHEREAS, Dr. Jablonski's personal warmth and humor belie his passion for medicine and his patients, his fierce concern for the safety of the public and his willingness to tackle challenges for the benefit and protection of the people of North Carolina, in keeping with the Board's statutory mandate. The Board is indebted to him for his personal service and dedication to the principals of integrity, trust and honor.

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

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

Approved by acclamation this 16th day of November, 2010.

Mr. Henderson informed the Board that there would be a few guests visiting during the meeting. First Dr. Jacqueline A. Watson, Executive Director of the District of Columbia Board of Medicine would be visiting Thursday and Friday. He also stated that Dr. Freda Bush, Chair of the FSMB and Ms. Sandra Waters, COO of the FSMB would be visiting and giving a presentation to the Board on Friday morning. Then finally Dr. Douglas B. Kirkpatrick of the Oregon Medical Board would be here Friday.

Mr. Curt Ellis, Director of Investigations, recognized Sharon Denslow on her 15- year anniversary at the NCMB.

Mr. Hari Gupta, Director of Operations, introduced our newest NCMB employee: Ms. Debbie Brienzi. Ms. Brienzi will split her time between the Operations and Public Affairs departments.

Dr. Hill gave a report on his experience taking the SPEX exam.

Judge Lewis gave a report on the Citizens Advocacy Center meeting he recently attended.

Dr. Huff gave a report on the International Association of Medical Regulatory Authorities meeting she recently attended.

EXECUTIVE COMMITTEE REPORT

The Executive Committee of the North Carolina Medical Board was called to order at 3:15 pm, Thursday November 18, 2010, at the offices of the Board. Members present were: Janice E. Huff, MD, Chair; Ralph C. Loomis, MD, William A. Walker, MD, Pamela L. Blizzard and Donald E. Jablonski, DO. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations) and Peter T. Celentano, CPA (Comptroller).

1) Financial Statements

- a) Monthly Accounting September 2010
 - i) Mr. Celentano, CPA, presented the September 2010 compiled financial statements. September is the eleventh month of fiscal year 2010. The Committee recommends the Board accept the financial statements as reported.
- b) Investment Summary Review
 - i) Mr. Johns Ellington, Senior VP and Portfolio Manager at BB&T, gave a presentation on the Board's investment portfolio and performance as of the third quarter of 2010. The Committee asked Mr. Ellington to return in January and May 2011 to update the Committee. The Committee recommends the Board accept the report as presented.

2) Old Business

3) New Business

- a) Proposed Changes to Corporation Rules

Staff presented to the Committee a draft of proposed changes to the Board's corporation rules. These rule changes reflect process improvements in the Board's

handling of applications for professional corporations and renewals. The Committee recommends the proposed rules be filed with the Rules Review Commission.

b) Proposed Disciplinary Rules

Staff presented to the Committee proposed disciplinary rules. These rules would codify current investigative and hearing procedures. The Committee recommends the proposed rules be disseminated to interested parties with a report back to the Committee in January.

c) Proposed 2011 Review Panel Budget

The Committee reviewed the proposed budget submitted by the management company for the NCMB Review Panel. The Committee recommends approval of the proposed budget as drafted.

d) NCMB Representative to the NCMB Review Panel

The Committee recommends the reappointment of Judge John B. Lewis, Jr., to serve as the public member of the Review Panel for 2011.

e) NCMB Representative to the EMS Advisory Council and Disciplinary Committee

The NCMB appoints a representative to serve on the EMS Advisory Council and the EMS Disciplinary Committee. The Committee recommends that Dr. Elizabeth Kanof continue to serve on these committees.

f) Credentialing Project

Mr. Rob Lamme met with the Committee to give an update on the Board's Credentialing Project.

g) Legislative Update

The Committee deferred the NCMB legislative update to the full Board.

POLICY COMMITTEE REPORT

1. Old Business

a. Position Statement Review

i. – Office Based Procedures (Attachment "A")

Issue: In November 2009, the Board approved the Policy Committee's recommendation to review Position Statements at least once every four years. A review schedule has been formulated for the Committee's consideration.

9/2010 Committee Recommendation: Table this issue to allow comments from the full Board to be received. All comments will be considered at the November Committee meeting.

9/2010 Board Action: Adopt the Committee recommendation.

11/2010 Committee Recommendation: Table this issue. Request input from standard distribution list, as well as, plastic surgeon speciality, dermatology speciality, OBGYN speciality, GI speciality, and insurance companies.

11/2010 Board Action: Adopt Committee recommendation.

ii. Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life Care (Attachment "B")

Issue: In November 2009, the Board approved the Policy Committee's recommendation to review Position Statements at least once every four years. A review schedule has been formulated for the Committee's consideration.

5/2010 Committee Discussion: The Committee discussed whether changes should be made to specify that the position statement applies to other licensees as well. It was suggested that, since the position statement was initially propounded as a joint statement, it might be helpful to discuss this matter with the other licensing boards.

5/2010 Committee Recommendation: Mr. Brosius to contact the Pharmacy Board and the Nursing Board to determine if they object to the proposed changes and if they will join in those changes.

5/2010 Board Action: Adopt the Committee recommendation.

7/2010 Committee Recommendation: Mr. Brosius to contact the Pharmacy Board and the Nursing Board to determine if they object to the proposed changes and if they will join in those changes.

7/2010 Board Action: Adopt Committee recommendation.

9/2010 Committee Discussion: The Committee will wait for a response from the Pharmacy Board and Nursing Board.

9/2010 Committee Recommendation: No action is necessary.

9/2010 Board Action: Adopt the Committee recommendation.

11/2010 Committee Discussion: Information has been received from the Pharmacy Board.

11/2010 Committee Recommendation: Table issue until the Board receives a response from the Nursing Board.

11/2010 Board Action: Adopt the Committee recommendation.

b. Physician Advertising of Board Certification

7/2009 Board Action: Approve proposed rule. (Attachment "C") Proceed with rule-making process.

9/2009 Committee Discussion: It was reported that the following rule has been submitted to the Office of Administrative Hearings 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.

11/2009 Committee Discussion: It was reported that the following rule has been submitted to the Office of Administrative Hearings and was 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 Board continues to receive comments. The proposed rule and comments collected will be presented to the Board at its January 2010 meeting for consideration.

11/2009 Committee Recommendation: No action necessary.

11/2009 Board Action: No action necessary.

1/2010 Committee Discussion: A public hearing was held on November 30, 2009, for the purpose of receiving comments regarding the proposed rule. A taskforce is currently being assembled to further research and consider this issue. No action is necessary at this time.

1/2010 Committee Recommendation: For information only. No action necessary at this time.

1/2010 Board Action: Dr. Jablonski is to appoint a taskforce to further research and consider this issue.

5/2010 Committee Discussion: The taskforce has been created and its first meeting is scheduled for May 18th, 2010.

5/2010 Committee Discussion: The taskforce has been created and held its first meeting on May 18, 2010. The taskforce invited additional comments on the issue to those present and will table this matter until sufficient time has transpired to allow for additional comment.

5/2010 Committee Recommendation: For information only. No action necessary at this time.

5/2010 Board Action: Adopt Committee recommendation.

7/2010 Committee Discussion: Mrs. Apperson addressed the Committee regarding the May 18, 2010, taskforce meeting. It was suggested that the Committee consider adding criteria to the proposed rule in order to specify the requirements that the Board could consider in determining which certifying boards would be approved to use the term "Board Certified." The Committee

indicated that there seemed to be a consensus that a licensee must specify what area they are board certified in when advertising and identify the certifying Board. This would prohibit a licensee from advertising as being board certified and the board certification being in a field unrelated to the one being advertised. Additionally, the Committee pointed out that reporting board certifications for hospital credentialing purposes is not advertising. It was suggested that the Committee consider defining advertising. A representative of the NCMS suggested that the rule might work better in conjunction with a position statement. Dr. Walker pointed out that the Board originally had a position statement.

7/2010 Committee Recommendation: No action taken.

9/2010 Committee Discussion: Dr. Walker and Mrs. Apperson presented the Report of the Task Force on Physician Advertising of Board Certification (Attachment "D"), which included amendments to the proposed Board Rule 21 NCAC 32Y .0101 "Advertising of Specialty Board Certification. Mike Borden, NC Academy of Physician Assistants, suggested that the Committee consider including PAs in the rule. There was some discussion about board certification requirements for non-physician licensees. Representatives from various organizations thanked the Board for allowing them to have input during the process.

9/2010 Committee Recommendation: Present the Report of the Task Force on Physician Advertising of Board Certification and proposed amendments to 21 NCAC 32Y .0101 to the full Board and recommend approval and adoption. Limit proposed rule to physicians. Consider whether to adopt specific rules pertaining to advertisements by non-physician licensees.

9/2010 Board Action: Adopt the Committee recommendation.

11/2010 Committee Discussion: Mrs. Apperson reviewed options with the Committee regarding the proposed rule. During informal discussion Rules Review Commission legal staff identified a concern with the proposed language. It was felt that changes to the language would make the rule unduly burdensome to enforce. Board staff provided the Committee with alternatives to the proposed rule, which included adoption of revisions to the Board's existing position statement entitled "Advertising and Publicity." (Attachment "E")

11/2010 Committee Recommendation: Rescind previous Board Action to move forward with the proposed rule. Adopt the amended position statement as presented. (Attachment "F")

11/2010 Board Action: Adopt the Committee recommendation.

2. New Business:

a. Position Statement Review (Attachment "F")

1/2010 Committee Recommendation: (Loomis/Camnitz) Adopt a 4 year review schedule as presented. All reviews will be offered to the full Board for input.

Additionally all reviews will be documented and will be reported to the full Board, even if no changes are made.

1/2010 Board Action: Adopt the recommendation of the Policy Committee.

i. Medical Supervisor-Trainee Relationship (Attachment "G")

Issue: In November 2009, the Board approved the Policy Committee's recommendation to review Position Statements at least once every four years. A review schedule has been formulated for the Committee's consideration.

11/2010 Committee Recommendation: Deem Position Statement appropriate. No changes are suggested.

11/2010 Board Action: Adopt the Committee recommendation.

ii. The Treatment of Obesity (Attachment "H")

Issue: In November 2009, the Board approved the Policy Committee's recommendation to review Position Statements at least once every four years. A review schedule has been formulated for the Committee's consideration.

11/2010 Committee Recommendation: Deem Position Statement appropriate. No changes are suggested.

11/2010 Board Action: Adopt the Committee recommendation.

b. Request from United Health Group

Issue: Proposal for an internet based telemedicine service from United Health Group

11/2010 Committee Recommendation: Do not endorse United Health Group's proposal.

11/2010 Board Action: Adopt the Committee recommendation.

LICENSE COMMITTEE REPORT

The License Committee of the North Carolina Medical Board was called to order at 1:00 p.m., November 17, 2010, at the office of the Medical Board. Members present were: Thomas Hill, MD, Chair, Donald Jablonski, DO, Karen Gerancher, MD, and Mr. John Lewis. Also present was: Scott Kirby, MD, Michael Sheppa, MD, Ralph Loomis, MD, Eleanor Greene, MD, Paul Camnitz, MD, Warren Pendergast, MD, Joe Jordan, PhD, Thom Mansfield, Patrick Balestrieri, Carren Mackiewicz, Joy Cooke, Michelle Allen, Kim Chapin, Ravonda James, Mary Rogers, Nancy Hemphill and Hari Gupta

Open Session

Old Business

1. Legal Residence Status

Issue: Staff continues to investigate the most practical way to verify that an applicant is a legal resident of the US.

11/09 Board Action: Move forward with staff's proposal. Legal and Licensing Staff have submitted an application to participate in the SAVE program and are awaiting a response to the request.

01/2010 Board Action: Accept as information – Staff to provide update at March meeting.

03/2010 Board Action: Department of Homeland Security has backlog. Legal to provide update at May 2010 meeting.

05/2010 Board Action: Staff will continue to request status updates from the Department of Homeland Security every 2 months. Legal will provide updates at next committee meeting.

Update: Patrick has submitted a Memorandum of Agreement (MOA) to participate in the SAVE program. Patrick reported we will have an immigration attorney provide staff with a tutorial on immigration laws. GLS will need to be updated prior to implementation.

09/2010 Board Action: Accept as information

Update: Immigration Attorney Jorglina Aranda gave a presentation to staff on the different categories of citizenship and visas for applicants born outside the US. We are waiting for changes to be made to the on-line application instructions.

Committee Recommendation: Accept as information

Board Action: Accept as information

2. Application Question #10

Issue: It has been recommended to change question 10 on the application form from:

Have you ever been suspended, placed on scholastic or disciplinary probation, expelled or requested to resign from any medical school, residency or fellowship program?

To:

While at any medical school, residency or fellowship program, have you ever:

- been suspended, placed on scholastic or disciplinary probation, expelled or requested to resign, or
- withdrawn or gone on leave of absence while under investigation or threat of investigation or disciplinary action?

November 17-19, 2010

September 2010 Board Action: Change question 10 to read:

| While at any medical professional school, ~~or training residency or fellowship~~ program, have you ever:

- been suspended, placed on scholastic or disciplinary probation, expelled or requested to resign, or
- withdrawn or gone on leave of absence while under investigation or threat of investigation or disciplinary action?

Tasked to Operations 9/23/10

Committee Recommendation: Accept as information

Board Action: Accept as information

New Business

1. Pre-populating the application form

Issue: There was discussion during the September Board meeting about new applications being “pre-populated” with information from old applications with regard to misdemeanors, felonies, malpractice, privileges and regulatory Board actions. This affects licensees who have previously been licensed by NCMB. Applicants who applied for licenses in the past and their applications were denied, expired or they withdrew. The general consensus of staff was to not pre-populate this information. However, because the data for LI (License Information) page, applications and renewals is stored in one place a majority of the information is pre-populated. The instructions for these pages are currently being reviewed for necessary modification. Also, pre-populating this information has been one of the things applicants have requested in our survey.

Committee Recommendation: Have staff provide an update at the January meeting regarding the status of changing the instructions.

Board Action: Have staff provide an update at the January meeting regarding the status of changing the instructions.

2. Medical School Faculty Limited License (MSFL)

Issue: Physicians holding a current medical school faculty license of more than one year duration (109 physicians of a total 133 MSFL holders) were sent the following letter: The purpose of this letter is to request information regarding your North Carolina medical license. Our records indicate that you currently hold a Medical School Faculty License (MSFL). North Carolina Administrative Code (21 NCAC 32B .0801 & .0802) requires that physicians with a MSFL have a full time appointment as either a lecturer, assistant professor, associate professor or full professor at one of the following medical schools:

- Duke University School of Medicine
- University of North Carolina at Chapel Hill School of Medicine
- Bowman Gray School of Medicine

- East Carolina University School of Medicine

The MSFL also limits the physician's practice to the confines of their employment as a member of the medical faculty. This license may not be used to engage in a practice outside the realm of a medical school. Based on the criteria noted above please provide the Board:

1. A letter or other document confirming you have an existing full-time faculty appointment to one of the medical schools listed and are limiting your practice as required.

2. Verification and details of the appointment signed by the Dean or Acting Dean of the Medical School at which you currently practice.

If you are unable to provide confirmation of your current eligibility for a MSFL you are requested to make your license inactive (form enclosed). You may apply for a full and unrestricted license if you are eligible (requirements available on the Board's website at: www.ncmedboard.org/licensing).

Please respond to this letter by July 15, 2010. If you believe you have received this letter in error, or if you have any questions on this matter, please feel free to call or email me. Thank you in advance for your cooperation.

Physicians with a MSFL of less than one year duration, and who had thus just recently provided documentation of eligibility for the MSFL were not included in mailing list. I did not determine the order of medical school listing. It is copied directly from NCAC.

Responses have been received from 108 physicians.

83 physicians confirmed their current eligibility for continued MSFL

- Duke University School of Medicine – 39
- University of North Carolina at Chapel Hill School of Medicine - 25
- Bowman Gray School of Medicine – 14
- East Carolina University School of Medicine – 5

25 physicians requested inactive status. Physicians who requested information about later re-activation or application for a full and unrestricted license were advised that both processes would require completion of an essentially new application. 1 physician did not respond and could not be located. Duke University confirmed this physician was no longer at Duke (gastroenterology) and did not have a faculty appointment.

Graph represents total number of current MSFL holders at each medical school. Total adds to more than 109 because this is all MSFL, including those not sent letters requesting confirmation of status (those with MSFL of less than 1 year).

Miscellaneous Observations:

Mean age of physicians with MSFL – 45 years old (Range 30 – 71 years old).

Mean years since initial MSFL issue date – 5 years (range 1 – 14 years).

Department with largest number of MSFL – Duke Anesthesiology – 19 physicians

Number of MSFL physicians graduated from US medical schools – 21 physicians.

Committee Recommendation:

a. All applications for MSFL should be screened to determine if applicant is eligible for full and unrestricted license (FUL). Physicians eligible for FUL should not be allowed to apply for MSFL.

b. The following statement should be added to MSFL yearly renewal: "I certify that I remain eligible for continued medical school faculty limited licensure, that I have a full time faculty appointment at a North Carolina medical school, and that I am limiting my practice to the confines of my employment as a member of the medical school faculty".

Board Action:

a. All applications for MSFL should be screened to determine if applicant is eligible for full and unrestricted license (FUL). Physicians eligible for FUL should not be allowed to apply for MSFL.

b. The following statement should be added to MSFL yearly renewal: "I certify that I remain eligible for continued medical school faculty limited licensure, that I have a full time faculty appointment at a North Carolina medical school, and that I am limiting my practice to the confines of my employment as a member of the medical school faculty".

3. It is suggested that the following rule be amended as indicated in (b)(9)

21 NCAC 32B .1350 REINSTATEMENT OF PHYSICIAN LICENSE

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

(b) All applicants for reinstatement shall:

- (1) submit a completed application, attesting under oath that information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit documentation of a legal name change, if applicable;
- (3) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
- (4) If a graduate of a medical school other than those approved by LCME, AOA, COCA or CACMS, shall furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if:
 - (A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); or
 - (B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;
- (5) submit reports from all state medical or osteopathic boards from which the applicant has ever held a medical or osteopathic license, indicating the status of

the applicant's license and whether or not any action has been taken against the license;

- (6) submit the AMA Physician Profile; and, if applicant is an osteopathic physician, also submit the AOA Physician Profile;
- (7) submit a NPDB/HIPDB report dated within 60 days of the application's submission;
- (8) submit a FSMB Board Action Data Bank report;
- (9) submit documentation of CME obtained in the last three years, upon request;
- (10) submit two completed fingerprint cards supplied by the Board;
- (11) submit a signed consent form allowing a search of local, state, and national files to disclose any criminal record;
- (12) provide two original references from persons with no family or material relationship to the applicant. These references must be:
 - (A) from physicians who have observed the applicant's work in a clinical environment within the past three years;
 - (B) on forms supplied by the Board;
 - (C) dated within six months of submission of the application; and
 - (D) bearing the original signature of the author.
- (13) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check;
- (14) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.

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

- (1) within the past 10 years taken and passed either:
 - (A) an exam listed in G.S. 90-10.1 (a state board licensing examination; NBME; NBOME; USMLE; FLEX; COMLEX; or MCCQE or their successors);
 - (B) SPEX (with a score of 75 or higher); or
 - (C) COMVEX (with a score of 75 or higher); or
- (2) within the past ten years obtained certification or recertification of CAQ by a speciality board recognized by the ABMS, CCFP, FRCP, FRCS or AOA; or
- (3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC or AOA; or
- (4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.

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

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

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

Committee Recommendation: Accept proposed change to 21 NCAC 32B .1350 by adding "upon request" in (b)(9).

Board Action:

Amend 21 NCAC 32B .1350 (b)(9) as follows: submit documentation of CME obtained in the last three years, upon request;

Amend 21 NCAC 32B .1350 (c) as follows:

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

Notify Rules Review that the word "specialty" in (c) (2) is misspelled.

(2) within the past ten years obtained certification or recertification of CAQ by a ~~speciality~~ specialty board recognized by the ABMS, CCFP, FRCP, FRCS or AOA; or

4. Requiring examinations for a resident training license

Issue: During the Fall RTL debriefing session with DIOs and House Staff representatives there was a discussion regarding the NCMB requiring physicians to pass USMLE Steps 1 & 2 or COMLEX 1 & 2 to be eligible for a training license and whether any GME office would object to this. David advised GME offices to check around and let the Board know if there would be any issues with their institutions if the NCMB required this. Dr. Gerancher suggested that before the NCMB implements this rule the Dean of Students at the medical schools be notified. Dr. Baker (CMC) suggested that plenty of notice be given to the GME offices and the physicians applying for a training license. David advised since there was no rush to implement this rule, the Board would try to make this effective 1/1/2012.

Committee Recommendation: Implement a rule requiring USMLE 1&2 (CK and CS) or COMLEX 1&2 (CK and CS) for a resident training license.

Board Action: Implement a rule requiring passage of USMLE 1&2 (CK and CS) or COMLEX 1&2 (CK and CS) for a resident training license.

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.

Thirteen licensure applications were considered. 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.

PHYSICIANS PRESENTED AT THE NOVEMBER 2010 BOARD MEETING

Ahluwalia, Maneesha
Akers, Lisette Maria
Albert, Aaron David
Al-Fawakhiri, Muhammed Raghdan

Al-Khawaja, Maha Mahmoud
Andersen, Nancy Christina
Argento, Angelo
Armstrong, Sheri Waizenhofer

November 17-19, 2010

Arnold, Anita Marie
Ashby - Richardson, Harty Elouise
Avva, Ramesh
Babu, Ashok Naga
Badero, Olurotimi John
Baiko, Kevin Patrick
Bailey, Peter Warren
Baird, Robert Carl
Bakhshandeh, Maryam
Banasiak, Magdalena Janina
Baptiste, Kimberly Ann
Barakat, Michael Anthony
Barker, Frederick William
Barker, Rachel Marguerite
Bauserman, Melissa Schweikhart
Becher, Oren Josh
Ben-Davies, Maureen Eyatunde
Benjamin, Dinesh
Benjamin, Sophiya
Berg, Erica Young
Bernardini, Donald Jonathan
Bhatt-Mackin, Seamus Michael
Binamira, Andrew Sainz
Bird, Nicholas Hagen
Blumberg, Kim Rita
Boenig, Thomas Edward
Bordeaux, Bryan Clark
Botse-Baidoo, Edward
Boyes, Christopher William
Brashears, James Henry
Brown, Christopher Patrick
Brown, Randolph Nicholas
Brown, Saghi Samadi
Bucci, Cynthia Jeanne
Buchanan, Karen Dantzler
Budenholzer, Brian Robert
Buechler, Robbie Donald
Bunch, Ryan Thomas
Burton, Elan Chanel
Buttar, Daljit Singh
Byrne, Richard Harvey
Campbell, John Kachler
Carim, Marianne

Carlotti, Gina Marie
Carlson, Richard Joseph
Carson, Mildred Frances
Caspari, Rael
Castro, Fernando Xavier
Chung, Sun Mi
Clarke, Elsburgh O.
Colantoni, Julie Lynn
Cooper, Richard Edward
Crain, Jana Michelle
Culpepper, Jamayla Jessica
Curtis, Rachel Leigh
Dabade, Tushar Suresh
Damallie, Kushna Kumar
Dann, Khalilah Celecia
Dansereau, Suzanne
Davis, Cordula Faye
Davis, Craig Carlton
Davis, Jonathan Charles
DelPorto, Paul Jonathan
Disney, James Arthur
Donoghue, Brian David
Drago, Paul Carl
Durham, Megan Elizabeth
Dvergsten, Suzanne Elizabeth
Edmonds, Sonja Lynne
Elmahi, Mutaz Abdurahman Gorashi
English, Michelle Denise
Enslow, William Lewis
Eskra, Tracy Lyn
Everhart, Terry Lee
Exum, Stephanie Roxanne
Fehr, Adrienne Deupree
Fender, Trace Isaiah
Fike, Edgar Allen
Flohr, Robert Stephen
Foltz, Jason Andrew
Fong, Gloria Chong
Frank, Jeffrey Russell
Frede, James Richard
Freiji, Rula Musa
Frewan, Naima Omar
Gandhi, Sandhya Shailesh

Garcia Javier, Idalina
Gershenbaum, Bart Keith
Ghanta, Mythili
Gilani, Syed Abbas Raza
Golden, Brent Allen
Gordon, Wendy Taylor
Greelish, James Patrick
Green, Michael Stephen
Greene, Deborah Reynolds
Greer, Chad Christopher
Grohs, Heinz Konrad
Gupta, Vinendra
Gurusamy, Soundari
Hall, Allison Haberstroh
Hanna, Atef
Hari, Padma Bala
Harris, Jacqueline Denise
Harry, Onengiya
Hauschka, Jennie Jarvis
Hayes, Melissa Allyson
Healey, Jayne Louise
Hearn, Hunter Alvert
Hein, Eric Warren
Higgins, Heather Joy
Hill, Adam Bartlett
Hoch, Mark Leonard
Holden, Julie Rachelle
Holland, Matthew David
Hooker, Jennifer Ann
Howes, Terese Lynn
Howie, Flora Robinson
Hueda, Eliza
Hung, Jerry Bauloong
Hurd, Aaron Michael
Hwang, Daniel Sun Ki
Ibanez, Noel DeSantos
Ikwechegh, Obinna Ogbonnaya
Inman, Evan Charles
Iyengar, Phaniraj
Jaffe, Jonathan Douglas
Jammalamadaka, Satya Smitha
Jazwinski, Alison Beth
Jenkins, Emily Oldham

Johnson, Samuel Andrew
Johnston, Lisa Herring
Jordan, Kimberly Elizabeth
Kaesemeyer, Nadiya Leonidivna
Kalanithi, Suman Arul
Kalidas, Puja
Kandil, Hossam
Kapoor, Sushma Surrinder
Kean, Victoria Miller
Keller, Seth Martin
Kesman, Thomas James
Khan, Imtiaz Ahmed
Kim, Anthony Chull
Kingry, Karen Rose
Kirchner, Thomas Michael
Kirk, Steve Thomas
Kistler, Christine Elizabeth
Kittoe, David Akwainja
Klara, Peter Michael
Koch, Troy Steven
Kota, Venkata Praveena
Kovach, David Aaron
Kovacs, Peter
Kuderer, Nicole Maria
Laguerre, Jacques Valcourt
Lambert, Christopher Thomas
Lane, Jennifer
Larky, Howard Chad
Lawhon, Jeffrey Cory
Le Hew, Karen Marie
Lee, Michael Martin
Lin, Christine
Lin, Jefferson Bo-Zi
Lomboy, Christine Trinidad
Lorberbaum, Jeffrey Philip
Lowry, Jadene
Luvis, Charmaine Nirmalee
Lynch, Richard Duncan
MacIntyre, Neil Ross
Madala, Ravichand
Maes, Lou Ann Young
Maggiore, Peter Rocco
Mahoney, James Joseph

Malinoski, Frank Joseph
Mannino, Brian John
Markowski, Kevin David
Marshall, John Morgan
Masood, Awais
Masry, Salah Fadlallah
Mazzola, Joseph Carmen
McFarlin, Jessica Mai
McKee, Kenneth Franklin
Memon, Jehanzeb
Mesaros, John Daniel
Meter, Richard Alan
Miller, Michael McCall
Miller, Nancy Smith
Mitchell, Troy Michael
Mobley, Joseph Emory
Monahan-Estes, Sarah Elizabeth
Montgomery, Seal Paul
Mozie, Benjamin Chukwunonso
Myers, Erika Beth Gromelski
Nagalla, Srikanth
Narvaez, Joseph Ralph
Neal, Eric Richard
Nekl, Casey Guy
Nelson, Jennifer Bailey
Nolan, Norris John
Nordin, Norina Mohd
Norvell, Garrett Dean Charles
Nousari, Carlos Hossein
Nunez, Jade Myles
Nwude, Michael Chinedu
Ofosu, Eric
Osteen, Christopher Lamont
Padma, Hymavathi
Pangia, Jonathan Edward
Park, Heather Pennell
Parker, Reina Haunani Jane
Parnell, Brent A
Pastorini, Paul Richard
Patel, Ashok Valjibhai
Patel, Yogin Kiron
Patil, Vijay Rudrakumar
Pellenberg, Rod Evan

Peters, Nicole Saint Simone
Peters, Tania Rae Therese
Pierpont, Christopher Edward
Pillion, Thomas Joseph
Pitzele, Renee Irma
Pivawer, Gabriel
Pizoli, Carolyn Elizabeth
Pluim, Thomas Arthur
Polineni, Deepika
Popli, Gautam Sidharath Singh
Puri, Ruchi
Quartermain, Michael David
Qureshi, Javeria Shaheen
Radfar, Arash
Radloff, Julie Thibodeaux
Ramaswamy, Kolandaivelu
Rankin, Corwin Jawayne
Rawlings, Ron Howard
Rehman, Khawaja Ateeq
Reiner, Samuel Michael
Reinglass, Aimee Lynn
Reuter, Robert
Robledo, Julian
Rosinia, Francis Anthony
Rowland, Daniel Lee
Rubin, Geoffrey David
Sajid, Mansoor Ahmed
Schenk, Jill Tracey
Scheutzow, Mark Howard
Schiebel, Alvaro Jose
Schwarz, Eugene Francis
Scott, Vincent Stephen
Seikel, Stacy Elizabeth
Shah, Maitriyi Jokhu
Shah, Shilpa Bhupendra
Shaw, Frederick Charlton
Sheets, Nathan Christopher
Shepherd, Krysten James
Shippert, Michelle Nicole Stalter
Siebel, Stephan
Smarse, Jeffrey
Smart, Shaun Oliver
Smith, Pamela Gail

Smolenski, Lisabeth Ann
Sohail, Waqas
Sombutmai, Chut
Sorensen, Christian Finn
Spatz, Deneen Marie
Steiner, Michael Andrew
Stoecker, Maggie Marie
Strawhun, Kristin Leigh
Strelec, Stephen Ronald
Tabe-Ebob, Tabi
Tarris, Lisa Anne
Teague, Julius Lynn
Ten Pas, Sherri Lynn
Thomas, Brittany Kimberlin
Tirman, Philippe Andre
Titus, Gareth Murchison
Torres, Jomari Sheila
Upshaw, Thomas Arthur
Vasudevan, Raghavan
Veneracion, Melissa De Leon
Vimuktanandana, Anantachote
Vining, Neil Carroll
Wagner, Lori Finch
Walker, Betsy Jones
Watkins, Garth Stephen
Watson, LaKeisha
Webster, Laurence Seaton
Weiner, Shelley Nan
Welborn, April Eve
Welke, Karl Frederick
West, Dava Susanne
Whaley, William Howard
Widmer, Deborah Arlyne
Wilds, Ian Bechman
Williams, Joseph Benjamin
Wisbey Martin, Erin Christi
Wroblewski, Genevieve Anne
Yanuck, Michael David
Zalles, Maria Carola
Zaman, S M Hasanuz
Zhu, Xiaoying

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.

Two 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.

North Carolina Medical Board **Nurse Practitioners and Clinical Pharmacist Practitioners approval list**

List of Initial Applicants

NAME	PRIMARY SUPERVISOR	PRACTICE CITY
BONNER, KRISTA	PRICE, WAYNE	CHAPEL HILL
CAPEL, PATRICIA	BARTLETT, KATHLEEN	DURHAM
COVINGTON, TOSHA	GROVER, ARUN	CHARLOTTE
DEMAS, MEGAN	LIN, SHU	DURHAM
EDKINS, RENEE	HULTMAN, CHARLES	CHAPEL HILL
FOREST, SABRINA	STEIN, JEANNETTE	DURHAM
GRAY, SUSAN	HARDEN, WILLIAM	ATLANTA
JORDAN, LESLIE	KROWCHUK, DANIEL	WINSTON SALEM
LENNON, ADRIAN	MCCUTCHAN, WENDA	HOPE MILLS
MOYER, BROOKE	WOLF, MATTHEW	DURHAM
MULLOY, ROBERT	AGUILAR, ROBIN	ST. LOUIS
PRESSLEY, NEIL	HUNT, JASON	ASHEVILLE
RAMBERT, DEVON	COFIE, ABELARD	CHARLOTTE
ROBINSON, CAROL	STILLSON, JEFFREY	ASHEVILLE
SEPKOWITZ, MARY	TAORMINA, VELMA	GASTONIA
STEELMAN, SHANNA	JETER, NATASHIA	STATESVILLE
TETTERTON, JILL	RUSSELL, MICHAEL	RALEIGH
TODD, HEATHER	GLYNNE, ROSE	ROCKY MOUNT
YOUNG, TARA	FRENCH, JAMES	GREENSBORO
AVERETT, PHYLLIS	KINDMAN, LOUIS	OXFORD
BARNES, ASHLEY	CIPRIANI, WENDY	PIKEVILLE
BASDEN, LINDA	CHRISTIANO, CYNTHIA	GREENVILLE

November 17-19, 2010

BOWLES, LAURIE
BULLINGTON, JOHN
CARRIKER, AMY
CARSON, KAREN
DITTO, JENNIFER
ENGLISH, KIM
FAIRCLOTH, PAULINE
FOUNTAIN, CLAIRE
HERBST, MCKENZIE
JOHNSON, YOLANDA
KADIEV, CHRISTA
KOOSHKI, ADELEH
LEASURE, KAREN
MAYER, ARIC
MCKNIGHT, NICOLE
MILLER, SARAH
NOVCHICH, AUDREY
PURCELL, MCNEELY
SHETLEY, CRYSTAL
SYMONDS, TRACY
THOMAS, BRANDI
BEAN, ALLISON
CLOSE, SHERRY
DESRONVIL, KATHIA
FERREE, KRISTIN
FOLLETT, SHELLEY
GRIEWING, CANDICE
HENRY, TARSHA
IVIE, NINA
JAMES II, MELVIN
KARL, NATALIE
KUCHARCZK, STACY
MALINOWSKI, MELISSA
MIZE, LINDSAY
MOORING, SHANNON
MURPHY, LISA
NAIL, LEE
PATERSON, TRACY
RICKER, LESLIE
SALOOM, ILYAS
SANCHEZ, TERRI
SIDEBOTHAM, STACIE
SILSBY, RUTH

MARLOWE-ROGERS, HEIDI
ENGEMANN, JOHN
HUNTER, JOSEPH
STEFFENS, THOMAS
MCNAULL, PEGGY
SWAD, SAMUEL
REINE, ALDEN
SOBERANO, ARLENE
SKEEN, JAMES
DAY, ROBERT
MILLER, EDITH
SANDERS, ROBYN
MILLSAPS, DAVID
JOHNSTON, SCOTT
BARBER, LEO
FERGUSON, JENNIFER
WEST, THADDEUS
GETZ, STANLEY
GARDNER, TODD
KADIEV, STEVEN
DUNDEE, DAVID
HILL, JAMES
THOHAN, VINAY
HARDEN, WILLIAM
LUCAS, KATHRYN
FOLLETT, JOSEPH
AGUILAR, ROBIN
DAY, ROBERT
HOEKSTRA, JAMES
MIKHAIL, ASHRAF
MAHAFFEY, DANIELLE
HUDSON, SARAH
KRABILL, LAWRENCE
WECHSLER, DANIEL
VAIDYA-TANK, BHAVNA
SHARAWY, EHAB
MINTZER, MELANIE
FIORDALISI, IRMA
GAITHER, ANTHONY
MATLACK, ROBERT
RINKER, SHELLEY
GASKINS, RAYMOND
HUNTER, JOSEPH

KING
RALEIGH
ALBEMARLE
CONCORD
CHAPEL HILL
CHARLOTTE
FAYETTEVILLE
CHAPEL HILL
PINEHURST
WALNUT COVE
CHARLOTTE
GREENSBORO
HICKORY
JACKSONVILLE
DURHAM
GREENVILLE
GOLDSBORO
CHARLOTTE
STATESVILLE
CHARLOTTE
WINSTON SALEM
CHAPEL HILL
WINSTON-SALEM
ROCKY MOUNT
MOREHEAD CITY
FAYETTEVILLE
ST. LOUIS
WALNUT COVE
WINSTON-SALEM
JACKSONVILLE
HIGH POINT
ELIZABETH CITY
WILSON
DURHAM
CLAYTON
HUNTERSVILLE
CARY
GREENVILLE
GOLDSBORO
FAYETTEVILLE
MOORESVILLE
FAYETTEVILLE
ALBEMARLE

SUH, KAY
TORRENCE, CARL
TURNER III, CECIL
VAN HORN, JOANNE
WHITE, SONJA
WILLIAMS, JEFFREY
ASBURY, KATHY
BARBA, ASHLEY
BAUMGARTNER, ANNE
BRANTLEY, RACHEL
COCHRAN, SHANNON
DELERUYELLE, LAURA
EMMENDORFER, LISA
FERRELL, NICOLE
GAINNEY, ALICIA
HAUSHALTER, JAMIE
HAYTHORN, LAURA
HODGDON, REBECCA
HOUSEAL, MARIE
JEFFRIES, GLENDA
JONES, NATASHA
JONES, LAUREN
KALINOWSKI, KATHERINE
KING, LINDA
LAYDEN, SANDRA
MARION, PHYLLIS
MASSON, MICHELLE
PARKER, CLAYTEN
PRATT, MICHELLE
ROMERO, SONYA
SCUDDER, COLLEEN
SINGLETARY, JENNIFER
SMITH, JANE
SPAKE, MARY
SPRAGUE, BETHANY
THIBAUT, JEAN
THOMAS, JACKIE

MCCALEB, JANE
NASH, ALLAN
LANG, MICHAEL
GARRETT, JAMES
EZEIGBO, WALTER
JOHANSON, WILLIAM
ROSS, DEBORAH
LIN, SHU
JARRETT, DAVID
SHERRINGTON, BRIAN
MCMAHON, DANIEL
CRANSTON, JAY
DESAI, VIREN
SEIFERT, BRENT
GOETTLER, CLAUDIA
SEASHORE, CARL
SALAMA, JOSEPH
COXE, JAMES
AHLBERG, DAVID
JEFFRIES, THOMAS
VOULGAROPOULOS, MENELAOS
CUMMINGS, JAMES
REARDON, DAVID
SURKIN, LEE
ALI, AHMAD
LOUGHLIN, HOWARD
JOYNER, WILLIAM
MURPHY, GREGORY
GARCHA, TRISHWANT
LIFFRIG, JAMES
YODER, SUZANNE
TINGA, JOHN
OKWARA, BENEDICT
KOOISTRA, CAROL
PAVELOCK, RICHARD
ROLBAND, GARY
DALTON, ALVIN

HOLLISTER
BREVARD
GREENVILLE
JACKSONVILLE
WINSTON SALEM
MORGANTON
WILMINGTON
DURHAM
LARGO
SOUTHERN PINES
CHARLOTTE
BOONE
FAYETTEVILLE
SALISBURY
GREENVILLE
CHAPEL HILL
DURHAM
RALEIGH
GREENVILLE
RALEIGH
TROUTMAN
GREENVILLE
DURHAM
GREENVILLE
EDENTON
FAYETTEVILLE
WILMINGTON
GREENVILLE
STATESVILLE
FORT BRAGG
AHOSKIE
NEW BERN
MONROE
COLUMBUS
STATESVILLE
CHARLOTTE
ASHEVILLE

NP ADDITIONAL SUPERVISOR LIST

BARTLETT, BEVERLY
BOWEN, BETTY

FRANK, THEODORE
MACGILVRAY, PHYLLIS

CHARLOTTE
JACKSONVILLE

November 17-19, 2010

BOYLAN, DONNA
BROWN, SARA
BRYANT, LYNN
CARLTON, MELISSA
CARLTON, MELISSA
CAVELLI, RACHAEL
CHRISTOS, RUTH
CONDON, CHRISTINA
DAVIS, CAROLYN
DEMAREST, PATRICIA
DIEFENDERFER HORAN, LISA
DIEFENDERFER HORAN, LISA
EBERT, JENNIFER
FILLMORE, JOHN
GAMEWELL, MARILYN
GAMEWELL, MARILYN
GILL, DONNA
GOLD, MELISSA
HAYES, MARIANNE
HOLOMAN, ELIZABETH
JOE, ETHER
JORDAN, STEPHANIA
LANCASTER, WANDA
LATTA, CYNTHIA
LEE, TRACEY
LOOPS, NADINE
MABE, DAVID
MACDONALD, KERI
MAY, KIMBERLY
MILLER, ANTOINETTE
MILLER, PAMELA
MORACE, JOANNE
MORROZOFF, JR, WILLIAM
MULHOLLAND, ANDREA
NANCE, ANDREA
NEWSOME, ELIZABETH
ONEIL, LINDA
PARKER, GLENDA
PAYNE, SANDRA
PUCKETT, KAREN
RETIS, LIZETTE
REYNOLDS, MARY
RILEY, PATRICIA

MOYA, FERNANDO
FRANKOS, MARY
BOSKEN, DONALD
MASTERS, DAVID
SCHMIDT, JAY
DY, MARC
SAFT, ELIZABETH
BUSHNELL, CHERYL
HARKINS, PAUL
WILLIAMS, SUSAN
SHUMATE, JANELLE
BRAITHWAITE, MARY
TABE, WILSON
KASTNER, ROBERT
MASTERS, DAVID
SCHMIDT, JAY
BELL, BRIAN
HUNTER, JOSEPH
STITT, VAN
WOOD, KAREN
HILTON, SUZANNE
LACEY, DAVID
EHRlich, SUSAN
COLLINS, DEBORAH
GIUSTO, JOHN
DENHAM, AMY
SHELTON, KIMBERLY
COLLINS, DEBORAH
SHELDON, SCOTT
YEAGER, ANNE
MILLER, MICHAEL
FOREMAN, SUSAN
WHITMAN, BRUCE
COLLINS, DEBORAH
THIGPEN, FRONIS
HARPER, CHARLES
MCNABB, JAMES
READLING, RANDY
BLIZZARD, DANIEL
KEITH, RANDALL
HAMILTON-BRANDON, LUREDEAN
PATEL, ARVINDKUMAR
BENNETT, BERNARD

WILMINGTON
WILMINGTON
THOMASVILLE
GRANITE FALLS
GRANITE FALLS
MIDLAND
ETOWAH
WINSTON SALEM
STATESVILLE
WINSTON-SALEM
RALEIGH
RALEIGH
GOLDSBORO
WILMINGTON
GRANITE FALLS
GRANITE FALLS
FOREST CITY
ALBEMARLE
GASTONIA
CHAPEL HILL
WINSTON-SALEM
WINSTON-SALEM
GREENVILLE
HILLSBOROUGH
PITTSBORO
SILER CITY
GREENSBORO
HILLSBOROUGH
SALISBURY
RALEIGH
STATESVILLE
GREENVILLE
LUMBERTON
CHAPEL HILL
CAROLINA SHORES
GREENSBORO
MOORESVILLE
SALISBURY
BOLIVA
WESTFIELD
LENOIR
FAYETTEVILLE
DURHAM

ROBERSON, DEBORAH
ROBERTSON, DONNA
SAINT-JUSTE, UDUAK
SAINT-JUSTE, UDUAK
SEXTON, JOHN
SMITH, DAVID
STOKES, LAMONICA
TABRON, TONIQUE
VASSAUR, KATHLEEN
WELSH, EILEEN
WHITE, AVA
WILLIAMS, PATRICIA
WILSON, LILLY
WILSON, LILLY
WINKLER, THELMA
WINKLER, THELMA
WISHAM, NORA
BAGNULO, ELSA MAE
BARBARO, PATRICIA
BAXLEY, SHARON
BENTON, JENNIFER
BENWARE, SUSAN
BLACK, AMY
BROWN, ESTELLE
BUCHANAN, DALE
BUTLER, CAROL
BYRNES, NANCY
CHURCH, THOMAS
COFFIN, ABIGAIL
COFFIN, ABIGAIL
CONLIN, JEAN
DYER, MICHELE
EARHART, MEGAN
EDWARDS, BETH
FERNALD, CARRIE
GROSS, TERESA
HAWLEY, JENNIFER
HEGERMILLER-SMITH, BARBARA
HOLTON, SUZANNE
HUFFMAN, DIEDRA
HUGHES, JANET
JOHNS, DEBORAH
JOYNER, LYNN

MEEHAN, JOAN
SUTHERLAND-PHILLIP, DENISE
BOYETTE, DEANNA
JAROSZ, TODD
POSNER, CHRISTINE
JACUBOWITZ, SAM
SEVILLA, MARIA-DORINA
GUHA, SUBRATA
WILLIAMS, BOBBILI
COLLINS, DEBORAH
ROMMEL, VICTORIA
CASTILLEJO, ALVARO
SUDA, RUSSELL
SAKACH, VALERIE
VAN NOY, TIMOTHY
KIRLEY, STEPHEN
TAYLOR, REID
KENNEY, JAMES
SPROUL, MATTHEW
RICH, ROBERT
CRANSTON, JAY
RAKLEY, SUSAN
ALEJANDRO, LUIS
SHUKLA, NILIMA
HAMEL, JOHN
RICH, ROBERT
WONSICK, MELINDA
CRANSTON, JAY
VILLANI, JOHN
CHRISTOPHER, ERIC
STEINWEG, KENNETH
SMITH, DAVID
TURNER, JOHN
HAQ, MUHAMMAD
IRUELA, MARIA
ALMASRI, GHIATH
FALK, RONALD
GRANT, NICOLE
BURKART, THOMAS
SCHMITT, PHILIP
HEDGEPTH, LARRY
WHITE, LENA
EMANUEL, SHANDAL

CLAYTON
RALEIGH
GREENVILLE
GREENVILLE
ASHEVILLE
GREENSBORO
WINSTON SALEM
WILSON
FAYETTEVILLE
CHAPEL HILL
WADESBORO
ELKIN
KANNAPOLIS
KANNAPOLIS
NORTH WILKESBORO
NORTH WILKESBORO
ASHEVILLE
HENDERSON
RALEIGH
ELIZABETHTOWN
BOONE
DURHAM
GREENSBORO
GASTONIA
ASHEVILLE
ELIZABETHTOWN
JEFFERSON
BOONE
DURHAM
DURHAM
GREENVILLE
CHARLOTTE
ALBEMARLE
FAYETTEVILLE
WINSTON-SALEM
GREENVILLE
CHAPEL HILL
DURHAM
NEW BERN
STATESVILLE
FOREST CITY
CHARLOTTE
NASHVILLE

KOSON, TERRI
LEAK GILLISPIE, JACQUELYN
LECIEJEWSKI, RUSSELL
LOWERY, VIVIAN
MAYS, BETTY
MCWHIRTER, CANDACE
O'SULLIVAN, MELISSA
OXENDINE, VICTORIA
PAQUET, MEGAN
PRESLEY, MELISSA
SMITH, AILEEN SUE
SMYTH, FRANCES
SPENCER, BROOKE
STRICKLAND, TIFFANY
STUKES, KAREN
TRUITT, JEANNE
VAUGHAN, ANITA
WILLIAMS, FRANCES
YANDELL, KAREN
YOUNG, BRADLEY
ADAMS, JESSICA
AFRICA-FLOYD, SHELLEY
AIREY, DENISE
BABEL, EDWARD
BARBER, JASMINE
BENTON, JENNIFER
BROOKS, JANA
BULLARD, DEBORAH
CARLTON, CONSTANCE
EDWARDS, SHIEGHETHA
EICHELBERGER, VINCENT
FEDZIUK, BERNADETTE
FOH, MARIAMA
FRAZIER, MYRA
FULFORD, WENDY
GEE, CHRISTY
GREEN, ANNE
HARMS, TERESA
HENRICKSON, STACY
HUFFMAN, ROBERT
IHEANACHO, CELESTINA
KADIEV, CHRISTA
LAWLER, KELLY

DAVIS, MICHAEL
CASE, MICHAEL
GLEDITSCH, SCOTT
EUSTICE, ISABELLE
ADAMS, LYDIA
SPOONER, LINDA
YOO, DOE-HYUN
FRANKOS, MARY
JOYNER, WILLIAM
OKWARA, BENEDICT
URBANIC, JAMES
CACHO, WILLIE
MESCHKE, MICHAEL
FOGARTY, JOHN
CHAMOVITZ, ALLEN
PETERSON, ERIC
ALEJANDRO, LUIS
BARRINGER, THOMAS
VAN EYK, JASON
WINTERS, STEVEN
ATKINSON, ALVAN
HEUSER, MARK
CLAY, HENRY
BOSTON, JAMES
FLOWE, KENNETH
CRANSTON, JAY
GOUZENNE, STACEY
MOORE, BARRY
FLOWE, KENNETH
FLOWE, KENNETH
LYNCH, KATHRYN
RIEMANN, LANA
FLOWE, KENNETH
FLOWE, KENNETH
KIRBY, MARY
MINTZER, MELANIE
SANCHEZ, JOHN
ATKINSON, ALVAN
REDDING, MARK
ROBERTS, JOSEPH
BELEN, ALFRED
DUNN, KELLI
VICKERY, DAVID

NEW BERN
GASTONIA
CHARLOTTE
HICKORY
CONCORD
FAYETTEVILLE
HIGH POINT
WILMINGTON
WILMINGTON
MONROE
WINSTON SALEM
ELIZABETH CITY
CHARLOTTE
GREENVILLE
WINSTON SALEM
NEBO
GREENSBORO
CHARLOTTE
ASHEBORO
OXFORD
RALEIGH
SALISBURY
LANSING
BOILING SPRING LAK
CLEMMONS
BOONE
CHARLOTTE
WILMINGTON
WINSTON-SALEM
KERNERSVILLE
ROBBINSVILLE
LEXINGTON
GREENSBORO
KERNERSVILLE
NEW BERN
ROCKY MOUNT
KITTY HAWK
RALEIGH
CONCORD
WHITEVILLE
GREENSBORO
CHARLOTTE
ASHEVILLE

LAWRENCE, KATHRYN
LONG, LISA
LOYACK, NANCY
MACKENZIE, KATHERINE
MATHEWS, KELLEY
MATHIS, LISA
MELTON, TAMMY
MERRITT, KAREN
MERTENS, HOLLIS
MIKULANINEC, CLAUDIA
MIXON, SUSAN
NAKAYAMA, CATHERINE
NORTON, VANESSA
OTEL, ELENA
PADGETT, AMANDA
PARKS, DIANE
PEACOCK, LAUREN
PEARL, JANETH
PITMAN, MATTHEW
POPLIN, ANN
REILLY, JOYCE
RODRIGUEZ-LENNON, LUZ
SANDER, SUSAN
SAUNDERS, SHARON
SINGER, MEREDITH
SINGER, MEREDITH
SMALL, ADRIENNE
STRICKLAND, ANNA
STUMP, JANICE
TABRON, TONIQUE
THACKER, JANET
THOMPSON-BRAZILL, KELLY
TRUJILLO, CHEYANNA
VACHON, LEONIE
VASSAUR, KATHLEEN
WALL, JENNIFER
WIKSTROM, JUDITH
WILSON, KRISTINA
WOLFE, C RENEE
WOLFE, C RENEE
WOODRUFF, SUSAN
YOUNG, TARA
ABSHER, DARREN

ROTHBART, ROBERT
BLACKMORE, JONATHAN
ADAMSON, DAVID
LYNCH, KATHRYN
TINGA, JOHN
KNIGHT, CHARLENE
ALEJANDRO, LUIS
BLISS, PENNIE
PARSONS, STEPHEN
HINSON, THOMAS
DURODOYE, OLUYEMISI
SHAH, PRIYAVADAN
TARKINGTON, BETH
FLOWE, KENNETH
GARRETT, JAMES
PARKS, BOYD
BUECHLER, ROBBIE
NEWMAN, ANDREA
PARWANI, VIVEK
BERMAN, JOEL
GILPIN, ALLEN
KOCH, DANIEL
HEUSER, MARK
BERMAN, JOEL
BURKETT, DONNA
CUENTO, OBLENDO
SAMPSON, JOHANNA
AGRAWAL, NEERAJ
CROCKER, DANIEL
RATHNAM, PUNITHA
FLOWE, KENNETH
ATKINSON, ALVAN
MCLEMORE, CYNTHIA
GERBER, DAVID
SAINI, HARI
CRANSTON, JAY
WALTERS, WILLIAM
RUSSELL, GREGORY
MACDIARMID, SCOTT
MINTZER, MELANIE
PERKINS, JASON
BERRY, JONATHAN
FLOWE, KENNETH

GREENSBORO
LELAND
DURHAM
ROBBINSVILLE
NEW BERN
STATESVILL
GREENSBORO
SMITHFIELD
RALEIGH
WINSTON-SALEM
FAYETTEVILLE
CARY
STANLEY
WINSTON SALEM
JACKSONVILLE
CHARLOTTE
ASHEVILLE
RALEIGH
MOREHEAD CITY
PINEHURST
ASHEVILLE
CHARLOTTE
SALISBURY
PINEHURST
ASHEVILLE
ASHEVILLE
DURHAM
RALEIGH
WILSON
WILMINGTON
CLEMMONS
RALEIGH
PINEHURST
CHAPEL HILL
FAYETTEVILLE
BOONE
HAYESVILLE
LOCUST
GREENSBORO
CARY
JACKSONVILLE
GREENSBORO
CLEMMONS

ALLEN, ANASTASIA
ALSTON, ANAYA
BAGNULO, ELSA MAE
BENNETT, SANDRA
BLACKWELL, JAMES
BLESSING, KELLY
BRASIC, DEBORAH
BROWN, SUSAN
BUCHANAN, BUFFIE
BURNETTE, ERIN
CHARTIER, LUCY
CLARK, CATHY
DAIL, MARLENE
DANIEL, JANICE
DRINKARD, SUE
EDWARDS, MICHELLE
FARRELL, LINDA
GATTON, DANIELLE
GOINES, VALARIE
GOSNELL, GEORGANN
GOTT, CHARLOTTE
GREGORY, DEBORAH
GREGORY, DEBORAH
GROSS, TERESA
GUNDERSON-FALCONE, GRACE
HAMLIN, CAROL
HANLEY, JENNIFER
HONEYCUTT, SHEILA
JORDAN, LESLIE
JORDAN, LESLIE
JOYNER, LYNN
KEIGER, JENNIFER
KELLY, TRACY
LAKE, ANNE
LECIEJEWSKI, RUSSELL
LEE, BOBBIE JO
MCCARTHY, BRIAN
MCCARTHY, BRIAN
MORRISON, CYNTHIA
NEESE, HOPE
NWOKO, AGNES
O NEAL, MARY JO
OURSLETER, THERESA

HOLNESS, KENWORTH
FISHER, DAVID
CHATTERJEE, BENU
TINGA, JOHN
ARMISTEAD, HAL
MCLAWHORN, NETASHA
MAGUIRE, PATRICK
FLOWE, KENNETH
HAMILTON-BRANDON, LUREDEAN
SEASHORE, CARL
ROSS, DEBORAH
WONSICK, MELINDA
WILLIAMS-WOOTEN, ADA
HALL, JOHN
MCPHERSON, BARBARA
ROBSON, MICHAEL
ZENG, GUANGBIN
VINCENT, MARK
WILLIAMS, SUSAN
WILLIAMSON, STEVEN
BERNSTEIN, DANIEL
GOLIGHTLY, MICHAEL
HUNT, JASON
JOHN, REKHA
SCHWARZ, KARL
MOORE, BARRY
ROSS, DEBORAH
MOORE, BARRY
BELL, ALFRED
WILLIAMS, SUSAN
WILSON, MOSES
OLIVER, PAMELA
GOLD, STUART
MOORE, SLADE
CASTRO, MANUEL
LAW, MICHAEL
CHRISTOPHER, ERIC
VILLANI, JOHN
VARGAS, CARLOS
ZACKOWSKI, SCOTT
JARRETT, DAVID
SKARDA, KAREN
ROBINSON, KATHY

DUBLIN
CHARLOTTE
RALEIGH
NEW BERN
HUNTERSVILLE
HENDERSON
WILMINGTON
KNIGHTDALE
LENOIR
CHAPEL HILL
FAYETTEVILLE
JEFFERSON
TARBORO
STOKESDALE
GREENSBORO
GREENSBORO
CHARLOTTE
CHARLOTTE
WINSTON-SALEM
HICKORY
BESSEMER CITY
FRANKLIN
ASHEVILLE
KINSTON
CARY
WILMINGTON
LAURINBURG
WILMINGTON
WINSTON-SALEM
WINSTON-SALEM
NASHVILLE
WINSTON SALEM
CHAPEL HILL
HIGH POINT
CHARLOTTE
RALEIGH
DURHAM
DURHAM
ASHEVILLE
GREENSBORO
WINSTON-SALEM
CAPE CARTERET
ASHEVILLE

OWENS, SARA
PROPST, DAVID
SAUL, JENNIFER
SHOOTER, CHRISTINE
SILSBY, RUTH
WALTON, RENAE
WELCH, RUSSELL
WHITE, BETTY
WILLIAMS, KITZA
WINN, SHANNON

SEASHORE, CARL
WILLIAMSON, STEVEN
ROS, JOSE
BYERLEY, JULIE
BRYAN, HERBIE
MINTZER, MELANIE
NUDELMAN, ROBERT
PETERSON, ERIC
PRYOR, AURORA
SAINI, HARI

CHAPEL HILL
HICKORY
JACKSONVILLE
CHAPEL HILL
ALBEMARLE
CARY
GREENSBORO
NEBO
DURHAM
FAYETTEVILLE

Clinical Pharmacist Practitioners

Hancock, Ted Ernest, CPP
Rao, Kamakshi V., CPP
Woodis, Christopher Brock, CPP

Anesthesiologist Assistant, Perfusionist & Provisional Perfusionist Licenses Issued

Since the Last Board Meeting

Peggy Robinson, PA-C, Chair; William Walker, MD; and Pamela Blizzard

Perfusionists:

Kaiser, Samantha Lee
Jimenez, Teresa Ann

Provisional Perfusionists:

None

Anesthesiologist Assistants:

None

Initial PA Applicants Licensed 09/01/10 – 10/31/10

PA-Cs **Name**

Bailey, Adija Danielle
Bean, Savannah Dawn
Beierschmitt, Kean Timothy
Bell, Michael
Benesky, William Thomas
Bodani, Nell Juliet
Brooks, Justin Thomas
Caine, Faith Rachel

Camp, Katherine
Campbell, Crystal
Carlin, Lisa Jeannette
Cooper, Lana Jean
Cox, Christa
De La Cruz, Tanya Lisette
Dunn, Dayna Nicole
Emami-Kelishadi, Nader Cyrus

November 17-19, 2010

Engle, Walter Douglas
Forbes, Charles Stuart
Ford, Amy Lynn
Geiger, Megan
Giancaterini, Mary
Grande, Jeffrey Scott
Hafiz, Jamiel Sharief
Harris, Janna Lynn
Hassinger, Alisa
Hays, Toni J
Herrmann, Tara Rae
Jones, Kimberly Kathryn
King, Christina Marie
Kordik, Elizabeth Marie
Kumhyr, John Paul
Kwan, Samantha Kayin
Lang, Kristin Kathleen
Lawson, Aimee Michelle
Lawson, Steven James
Lindsay, Victoria Joann
Locklear, Ashley Marie
Loomis, Kari Elizabeth
Luna, Hector Luis
Martin, Chassity Marie
Mbanuzue, Ijeoma Janice
Menga, Heidi Elizabeth
Merinar, Audrey Lynn
Midkiff, Julie M
Miller, Sonya Michelle
Mimken, Nicole Josephine
Molina, Albert Manuel
Munday, Kyle Ranclx
Murphy, Annette Suzanne
Olexy, Stanley Scott
Osedo, David Ouma
Peterson, Timothy Warren
Pressley, Shanna Yvonne
Ray, Nicole Blackwell
Reynolds, Chinika Rene
Robichaud, Laurael Ann
Robinson, Rachel Anne
Schaefer, Andrew Joseph
Self, Rebecca McClung
Seward, Kristi Lynn
Shelton, Rebecca Marie

Soiney, Antonia Larissa
Stanfield, Jennifer Ann
Talley, Courtney Danielle
Thompson, Bridget Nicole
Vilmann, Adelynn Vera
Webster, Julie Lynn
West, Emily Brittain
Wright, Natasha Renee
Wyche, Brandon Fraser

PA-Cs Reactivations/Reinstatements/Re-Entries

Trent, Erin Nicole - Reinstatement
Sullivan, Michael Lenox - Reinstatement

Additional Supervisor List – 09/01/10 – 09/30/10

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Albrecht, Ramona	Butler, Richard	Raleigh
Altman, Meghan	Buglisi, Lucille	Jacksonville
Anspach, Susan	Wall, Stephen	Clyde
Astern, Laurie	Kyerematen, Gabriel	Raleigh
Astern, Laurie	Metiko, Olushola	Raleigh
August, Timothy	Custer, Current	Sylva
Azer, Fibi	Liffrig, James	Fort Bragg
Bachiochi, Elizabeth	Cathcart, Cornelius	Henderson
Bacon, Jenise	Flowe, Kenneth	Greensboro
Bailey, Adija	Taavoni, Shohreh	Chapel Hill
Baker, David	Patel, Kirtida	Greenville
Baker, David	Dawkins, Rosamuel	Taylorsville
Barboza, Bryan	Miller, Robert	Gastonia
Barnett, T J	Pojol, Ricardo	Lumberton
Beall, David	Sinden, John	Raleigh
Bean, Savannah	Avent, John	Rocky Mount
Beaman, Glenn	Burke, Charles	Chapel Hill
Beloff, Shea	Christensen, Tom	Calabash
Beloff, Shea	Williams, Eston	Tabor City
Benge, Timothy	Pacos, Andrew	Smithfield
Bennett, James	Colquhoun, Scott	Wilmington
Bhiro, Dixie	Ansari, Shoukath	Hamlet
Bhiro, Dixie	Nascimento, Luiz	Hamlet
Bhiro, Dixie	Navaid, Musharraf	Laurinburg
Bhiro, Thakurdeo	Ansari, Shoukath	Hamlet
Bhiro, Thakurdeo	Nascimento, Luiz	Hamlet
Bhiro, Thakurdeo	Navaid, Musharraf	Laurinburg
Bodani, Nell	Brooks, Kelli	Durham
Boehmke, Karen	Frazier, Richard	Princeville
Bradshaw, John	Jarra, Hadijatou	Charlotte
Bradshaw, John	Reed, Derek	Stanley
Bridger, Jennifer	Holt, Elizabeth	Raleigh
Bridger, Jennifer	Jennings, John	Goldsboro
Brinke, Paige	Mitchell, Brian	Murphy
Brown, Kevin	Gullickson, Matthew	North Carolina
Brown, Kevin	Spector, Leo	Matthews
Brown, LaDonna	Tokunboh, Julius	Charlotte

November 17-19, 2010

Browne, Michael	Johnson, Alan	Asheville
Buck, Philip	Miekley, Scott	Fayetteville
Buckland, David	McRoberts, Deborah	Biscoe
Buschemeyer, Kristin	Enochs, Paul	Cary
Cabaniss, William	D'Amico, Paul	Albemarle
Cabaniss, William	Gardner, Todd	Statesville
Callea, Renee	Sheshadri, Vijay	Cary
Campbell, Crystal	Brooks, Kelli	Durham
Cardona, Danielle	Udekwu, Pascal	Raleigh
Carpenter, Iliana	Mann, James	Wilson
Casey, Kevin	Ohl, Matthew	Charlotte
Castelvecchi, Michelle	Shellhorn, Douglas	Salisbury
Caswell, Miriam	Sivaraj, Thamothersampillai	Holly Springs
Chazan, Jennifer	Silver, William	Durham
Chen, Yuegang	Yang, Qing	Winston Salem
Christian, Michelle	Gambino, John	Winston Salem
Colletti, Thomas	Stewart, Christopher	Buies Creek
Collins, Emma	Cohen, Max	Greensboro
Combs, Michelle	Chen, Franklin	Winston Salem
Costello, Richard	Al-Khori, Fareed	High Point
Courtney, Amy	Bullard, Dennis	Raleigh
Cowen, Christopher	Hubbard, Jeremy	Winston Salem
Cox, Christa	Udekwu, Pascal	Raleigh
Craig, Dinah	Daka, Matthew	Fayetteville
Crawley, John	Chaudhuri, Debi	Fayetteville
Cummings, Earl	Beasley, Charles	Lumberton
Curtis, Jessica	Kessel, John	Hickory
Czuchra, Dennis	Mitchell, Maria	Washington
Daniel, Selwyn	Kim, Ian	Kinston
Davanzo, Michael	Weeke, Paul	High Point
DaVia, Nicole	Crews, Jennie	Washington
Davidson, Kimberly	Ferguson, Robert	Hope Mills
Davis, Demetria	Rice, Philip	Morehead City
Davis, William	Miekley, Scott	Fayetteville
Davis, William	Wells, Matthew	Fayetteville
DeGaetano, Emiko	Carruth, Marc	Charlotte
Del Valle-Torres, Maria	Haglund, Michael	Raleigh
Dell'Orso, Thaddeus	Brooks, Kelli	Durham
Dial, Michael	Gazzingan, Sol	Zebulon
Dixon, Cristy	Boyd, Tammy	Morganton
Donald, Karen	Ganguli, Chandana	Charlotte
Dore, Kyle	Boswell, Robert	Wilmington
Doyle, Patricia	Portner, Bruce	High Point
Drabik, Joanna	Stamm, Carl	Hendersonville
Drinkwater, Don	Armour, Edouard	Cary
Drinkwater, Don	DiGiulio, Milan	Raleigh

November 17-19, 2010

Drinkwater, Don
Dunn, Dayna
Eckert, Lynn
Ehrman, Kevin
Eley, Katina
England, Michael
Ensign, Todd
Ensign, Todd
Esther, Thomas
Everidge, Julie
Faucette, Deonna
Fazio, Ronald
Fenstermacher, William
Ferritto, Frank
Flock, Kellie
Flood, Scott
Floyd, Samuel
Floyd, Samuel
Fowler, Cindy
Franklin, Amy
Franklin, Dennis
Freeman, Thomas
Gabriel, Torri
Gabriel, Torri
Gabriel, Torri
Gadomski, Ann-Marie
Garrison, Heather
Gay, Steven
Geissler, Sarah
Gingrich, Krista
Goddard, Matthew
Goddard, Matthew
Goddard, Matthew
Goldberg, Jennifer
Goodwin, Gregory
Gordon, Brett
Gould, Laura
Grande, Jeffrey
Granzow, Paul
Griwatz, Ann
Guilbault, Martha
Hafiz, Jamiel
Halla, Brian
Hancock, Ted
Hancock, Ted
Hancock, Ted

Yenni, Lawrence
Kelly, Thomas
Kann, Joel
Sayers, Daniel
Gottovi, Daniel
Pierson, Eric
Bloomfield, Richard
Kuers, Peter
Moul, Judd
Herman, Christopher
Collins, Sara
Atkinson, Alvan
Blackmore, Jonathan
Polley, Dennis
Lige, Christian
Allen, David
Brown, Aaron
Hansen, Todd
Robinson, LaSean
McIlveen, Peter
Patterson, Sheila
Al-Khori, Fareed
Bregier, Charles
Le, Mark
Shepherd, Jack
Butler, Richard
Bernstein, Daniel
Pathan, Ayaz
Michal, Richard
Lark, Robert
Groh, Gordon
McKay, Martha
Smith, Myron
Kremers, Scott
Cox, James
Enochs, Paul
Williams, John
Robaczewski, David
Halliday, Arthur
Goldman, Meidad
Yeatts, Robert
Sanchez, John
Cairns, Bruce
Burkett, Jessica
Pasquariello, John
Wiese, Kathleen

Wake Forest
Greensboro
Raleigh
Winston Salem
Ahoskie
Wilmington
Newport
Morehead City
Durham
Winston Salem
Wilmington
Raleigh
Wilmington
Fayetteville
Nags Head
Lumberton
Gastonia
Gastonia
Mount Airy
Elkin
Raleigh
High Point
Matthews
Huntersville
Matthews
Cary
Asheboro
Sanford
Rocky Mount
Durham
Asheville
Asheville
Asheville
Charlotte
Rutherford College
Cary
Greenville
Raleigh
Rutherfordton
Clyde
Winston Salem
Nags Head
Chapel Hill
Wilmington
Wilmington
Wilmington

Hardy, Elisabeth	Matlack, Robert	Fayetteville
Harper, John	Polsky, Saul	Elizabeth City
Hartshorne, Heather	Brezinski, Damian	Wilmington
Hellinger, Jennifer	Lutz, Rodney	Raleigh
Herdman, Jennifer	Butt, Amir	Greenville
Hicks, Charlotte	Sunderland, Brent	Charlotte
Hicks, Robert	Long, William	Charlotte
Hill, Erica	Brown, Howard	Angier
Hinds, David	Hussain, Khwaja	Goldsboro
Hinkle, Shannon	McGuire, Timothy	Rocky Mount
Hoag, David	Hall, Timothy	Charlotte
Hodges, Kathryn	Adams, Robert	Knightdale
Hodgkiss, Rebecca	Blackmore, Jonathan	Wilmington
Hodgkiss, Rebecca	Jones, Michelle	Wilmington
Holmes, Alisha	Goldar, Margarita	Burlington
Hopson, Jennifer	Johanson, William	Morganton
Hough, Brian	Gupta, Manoj	Fayetteville
Houston, Mary	Cabral, Gonzalo	Wilson
Howell, Erin	Foster, James	Charlotte
Hylton, Andrew	Burbank, Scott	Charlotte
Hylton, Andrew	Piasecki, Dana	Charlotte
Iglesias, Maria	Broyles, William	Durham
Irving, Richard	Miekley, Scott	Fayetteville
Irving, Richard	Wells, Matthew	Fayetteville
Jackson, Timothy	Tompkins, Kenneth	Kitty Hawk
James, David	Jarra, Hadijatou	Charlotte
Jansen, Ingram	Rich, Robert	Elizabethtown
Jernejcic, Tara	Zeller, Kathleen	Randleman
Johnson, Dana	Bullard, Dennis	Raleigh
Johnson, Theresa	Uba, Daniel	Fayetteville
Johnson, Theresa	Udoh, Benjamin	Fayetteville
Joseph, Katherine	Waldman, Gary	Charlotte
Karr, Christina	Atkinson, Alvan	Raleigh
Kim, Hana	Avent, John	Rocky Mount
Kim, Hana	Hasselkus, Herman	Mount Olive
Kirkpatrick, Ron	Malta, Katherine	Dallas
Knowles, Carol	Bernstein, Daniel	Asheboro
Konigsberg, Audrey	Henderson, Rex	Asheville
Koonts, Alison	Fussell, Kevin	Winston Salem
Kordik, Elizabeth	Kon, Neal	Winston Salem
Kurtz, Harry	Armour, Edouard	Cary
Kurtz, Harry	Bovard, Scott	Raleigh
Kurtz, Harry	DiGiulio, Milan	Raleigh
Kurtz, Harry	MacPhee, Keelee	Raleigh
Kusch, Kevin	Lovette, Kenneth	Greenville
Labs, John	Richardson, Brian	Charlotte

November 17-19, 2010

LaCoursiere, Julie	Brown, Aaron	Gastonia
LaCoursiere, Julie	Brown, Malgorzata	Gastonia
LaCoursiere, Julie	Hansen, Todd	Gastonia
LaCoursiere, Julie	Jarra, Hadijatou	Charlotte
Lamphere, Jeffrey	Atkinson, Alvan	Raleigh
Lane, Douglas	Walther, Philip	Durham
Lang, Kristin	Peeler, Benjamin	Charlotte
Laymon, Bradley	Kimball, Robert	Statesville
Leiken, Shuli	Hudson-Fraleay, Anita	Raleigh
Leiken, Shuli	Jalkut, Mark	Raleigh
Lewis, David	Grant, William	Creedmoor
Li, Janette	Morgan, Alan	Leland
Liggett, Wallace	Norcross, Jason	Hickory
Little, Laura	Peace, Robin	Lumberton
Locklear, Ashley	Peace, Robin	Lumberton
Macias, Loren	Barnhill, Jessica	Durham
Maddux, Joseph	Atkinson, Alvan	Raleigh
Mahar, Suzanne	Rodriguez, Luis	Ahoskie
Malanka, Phyllis	Blackmore, Jonathan	Leland
Marder, Jennifer	Skipper, Eric	Charlotte
Martel, Elizabeth	Gentry, Marcus	Asheboro
Martin, Kevin	Brooks, Kelli	Durham
Mathe, Alyssa	Lin, Shu	Durham
Mbanuzue, Ijeoma	Sivaraj, Thamoatharampillai	Holly Springs
McCaffrey, James	Opalski, Deborah	Winston Salem
McConnell, Patrick	Lysne, Dwight	Lake Waccamaw
McConnell, Patrick	Meyer, Mitchell	Wilmington
McElroy, Shannon	Portner, Bruce	High Point
McLamb, Michael	Atkinson, Alvan	Raleigh
McPherson, Darla	Godwin, Patrick	Roxboro
Meadows, Mary	Damani, Manish	Charlotte
Migdon, Steven	Abel, Mark	Rocky Mount
Miller, Kevyn	Locascio, David	Charlotte
Mingus, Danny	Manning, Michael	Murphy
Modrow, Michael	Atkinson, Alvan	Raleigh
Moore, Emily	Dagher, Paul	Boone
Moore, Jessica	Sair, Farrukh	Charlotte
Morgan, Heather	Agrawal, Mamatha	Apex
Morgan, Heather	Meijer, Mark	Roxboro
Mueller-Brady, Sandy	Malta, Katherine	Dallas
Mundy, Jonathan	Kernodle, Harold	Burlington
Murphy, Annette	Suchniak, Jeffrey	Rocky Mount
Neff, Andrea	Canipe, Hilary	Murfreesboro
Newcomb, Christopher	Posner, Christine	Asheville
Norwood, Kirsta	Zeng, Guangbin	Charlotte
O'Brien, Bridget	Brooks, Kelli	Durham

November 17-19, 2010

O'Brien, Sharon	Behrens, Nancy	Charlotte
Ohle, Rebecca	Byrd, Jesse	Burlington
Page, Constance	Aul, Christopher	Fayetteville
Patel, Jigna	Shellhorn, Douglas	Salisbury
Peele, Amanda	Evans, Michael	Smithfield
Peifer, Jennifer	Daubert, James	Durham
Perkins, Shawnie	Heil, Thomas	Charlotte
Peters, Douglas	Miekley, Scott	Fayetteville
Pettit, Jerome	Thiemkey, William	Hendersonville
Pickett, Katherine	White, Cynthia	Greensboro
Pineiro, Miguel	Godard, Michael	Roxboro
Pitko, Mary	Davis, Alonzo	Morehead City
Placide, Frances	Toedt, Michael	Cherokee
Powell, Debra	Gardner, Todd	Statesville
Powell-Boone, Karen	Oates, Elizabeth	Wilmington
Prentice, Jonathan	Menz, Michael	Burlington
Primak, Michael	Posner, Christine	Asheville
Proviano, Stefanie	Okwara, Benedict	Monroe
Radnothy, Anne	Miekley, Scott	Fayetteville
Ransdell, Edward	Arrillaga, Abenamar	Asheville
Rao, Kamakshi	Gabriel, Don	Chapel Hill
Rao, Kamakshi	Serody, Jonathan	Chapel Hill
Rao, Kamakshi	Shea, Thomas	Chapel Hill
Rao, Neeraja	Grant, Terry	Goldsboro
Raymer, Angela	Seitz, Kent	Winston Salem
Rego, Jane	Bhatti, Jamila	High Point
Reid, Alan	Cloud, Edith	Midland
Reiner Massey, Theresa	Hall, Timothy	Charlotte
Repnikova, Lilia	Fernandez, Adolfo	Lexington
Reynolds, Chinika	Shaikewitz, Samuel	Durham
Richardson, Keri	Atkinson, Alvan	Raleigh
Rippel, Janet	Moran, Joseph	Raleigh
Riznyk, Michael	Valentine, Brandon	Charlotte
Robichaud, Laurael	Taavoni, Shohreh	Chapel Hill
Rodriguez, Ronald	Altman, Coleman	Charlotte
Rosenthal, Murray	Hensley, Terry	New Bern
Ruppe, Elena	Mendes, Celia	Fayetteville
Ruscetti, J'nelle	Siuta, Jonathan	Wilmington
Saguier, Edward	Babb, Jancinta	Lexington
Scalzitti, Selena	Wilkins, Kenneth	New Bern
Scharf, Anne	Gazak, John	Huntersville
Schinlever, Catherine	Knapp, Jon	Greensboro
Schulz, Christian	Pearson, David	Charlotte
Schupansky, Christine	Kadiev, Steven	Charlotte
Seeram, Anastasia	Brooks, Kelli	Durham
Seeram, Anastasia	Edmisten, Timothy	Boone

November 17-19, 2010

Senatore, Amanda
Shaver, Robin
Shelton, Donna
Shelton, Donna
Shepard, Stephanie
Sherman, Robert
Shiminski, Alison
Simmons-Vann, Teresa
Sipple, David
Sipple, David
Sipple, David
Smith, Kimberly
Smith, Matthew
Smith, Matthew
Smith, Matthew
Soiney, Antonia
Southerland, Luvae
Spicer, Blai
Spinicchia, Matthew
Spitler, Mary
Spitler, Mary
Srikantha, Venayagaratnam
Stanfield, Jennifer
Stevens, Lisa
Stone, Emily
Stoutamire, Shervon
Suero, Carlos
Suero, Carlos
Tabor, Tommy
Tabor, Tommy
Tallent, Greg
Taylor, Penny
Thai, Khoan
Thiedeman, Stacy
Thomas, Aaron
Thompson, Bridget
Treat, Branigan
Trum, Christopher
Trzecienski, Michael
Tshuma, Lisa
Uremovich, Gary
VanElderen, Lyndsay
Varlack, Cyril
Wade, George
Weeden, Jeffrey
Wheeler, Julia

Daly, Claudia
Ameen, William
Lawrence, Mary
O'Daniel, Mark
Gant, James
Dalvi, Sanjiv
Opalski, Deborah
Minior, Daniel
McKean, Thomas
Synn, Jay
Weinstein, Benjamin
Atkinson, Alvan
Reames, Mark
Skipper, Eric
Stiegel, Robert
Solanki, Rajesh
Uba, Daniel
Dundee, David
Miekley, Scott
Brezicki, Paul
Kaldy, Patricia
Kolluru, Mangaraju
Blackstone, Thomas
Mazzocchi, Annmarie
Kendrick, Alfred
Wheeler, Anthony
Baloch, Mohammad
Mills, John
Archer, Thomas
Carringer, Donald
Azrak, Michael
Babb, Jancinta
Bitar, Raghid
Lawal, Adeyemi
Hoggard, Jeffrey
Placentra, Nicholas
Brooks, Clyde
Bahner, Richard
Rosenblum, Shepherd
Dowler, Shannon
Ziglar, Susan
Udekwu, Pascal
Reddy, Madhavi
Burgess, Austin
Husain, Ali
Lutz, Rodney

Greenville
Jamestown
Morehead City
Rocky Mount
Jacksonville
Fayetteville
Winston Salem
Rocky Mount
Hickory
Hickory
Hickory
Raleigh
Charlotte
Charlotte
Charlotte
Wilmington
Fayetteville
Winston Salem
Fayetteville
Concord
Concord
Ronock Rapid
Wilmington
Greensboro
Monroe
Charlotte
Raleigh
Henderson
Cullowhee
Cullowhee
Raleigh
Lexington
Tarboro
Raleigh
Raleigh
Boone
Greenville
Wilmington
Raleigh
Hendersonville
Wingate
Raleigh
Monroe
Morehead City
Fayetteville
Raleigh

Wheeler, Merritt	Jarra, Hadijatou	Charlotte
Wickel, Julia	Wechsler, Daniel	Durham
Willard, Jennifer	Westermann, Carola	Greensboro
Williams, Barbara	O'Daniel, Mark	Rocky Mount
Williamson, Theresa	Purdy, Randall	Lumberton
Winn, Danny	Bryan, Elizabeth	Clinton
Woodis, Christopher	Warburton, Samuel	Durham
Yerkes, Carrie	Day, Robert	Walnut Cove
Zastudil, Amanda	Bongu, Ram	Fayetteville

Additional Supervisor List – 10/01/10 – 10 /31/10

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Allen, Stacy	Babcock, Andrew	Raleigh
Arbogast, Tanya	Mahan, Dennis	Creedmoor
Argenta, Joseph	Ahmed, Rizwan	Elkin
Baltzell, Jonathan	Laxer, Eric	Charlotte
Baltzell, Jonathan	Milam, Robert	Charlotte
Baltzell, Jonathan	Rhyne, Alfred	Charlotte
Bartolozzi, John	Dair, Marvin	Charlotte
Bartolozzi, John	Rich, Charles	Charlotte
Bass Ransom, Julie	Coladonato, Michael	Fletcher
Bass Ransom, Julie	Dowler, Shannon	Hendersonville
Bay, Charles	Sloan, Randy	Hampstead
Benesky, William	Harris, Timothy	Raleigh
Benfield, Kamron	Simmons, Tony	Winston Salem
Bennett, Elizabeth	Snyder, Danal	Rocky Mount
Bloedow, Becky	Dowler, Shannon	Hendersonville
Bowen, Lorrie	Weiser, Kirsten	Asheville
Boyd, Steven	Snyder, Danal	Rocky Mount
Boyette, Tammy	Moreschi, Rafael	Cary
Bradshaw, John	Emerson, Russell	Stanley
Bratton, Michael	Adami, John	Kitty Hawk
Bray, Jeffrey	Harris, Phillip	Windsor
Bridges, Allison	Hall, Timothy	Charlotte
Bridges, Allison	Millard, Jonathan	Charlotte
Bridges, Allison	Thompson, Donovan	Lincolnton
Bridges, Allison	Watling, Bradley	Charlotte
Brillant, Kelly	Ruffolo, Thomas	Washington
Brooks, Justin	Pirrello, Jon	Mathews
Brothers, Shaun	Elston, Scott	Garner
Brown, Kyle	Whitworth, Claude	Forest City
Buckley, Georgia	Ferguson, Robert	Fayetteville
Bullock, Lucilyn	Rudisill, Elbert	Hickory

Burke, Stephanie	Ghobrial, Mona	Middlesex
Burnett, Kristin	Anderson, Travis	Mooreville
Burnett, Kristin	Forinash, Robert	Mooreville
Buschemeyer, Kristin	Andersen, William	Cary
Buschemeyer, Kristin	Cannon, Woodward	Raleigh
Buschemeyer, Kristin	Carlino, Richard	Raleigh
Buschemeyer, Kristin	Carr, James	Raleigh
Buschemeyer, Kristin	Chiulli, Richard	Raleigh
Buschemeyer, Kristin	Eddleman, David	Raleigh
Buschemeyer, Kristin	Maddox, Thomas	Raleigh
Buschemeyer, Kristin	Milano, Peter	Raleigh
Buschemeyer, Kristin	Paschal, George	Raleigh
Buschemeyer, Kristin	Smith, David	Raleigh
Buschemeyer, Kristin	Vig, Daniel	Raleigh
Buschemeyer, Kristin	Visco, Anthony	Durham
Buschemeyer, Kristin	Weinreb, Seth	Raleigh
Byerly, Amy	Mahaffey, Danielle	High Point
Cabaniss, William	Gardner, Todd	Albemarle
Callagy, Karen	McGhee, James	Jacksonville
Candella, Sandi	Maier, George	Gastonia
Card, Katherine	Hughlett, Richard	Gastonia
Carlin, Lisa	D'Amico, Paul	Albemarle
Carlinnia, Brian	Weiser, Kirsten	Asheville
Carter, Eileen	Rosen, Robert	Greenville
Ceaser, Kimberly	Adami, John	Kitty Hawk
Cellura, Cindy	Wahl, Kerri	Durham
Chandley, Eric	Wiggins, David	Thomasville
Clark, Adam	Nederostek, Douglas	Laurinburg
Clarke, Theresa	Powell, Eddie	Dunn
Clayton, Jon	Griffin, Neil	Southern Pines
Clayton, Jon	Mincey, Gregory	Southern Pines
Conde, Natalie	Udekwu, Pascal	Raleigh
Consey, Shawn	Blackmore, Jonathan	Jacksonville
Consey, Shawn	Johnson, Earlie	Jacksonville
Consey, Shawn	Kastner, Robert	Jacksonville
Cook, Joseph	Osborne, Jody	Asheboro
Crawley, John	Moultrie, Johnnie	St. Pauls
Cvelic, Patrick	Wiggins, David	Thomasville
D'Amico, Keith	Brown, Stephanie	Micavile
Davanzo, Michael	Taghizadeh, Behzad	Winston Salem
Davis, Demetria	Harris, Diane	Wilmington
Davis, Demetria	Lacroix, Christopher	Dunn
Davis, Demetria	Powell, Eddie	Dunn
Davis, Richard	Wiggins, David	Thomasville
Dean, Tracy	Jubane, Alan	Shelby
Dec, Brandon	Jacob, Jose	Greenville

November 17-19, 2010

DeCosta, Joseph	Weiser, Kirsten	Asheville
DeLong, Carrie	Nastasi, Kent	Winston Salem
DeLong, Carrie	Stone, Brian	Winston Salem
DeMio, Brian	Maultsby, James	Wallace
Deutsch, Michael	Harrelson, Anna	Hendersonville
Dice, Erin	Kois, Jean	Huntersville
Dobbins, Jackson	Cargile, Leslie	Black Mountain
Dodson, Jesse	Miekley, Scott	Fayetteville
Dolce, Amy	Smith, Ronald	Fayetteville
Doss, Brian	Wiggins, David	Thomasville
Dossenbach, Memory	Carducci, Bryan	Louisburg
Downing, Karol	Heter, Michael	Southport
Drinkwater, Don	Cannon, Woodward	Raleigh
Drinkwater, Don	Chiulli, Richard	Raleigh
Drinkwater, Don	Eddleman, David	Raleigh
Drinkwater, Don	Gilbert, Brett	Durham
Drinkwater, Don	Jones, Monica	Raleigh
Drinkwater, Don	Maddox, Thomas	Raleigh
Drinkwater, Don	Milano, Peter	Raleigh
Drinkwater, Don	Paschal, George	Raleigh
Drinkwater, Don	Smith, David	Raleigh
Drinkwater, Don	Vig, Daniel	Raleigh
Drinkwater, Don	Weinreb, Seth	Raleigh
Dudley, Gilian	Agbodza, Kwami	Louisburg
Dudley, Gilian	Carducci, Bryan	Louisburg
Duncan, Jacqueline	Peterson, Eric	Marion
Duncan, Megan	Collins, Sara	Wilmington
Dungan, Kia	D'Amico, Paul	Albemarle
Dunkelberger, Gregory	Marlowe-Rogers, Heidi	King
Durbin, Michael	Hall, Timothy	Charlotte
Durbin, Michael	Lancaster, David	Charlotte
Durbin, Michael	Millard, Jonathan	Charlotte
Durbin, Michael	Watling, Bradley	Charlotte
Edwards, R.	Uhren, Robert	Spruce Pine
Ellender, Joseph	Brown, Howard	Jacksonville
Ellender, Joseph	Turlington, Wade	Jacksonville
Ellis, Dale	Alam, Sitara	Morganton
Emig, Meghan	Gulati, Sanjeev	Charlotte
Emler, Sherlynn	Guzman, Myra	Goldsboro
Erwin, Mack	Chaconas, Aristides	Matthews
Estrella-Hulbert, Shaily	Burkart, John	Winston Salem
Eure, Vilayphonh	Adami, John	Kitty Hawk
Evitts, Emma	D'Amico, Paul	Albemarle
Faucette, Deonna	Curran, Diana	Asheville
Ferrand, Linda	McGhee, James	Jacksonville
File, Julie	Fote, Bertrand	Salisbury

November 17-19, 2010

Finn, Timothy
Fishburne, Gina
Fisher, Jessica
Fisher, Jessica
Forbes, Charles
Ford, William
Forgach, Mary
Foster, Darryl
Furniss, Monica
Furniss, Monica
Furniss, Monica
Furniss, Monica
Furniss, Monica
Futh, Stephen
Gary, Cynthia
Gatlin, Stephen
Gauldin, Thomas
Gehrman, David
Goddard, Alan
Goldberg, Jennifer
Gonzales, Lazaro
Gonzales, Lazaro
Gonzalez, Eugenio
Goodwin, Gregory
Gore, William
Graham, Barry
Granzow, Paul
Haines, Jessica
Hardin, Lindsey
Harihan, Thomas
Harris, Tasha
Harris, Victoria
Hartley, Lori
Harvey, Todd
Harvey, Todd
Haskin, Madelon
Hayes, Kathleen
Healy, Edward
Hennessee, Benjamin
Hicks, Cullen
Holler, Teresa
Holler, Teresa
Holt, Ericka
Holt, Rebecca
Hong, Holly
Hood, Rachel

Reid, Carl
Bregier, Charles
Jones, Michelle
Pasquariello, John
Vaishnavi, Sandeep
Maxwell, Keith
Miekley, Scott
Gootman, Aaron
Hall, Timothy
Millard, Jonathan
Thompson, Donovan
Vesa, Allin
Watling, Bradley
Daly, Claudia
Pearson, Marilyn
Blank, Roy
Krahnert, John
Aldridge, Barbara
Sawyer, Charles
Howard, Chad
Britz, Gavin
Zomorodi, Ali
Langston, Bernard
Cloninger, Kenneth
Krull, Ronald
Ferguson, Robert
Green, Thomas
Nederostek, Douglas
Washburn, Harrill
Hoidal, Charles
Wesonga, Samuel
Wefald, Franklin
Dambeck, Allyn
Einstein, Norman
Rudisill, Elbert
Doohan, Thomas
Moore, Barry
Adami, John
Meijer, Mark
Jones, Tony
Pizzino, Joanne
Rawls, William
Johns, Ann
Lee, Melvin
Hill, James
Gali, Shobha

Garner
Charlotte
Hampstead
Wilmington
Raleigh
Asheville
Fayetteville
Fayetteville
Charlotte
Charlotte
Lincolnton
Statesville
Charlotte
Greenville
Smithfield
Monroe
Pinehurst
Mebane
Ahoskie
Charlotte
Durham
Durham
Supply
Lawdale
Clinton
Fayetteville
Rutherfordton
Laurinburg
Spindale
Elizabeth city
Rocky Mount
Smithfield
Wallace
Hickory
Hickory
Monroe
Wilmington
Kitty Hawk
Roxboro
Canton
Raleigh
Morehead City
Williamston
Garner
Chapel Hill
Fort Bragg

Hopkins, Joy	Oberer, Daniel	Charlotte
Horton, Amy	Wadley, Robert	Raleigh
Hovis, Jacob	Arrillaga, Abenamar	Asheville
Howell, Erin	Casey, Virginia	Charlotte
Howerter, Megan	Burt, Mark	Raleigh
Howerter, Megan	Musante, David	Raleigh
Hunnings, Blakely	Godfrey, Wanda	Clayton
Hunnings, Blakely	Lee, Melvin	Clayton
Hussain, Sonia	Vukoson, Matthew	Chapel Hill
Jacob, April	Schmechel, Donald	Granite Falls
Johnson, Andrea	Cornell, David	Greensboro
Johnson, Curtis	Kelley, Steven	Clinton
Johnson, Kenya	Jones, Frieden	Marshall
Johnson, Mary Ann	Elston, Scott	Garner
Johnson, Robert	Harris, Phillip	Windsor
Johnson, Theresa	Gibbons, Gregory	Cary
Jones, Kimberly	Vu, Khanh	Henderson
Kazda, John	Fajardo, Agapito	Dunn
Kazda, John	Powell, Eddie	Dunn
Keller, Philip	Hoidal, Charles	Elizabeth City
Kerchner, Aimee	Nortey, Cynthia	Matthews
Kramer, Margo	Downey, William	Charlotte
Kunz, Erin	Wahl, Kerri	Durham
Kurtz, Harry	Gupta, Pankaj	Cary
Kurtz, Harry	Jones, Monica	Raleigh
Kurtz, Harry	Maddox, Thomas	Raleigh
Kurtz, Harry	Oschwald, Donald	Raleigh
Kwan, Samantha	Gualtieri, Camillo	Raleigh
Kyazimova, Marina	Alejandro, Luis	Greensboro
Labs, John	Sair, Farrukh	Charlotte
Lamphere, Jeffrey	Robaczewski, David	Raleigh
Laymon, Bradley	Opalski, Deborah	Winston Salem
Lee, Laurie	Seewaldt, Victoria	Durham
Leiken, Shuli	Abels, Byron	Cary
Leiken, Shuli	Bullard, Dennis	Raleigh
Leiken, Shuli	Chiulli, Richard	Raleigh
Leiken, Shuli	Gilbert, Brett	Durham
Leiken, Shuli	Smith, David	Raleigh
LeSuer, Hayley	Lancaster, David	Charlotte
LeSuer, Hayley	Millard, Jonathan	Charlotte
Levy, Antoinette	Wynn, Richard	Charlotte
Lewis, Michael	Krull, Ronald	Clinton
Lewis, Randall	Lewis, Marvin	Spring Lake
Liggett, Wallace	Krenznel, Brian	Hickory
Logan, Rickmon	Moore, Michael	Chapel Hill
Loper, Courtney	Kasbari, Samer	Goldsboro

November 17-19, 2010

Lordeus, Tajuana
Lovato, Frank
Love, Michael
Lowe, Mary
Lowe, Mary
Lowe, Mary
Lowe, Mary
Luscher, Lenny
Luscher, Lenny
Maier, Andrew
Malanka, Phyllis
Maldonado, Jose
Malivuk, William
Martin, Jeffrey
Martin, Jennifer
Martinez, Maria
Maryott, Dwayne
Massenburg, O'Laf
Matherly, Thomas
Matuga, Lisa
Mauney, Jessica
McCutcheon, Leslie
McDaniel, Denise
McDowell, Elizabeth
McElroy, Shannon
McHatton, Timothy
McKay, Bruce
McLaughlin, Thomas
Meadows, John
Mehari, Daniel
Mehta, Ravin
Menga, Heidi
Methvin, Sarah
Methvin, Sarah
Michel, Stephanie
Miller, Kevyn
Miller, Kevyn
Miller, Sonya
Mohler, Monica
Molina, Albert

Greenberg, Gary
Ferguson, Robert
Janeway, David
Lancaster, David
Millard, Jonathan
Rish, Carlos
Watling, Bradley
Demas, Ronald
Zinicola, Daniel
Ross, Charles
Pritts, Clark
Kim, Ian
Partridge, James
Pence, James
Gupta, Manoj
Watson, Ricky
Busher, Janice
Cheek, Vincent
Prince, Gus
Vaden, Tracela
Coxe, James
Armour, Edouard
Kandra, Ajay
Andersen, William
Armour, Edouard
Carroll, Raymond
Gollehon, Douglas
Martini, Douglas
Reinke, Derek
Szura, Brian
Fusco, Lawrence
Kastner, Robert
Frederick, Maximus
Madsen, Christian
Weiser, Kirsten
Lorelli, Lisa
Coxe, James
Tucci, Keith
Atkinson, Alvan
Chaudhry, Abdul
Garrido, Ben
D'Amico, Paul
Galaska, Piotr
Barnes-Durity, Monica
Kishbaugh, David
Ward, Nina

Raleigh
Hope Mills
Winston Salem
Charlotte
Charlotte
Charlotte
Charlotte
Wilmington
Rocky Point
Greensboro
Shallotte
Kinston
Burlington
Wilmington
Smithfield
Greenville
Greenville
Greensboro
Fort Bragg
Charlotte
Raleigh
Cary
Hickory
Cary
Cary
Cary
Cary
Cary
Cary
Reidsville
Jacksonville
Raleigh
Charlotte
Asheville
Morganton
Raleigh
Greenville
Raleigh
Raleigh
Mooresville
Albemarle
Mooresville
Dunne
Fayetteville
Washington

Monahan, Kristen	Joyner, Sheryl	Raleigh
Moraitis, Laura	Manuli, Steven	Elizabeth City
More, Bruce	Ward, Nina	Washington
Morgan, Leslie	Millard, Jonathan	Charlotte
Morgenstern, Lynn	Almasri, Ghiath	Greenville
Mosteller, Crystal	Hawkins, Mark	Claremont
Munday, Kyle	Daley, Christopher	Rutherford College
Neale, Martha	Hall, Timothy	Charlotte
Neale, Martha	Millard, Jonathan	Charlotte
Neale, Martha	Thompson, Donovan	Lincolnton
Neale, Martha	Vesa, Allin	Statesville
Newcomb, Christopher	Campbell, Sausan	Asheville
Norris, Brandy	McLeod, James	Lumberton
Norris, Brandy	Stuart, Dennis	Lumberton
North, Cherie	Guyton, John	Durham
Omonde, Peter	Malette, Julius	Washington
Osedo, David	Hall, Timothy	Charlotte
Osedo, David	Lancaster, David	Charlotte
Osedo, David	Millard, Jonathan	Charlotte
Osedo, David	Watling, Bradley	Charlotte
Oswald, Jay	Mullins-Hodgin, Rita	Windsor
Ovadia, Sandra	Udekwa, Pascal	Raleigh
Pack, Karen	Olivito, Francesco	Elizabethtown
Page, Constance	Zacco, Arthur	Apex
Pardue, Emily	Doohan, Thomas	Monroe
Parker, April	Elston, Scott	Garner
Parker, Emily	Lam, Douglas	Pinehurst
Patel, Surahi	Eknoyan, Donald	Salisbury
Patterson, Mary	Malta, Katherine	Dallas
Peters, Marian	Wonsick, Melinda	Jefferson
Pineiro, Miguel	Robinson, Lindwood	Raleigh
Powell, Debra	Galaska, Piotr	Mooreville
Pratt, Eugene	Wolf, Harvey	Southern Pines
Pressley, Shanna	D'Angio, Salvatore	Clyde
Prouty, Mary	Lancaster, David	Charlotte
Prouty, Mary	Millard, Jonathan	Charlotte
Pulliam, Jessica	Agbodza, Kwami	Louisburg
Pulliam, Jessica	Carducci, Bryan	Louisburg
Pulliam, Jessica	Stiehl, Barbara	Louisburg
Quiles, Carmen	Kunduru, Chandrasekhar	Fayetteville
Randolph, Mark	Riser, Mark	Wilson
Ray, Nicole	Cassanego, Antonio	Spruce Pine
Reese, Lindsey	Seitz, Kent	Greensboro
Reynolds, Michael	Hall, Timothy	Charlotte
Reynolds, Michael	Lancaster, David	Charlotte
Reynolds, Michael	Millard, Jonathan	Charlotte

November 17-19, 2010

Reynolds, Michael	Thompson, Donovan	Charlotte
Reynolds, Michael	Watling, Bradley	Charlotte
Rice, William	DiOrio, Christopher	Hickory
Richards, Dick	Blank, Roy	Monroe
Richert, Kelly	Hoenig, Helen	Durham
Rider, Kristin	Brown, Donald	Cary
Rieder, Susan	Tate, Michael	Hickory
Riser, John	Henderson, Rex	Asheville
Riznyk, Michael	Homesley, Howard	Charlotte
Robinson, Anthony	Gordon, Cecilia	Raleigh
Rodgers, Carolyn	Watkins, Robert	Cary
Rorie, Brandon	Wiggins, David	Thomasville
Ross, Travis	Raval, Raju	Fayetteville
Ruliffson, Kathryn	Pathan, Ayaz	Sanford
Ruliffson, Kathryn	Smith, Ronald	Fayetteville
Salch, Erich	Miekley, Scott	Fayetteville
Sawyer, Lindsay	Avent, John	Rocky Mount
Schaefer, Andrew	Hardee, Michael	Mooresville
Schroder, Melissa	Radtke, Rodney	Durham
Serle, Michael	Wahl, Samuel	Pinehurst
Shelton, Tyson	Laurence, William	Fort Bragg
Shirlen, Andrew	Krahnert, John	Pinehurst
Short, Jennifer	Legere, Brian	Wilmington
Simmons, Cynthia	Wiggins, David	Thomasville
Slate, Scottie	Downey, Lucy	Danbury
Smith, Carrie	Patel, Shirley	Greenville
Smith, Erich	Cromer, William	LaGrange
Smith, Ernest	Escajeda, Richard	Archdale
Smith, Glenn	Watson, Ricky	Greenville
Smith, Kimberly	Griffin, Ashton	Goldsboro
Smith, Sandra	Campbell, Arthur	Fort Bragg
Snyder, Charlene	Benjamin, Ronald	Wilmington
Snyder, Charlene	Crane, Jonathan	Wilmington
Souza, Wendy	Whitmer, Gilbert	Fayetteville
Spencer, Matthew	McAlhany, Christopher	Greensboro
Stabile, Shelby	Biggerstaff, Daniel	Winston Salem
Stabile, Shelby	Epes, Charles	Greensboro
Stella, Dawn	Nacouzi, Vincent	Raleigh
Sterling, Anthony	Kelley, Steven	Clinton
Stevens, Lisa	Brown, Stephanie	Walnut Cove
Stevens, Lisa	Dewey, Elizabeth	Greensboro
Stratford, Shay	Weiser, Kirsten	Asheville
Sullivan, Michael	Skipper, Eric	Charlotte
Sullivan, Ursula	Watson, Ricky	Greenville
Svedberg, Kelly	Barnabei, Robert	Charlotte
Talley, Courtney	Avbuere, Edwin	Greensboro

November 17-19, 2010

Taylor, Lloyd	Dagenhart, Timothy	Salisbury
Thomas, Ann	Kirkland, John	Charlotte
Thomason, Melissa	Anderson, Christopher	Charlotte
Tilus, Jessicah	Njapa, Anthony	Wilmington
Trent, Erin	Dalvi, Gauri	Hope Mills
Trent, Erin	Guddati, Radha	Fayetteville
Troiani, Luigi	Markovic-Plese, Silva	Chapel Hill
Trzcienski, Michael	Burt, Mark	Raleigh
Trzcienski, Michael	Enochs, Paul	Cary
Trzcienski, Michael	Gilbert, Brett	Durham
Trzcienski, Michael	Oswald, Donald	Raleigh
Trzcienski, Michael	Struble, Stephen	Raleigh
Van Ooteghem, Christopher	Carducci, Bryan	Louisburg
Vaughn, James	Johnson, Earlie	Holly Ridge
Vaughn, James	Johnson, Earlie	Jacksonville
Vaughn, James	McGhee, James	Holly Ridge
Vecellio, Richard	Galaska, Piotr	Mooreville
Vidal-Cardozo, Lydia	Christensen, Tom	Calabash
Voedisch, Carrie	Weiser, Kirsten	Asheville
Walls, Linda	Sundaram, Senthil	Raleigh
Walton, Charles	Weaver, David	Wilmington
Wangerin-Lile, David	Pass, Michael	Watnesville
Ward, Andrea	Ellman, Peter	Pinehurst
Ward, Andrea	Kiser, Andy	Pinehurst
Ward, Andrea	Krahnert, John	Pinehurst
Ward, Andrea	Streitman, John	Pinehurst
Washington, Sandra	Stephenson, Anne	Butner
Watt, Alan	Kuroski-Mazzei, Alyson	Greensboro
Webster, Julie	Taylor, Andrew	Shelby
Weegar, James	Cox, James	Rutherford College
West, Emily	Campos, Kevin	Greensboro
Wheeler, Merritt	Howard, Willard	Rutherfordton
White, Steven	Polanco, Leonard	Graham
Williams, Clifton	Saltz, James	Snow Hill
Williams, Deborah	Somani, Jagdish	Morganton
Williams, Jessica	Hall, Timothy	Charlotte
Williams, Jessica	Millard, Jonathan	Charlotte
Williams, Jessica	Thompson, Donovan	Lincolnton
Williams, Jessica	Watling, Bradley	Charlotte
Wyche, Brandon	Gibbons, Gregory	Cary
Yerkes, Carrie	Patterson, Robert	Sanford
Young, Angela	Craven, Murray	Charlotte
Young, Danny	Peak, Edwin	Hickory
Young, Richard	Evans, Michael	Smithfield

ALLIED HEALTH COMMITTEE REPORT-PA/EMS

Peggy Robinson, PA-C, Chairperson; William Walker, MD; Pamela Blizzard.

Also present were: Marcus Jimison, Lori King, CPCS, Quanta Williams, Jane Paige, Katharine Kovacs, Nancy Hemphill, David Henderson, Mike Borden, Marc Katz, and Katy Martinelli.

Open Session Physician Assistants

1. Proposed PA Re-Entry Rule

Committee discussed the proposed PA Re-Entry Rule that was previously presented to the Board at the September, 2010 Board Meeting. Public Hearing scheduled for January, 2011.

Committee Recommendation: For information only.

Board Action: For information only.

2. PAs with Five or More Primary Supervising Physicians

Committee discussed PAs with five or more primary supervising physicians.

Committee Recommendation: Staff to generate current report to reveal PAs with five or more primary supervising physicians and complete audits on these PAs. Staff to check on year end cycle audits and possibly add information to the Forum.

Board Action: Staff to generate current report to reveal PAs with five or more primary supervising physicians and complete audits on these PAs. Staff to check on year end cycle audits and possibly add information to the Forum. Add audit information to online PA registration form.

Open Session NC Emergency Medical Services

1. No items for discussion.

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

One licensee application was 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.

ALLIED HEALTH COMMITTEE REPORT – LP/AA/CP

Peggy Robinson, PA-C, Chair; William Walker, MD; Pamela Blizzard. Also present were Marcus Jimison, Jane Paige, Lori King, Nancy Hemphill, Katharine Kovacs, and Quanta Williams.

1. Open Session Anesthesiologist Assistants
 - a. No items for discussion
2. Open Session Nurse Practitioners
 - a. No items for discussion
3. Open Session Clinical Pharmacist Practitioners
 - a. No Items for discussion
4. Open Session Perfusionists
 - a. Open session portion of the minutes of the September PAC meeting.
 - i. The open session minutes of the September PAC meeting have been sent to the Committee members for review.

Staff Recommendation: Accept as information

Committee Recommendation: Accept as information

Board Action: Accept as information
5. Open Session Polysomnography
 - a. No items for discussion

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

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

A motion passed to return to open session.

NURSE PRACTITIONER JOINT SUBCOMMITTEE

Peggy Robinson, PA-C, Chair (NCMB); Nancy Bruton-Maree, RN (NCBON); Mary Ann Fuchs, RN (NCBON); Daniel Hudgins (NCBON); William Walker, MD (NCMB); and Pamela Blizzard (NCMB). Also present was: Jean Stanley (NCBON); Donna Mooney (NCBON); Eileen Kugler (NCBON); Jack Nichols (NCBON); Julie George (NCBON); Marcus Jimison (NCMB); David Kalbacker (NCBON); and Quanta Williams (NCMB).

1. Approval of minutes of September 15, 2010
 - a. Motion: To approve the minutes of the September meeting. Passed.
 - i. Board Action: To approve the minutes of the September meeting.
2. Additions to agenda
 - a. Compliance Review Six Month Report
 - i. This is the third year of the compliance review program. Thirty reviews are done annually. So far this year, 22 NPs have been audited. Forty five percent are in complete compliance.
 - ii. Motion: To inform NPs during the registration process of mistakes that are being found during the review process. Passed.
 - iii. Board Action: To accept the motion of the NPJS.
 - b. Response to NP complaint
 - i. At the September meeting, the NPJS decided to send a response to the NP that submitted a letter of complaint regarding the informal interview process. This letter was mailed out in October. Ms. Williams will forward the letter to Committee members.
3. New Business
 - a. Report of any disciplinary actions, including Consent Agreements, taken by either Board since September 15, 2010
 - i. The Board of Nursing reported 10 actions taken against a nurse practitioner since the last meeting.
 - ii. The Medical Board reported one public action taken against a nurse practitioner since the last meeting.
 - b. Process for delineating investigation and discipline of nurse practitioners
 - i. A draft of the proposed process for informal interviews was submitted for the members to review. The proposal changes the interview panel to consist of a minimum of one NCMB member and one NCBON member of the Joint Subcommittee and one investigator or attorney from the respective Boards.
 - ii. Motion: To accept the draft with the inversion of numbers 3 & 4. Passed.
 - iii. Board Action: To accept the motion of the NPJS.
 - c. 2011 meeting schedule
 - i. January 19, May 18, September 21, and November 16.
4. OPEN SESSION
 - i. Motion: To accept the closed session items.
 - ii. Board Action: To accept the motion of the NPJS.
5. Election of Chair
 - i. Nancy Bruton-Maree was nominated by Ms. Fuchs to be the NPJS Chair for 2011.
 - ii. Motion: To elect Ms. Bruton-Maree as the 2011 Chair. Passed

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.

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

A motion passed to return to open session.

Policy Statement/Procedure:

1. In the event of a complaint to either the Board or the Medical Board regarding a nurse practitioner, the staff of the respective boards shall confer as to which board should investigate the complaint. In the event of any uncertainty, the staff shall conduct a joint investigation.
2. The appropriate staff shall investigate whether the Nurse Practitioner has violated any of the statutes or regulations of the Board of Nursing or Medical Board.
3. After an investigation is completed, the staff shall report to the Joint Subcommittee. However, if the violation involves a violation of the statutes and rules of the Board of Nursing regarding the underlying license to practice as a registered nurse, then the matter shall be referred to the Board of Nursing. Other matters shall be reported to the Joint Subcommittee which shall recommend whether to:
 - a. Dismiss the case;
 - b. Issue a Letter of Concern to the nurse practitioner;
 - c. Enter into negotiation for a Consent Order; or,
 - d. Initiate a disciplinary hearing in accordance with G.S. Chapter 150B, Article 3A. If a hearing is recommended, the Joint Subcommittee shall also recommend whether the matter should be heard by the Board of Nursing or the Medical Board.
4. In the event the Joint Subcommittee requests an informal interview with the licensee, the investigating Board will arrange the interview. The interview will be conducted by a pairing of a minimum of one NCMB member and one NCBON member of the Joint Subcommittee and one investigator or attorney from the respective Boards.
5. The pairing would report findings and recommendations to the Joint Subcommittee during closed session.
6. Nothing stated herein shall prevent either board from taking action pursuant to N.C. General Statutes Section 150B(c) (3).
7. If the underlying RN license has been surrendered/suspended/lapsed/inactive for six (6) months or more, the licensee must submit to a criminal background check (CBC) prior to reinstatement of the license. The CBC must be obtained within three (3) months of the reinstatement. (Contact the Board for materials needed to obtain CBC).

REVIEW (COMPLAINT) COMMITTEE REPORT

Paul Camnitz, MD, Chair; Peggy R. Robinson, PA-C; John B. Lewis

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

November 17-19, 2010

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 forty two 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

William Walker, MD, Chair; Dr. Thomas R. Hill, MD; Pamela Blizzard; Karen R. Gerancher, MD; Eleanor E. Greene, 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

William Walker, MD, Chair; Dr. Thomas R. Hill, MD; Pamela Blizzard; Karen R. Gerancher, MD; Eleanor E. Greene, 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 46 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 six 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

William Walker, MD, Chair; Dr. Thomas R. Hill, MD; Pamela Blizzard; Karen R. Gerancher, MD; Eleanor E. Greene, 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 36 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

Paul Camnitz, MD, Chair; Peggy R. Robinson, PA-C; John B. Lewis

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 35 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; Janice Huff, MD; Ralph C. Loomis, 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

November 17-19, 2010

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 39 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.

PRACTICE DRIFT COMMITTEE

Thomas Hill, MD, Chair; Karen Gerancher, MD; Thelma Lennon, Public Member. No members were absent. Also present were: Scott Kirby and Nancy Hemphill.

1. Old Business
 - a. reviewed and approved meeting notes and executive summary of public meeting
2. New Business
 - a. Discussed additional materials received (blog posts, emails, letters, draft position statements, academic papers, ExecNet responses from other states)
 - b. Made findings based on public meeting, new materials
 - c. Drafted proposed Position Statement for NCMB Policy Committee
 - d. Approved creating a guide for consumers similar to Arizona document;
 - i. staff will confirm that AZ Board will allow use of materials;
 - ii. Public Affairs will be asked to assist with drafting document
 - e. Discussed next steps to communicate with interested parties: will wait until Policy Committee meets in January to continue consideration of Position Statement and Consumer Guide
 - i. Will continue discussion among committee members and staff by email

RETREAT COMMITTEE

Karen Gerancher, MD, Chair; Janice E. Huff, MD; Thomas Hill, MD; Thelma Lennon, Public Member. No members were absent. Also present were: David Henderson, Donald E. Jablonski, DO, Paul S. Camnitz, MD, Christina Apperson and Maureen Bedell.

1. Old Business

There was no old business to discuss.
2. New Business

November 17-19, 2010

It was decided by the committee that the NCMB would hold a retreat in September 2011. More information will follow as the committee prepares for the event.

ADJOURNMENT

This meeting was adjourned at 3:30 p.m., November 19, 2010.

William A. Walker, MD
Secretary/Treasurer

OFFICE-BASED PROCEDURES

PREFACE

THIS POSITION STATEMENT ON OFFICE-BASED PROCEDURES IS AN INTERPRETIVE STATEMENT THAT ATTEMPTS TO IDENTIFY AND EXPLAIN THE STANDARDS OF PRACTICE FOR OFFICE-BASED PROCEDURES IN NORTH CAROLINA. THE BOARD'S INTENTION IS TO ARTICULATE EXISTING PROFESSIONAL STANDARDS AND NOT TO PROMULGATE A NEW STANDARD.

THIS POSITION STATEMENT IS IN THE FORM OF GUIDELINES DESIGNED TO ASSURE PATIENT SAFETY AND IDENTIFY THE CRITERIA BY WHICH THE BOARD WILL ASSESS THE CONDUCT OF ITS LICENSEES IN CONSIDERING DISCIPLINARY ACTION ARISING OUT OF THE PERFORMANCE OF OFFICE-BASED PROCEDURES. THUS, IT IS EXPECTED THAT THE LICENSEE WHO FOLLOWS THE GUIDELINES SET FORTH BELOW WILL AVOID DISCIPLINARY ACTION BY THE BOARD. HOWEVER, THIS POSITION STATEMENT IS NOT INTENDED TO BE COMPREHENSIVE OR TO SET OUT EXHAUSTIVELY EVERY STANDARD THAT MIGHT APPLY IN EVERY CIRCUMSTANCE. THE SILENCE OF THE POSITION STATEMENT ON ANY PARTICULAR MATTER SHOULD NOT BE CONSTRUED AS THE LACK OF AN ENFORCEABLE STANDARD.

General Guidelines

The Physician's Professional and Legal Obligation
The North Carolina Medical Board has adopted the guidelines contained in this Position Statement in order to assure patients have access to safe, high quality office-based surgical and special procedures. The guidelines further assure that a licensed physician with appropriate qualifications takes responsibility for the supervision of all aspects of the perioperative surgical, procedural and anesthesia care delivered in the office setting, including compliance with all aspects of these guidelines.

These obligations are to be understood (as explained in the Preface) as existing standards identified by the Board in an effort to assure patient safety and provide licensees guidance to avoid practicing below the standards of practice in such a manner that the licensee would be exposed to possible disciplinary action for unprofessional conduct as contemplated in N.C. Gen. Stat. § 90-14(a)(6).

Exemptions

These guidelines do not apply to Level I procedures.

Written Policies and Procedures

Written policies and procedures should be maintained to assist office-based practices in providing safe and quality surgical or special procedure care, assure consistent personnel performance, and promote an awareness and understanding of the inherent rights of patients.

Emergency Procedure and Transfer Protocol

The physician who performs the surgical or special procedure should assure that a transfer protocol is in place, preferably with a hospital that is licensed in the jurisdiction in which it is located and that is within reasonable proximity of the office where the procedure is performed.

All office personnel should be familiar with and capable of carrying out written emergency instructions. The instructions should be followed in the event of an emergency, any untoward anesthetic, medical or surgical complications, or other conditions making hospitalization of a patient necessary. The instructions should include arrangements for immediate contact of emergency medical services when indicated and when advanced cardiac life support is needed.

When emergency medical services are not indicated, the instructions should include procedures for timely escort of the patient to the hospital or to an appropriate practitioner.

Infection Control

The practice should comply with state and federal regulations regarding infection control. For all surgical and special procedures, the level of sterilization should meet applicable industry and occupational safety requirements. There should be a procedure and schedule for cleaning, disinfecting and sterilizing equipment and patient care items. Personnel should be trained in infection control practices, implementation of universal precautions, and disposal of hazardous waste products. Protective clothing and equipment should be readily available.

Performance Improvement

A performance improvement program should be implemented to provide a mechanism to review yearly the current practice activities and quality of care provided to patients.

Performance improvement activities should include, but are not limited to, review of mortalities; the appropriateness and necessity of procedures performed; emergency transfers; reportable complications, and resultant outcomes (including all postoperative infections); analysis of patient satisfaction surveys and complaints; and identification of undesirable trends (such as diagnostic errors, unacceptable results, follow-up of abnormal test results, medication errors, and system problems). Findings of the performance improvement program should be incorporated into the practice's educational activity.

Medical Records and Informed Consent

The practice should have a procedure for initiating and maintaining a health record for every patient evaluated or treated. The record should include a procedure code or suitable narrative description of the procedure and should have sufficient information to identify the patient, support the diagnosis, justify the treatment, and document the outcome and required follow-up care.

Medical history, physical examination, lab studies obtained within 30 days of the scheduled procedure, and pre-anesthesia examination and evaluation information and data should be adequately documented in the medical record.

The medical records also should contain documentation of the intraoperative and postoperative monitoring required by these guidelines.

Written documentation of informed consent should be included in the medical record.

Credentialing of Physicians

A physician who performs surgical or special procedures in an office requiring the administration of anesthesia services should be credentialed to perform that surgical or special procedure by a hospital, an ambulatory surgical facility, or substantially comply with criteria established by the Board.

Criteria to be considered by the Board in assessing a physician's competence to perform a surgical or special procedure include, without limitation:

1. state licensure;
2. procedure specific education, training, experience and successful evaluation appropriate for the patient population being treated (*i.e.*, pediatrics);
3. for physicians, board certification, board eligibility or completion of a training program in a field of specialization recognized by the ACGME or by a national medical specialty board that is recognized by the ABMS for expertise and proficiency in that field. For purposes of this requirement, board eligibility or certification is relevant only if the board in question is recognized by the ABMS,

- AOA, or equivalent board certification as determined by the Board;
4. professional misconduct and malpractice history;
 5. participation in peer and quality review;
 6. participation in continuing education consistent with the statutory requirements and requirements of the physician's professional organization;
 7. to the extent such coverage is reasonably available in North Carolina, malpractice insurance coverage for the surgical or special procedures being performed in the office;
 8. procedure-specific competence (and competence in the use of new procedures and technology), which should encompass education, training, experience and evaluation, and which may include the following:
 - a. adherence to professional society standards;
 - b. credentials approved by a nationally recognized accrediting or credentialing entity; or
 - c. didactic course complemented by hands-on, observed experience; training is to be followed by a specified number of cases supervised by a practitioner already competent in the respective procedure, in accordance with professional society standards.

If the physician administers the anesthetic as part of a surgical or special procedure (Level II only), he or she also should have documented competence to deliver the level of anesthesia administered.

Accreditation

After one year of operation following the adoption of these guidelines, any physician who performs Level II or Level III procedures in an office should be able to demonstrate, upon request by the Board, substantial compliance with these guidelines, or should obtain accreditation of the office setting by an approved accreditation agency or organization. The approved accreditation agency or organization should submit, upon request by the Board, a summary report for the office accredited by that agency.

All expenses related to accreditation or compliance with these guidelines shall be paid by the physician who performs the surgical or special procedures.

Patient Selection

The physician who performs the surgical or special procedure should evaluate the condition of the patient and the potential risks associated with the proposed treatment plan. The physician also is responsible for determining that the patient has an adequate support system to provide for necessary follow-up care. Patients with pre-existing medical problems or other conditions, who are at undue risk for complications, should be referred to an appropriate specialist for preoperative consultation.

ASA Physical Status Classifications

Patients that are considered high risk or are ASA physical status classification III, IV, or V and require a general anesthetic for the surgical procedure, should not have the surgical or special procedure performed in a physician office setting.

Candidates for Level II Procedures

Patients with an ASA physical status classification I, II, or III may be acceptable candidates for office-based surgical or special procedures requiring conscious sedation/ analgesia. ASA physical status classification III patients should be specifically addressed in the operating manual for the office. They may be acceptable candidates if deemed so by a physician qualified to assess the specific disability and its impact on anesthesia and surgical or procedural risks.

Candidates for Level III Procedures

Only patients with an ASA physical status classification I or II, who have no airway abnormality, and possess an unremarkable anesthetic history are acceptable candidates for Level III procedures.

Surgical or Special Procedure Guidelines

Patient Preparation

A medical history and physical examination to evaluate the risk of anesthesia and of the proposed surgical or special procedure, should be performed by a physician qualified to assess the impact of co-existing disease processes on surgery and anesthesia. Appropriate laboratory studies should be obtained within 30 days of the planned surgical procedure.

A pre-procedure examination and evaluation should be conducted prior to the surgical or special procedure by the physician. The information and data obtained during the course of this evaluation should be documented in the medical record

The physician performing the surgical or special procedure also should:

1. ensure that an appropriate pre-anesthetic examination and evaluation is performed proximate to the procedure;
2. prescribe the anesthetic, unless the anesthesia is administered by an anesthesiologist in which case the anesthesiologist may prescribe the anesthetic;
3. ensure that qualified health care professionals participate;
4. remain physically present during the intraoperative period and be immediately available for diagnosis, treatment, and management of anesthesia-related complications or emergencies; and
5. ensure the provision of indicated post-anesthesia care.

Discharge Criteria

Criteria for discharge for all patients who have received anesthesia should include the following:

1. confirmation of stable vital signs;
2. stable oxygen saturation levels;
3. return to pre-procedure mental status;
4. adequate pain control;
5. minimal bleeding, nausea and vomiting;
6. resolving neural blockade, resolution of the neuraxial blockade; and
7. eligible to be discharged in the company of a competent adult.

Information to the Patient

The patient should receive verbal instruction understandable to the patient or guardian, confirmed by written post-operative instructions and emergency contact numbers. The instructions should include:

1. the procedure performed;
2. information about potential complications;
3. telephone numbers to be used by the patient to discuss complications or should questions arise;
4. instructions for medications prescribed and pain management;
5. information regarding the follow-up visit date, time and location; and
6. designated treatment hospital in the event of emergency.

Reportable Complications

Physicians performing surgical or special procedures in the office should maintain timely records, which should be provided to the Board within three business days of receipt of a Board inquiry. Records of reportable complications should be in writing and should include:

1. physician's name and license number;
2. date and time of the occurrence;
3. office where the occurrence took place;
4. name and address of the patient;
5. surgical or special procedure involved;
6. type and dosage of sedation or anesthesia utilized in the procedure; and
7. circumstances involved in the occurrence.

Equipment Maintenance

All anesthesia-related equipment and monitors should be maintained to current operating room standards. All devices should have regular service/maintenance checks at least annually or per manufacturer recommendations. Service/maintenance checks should be performed by appropriately qualified biomedical personnel. Prior to the administration of anesthesia, all equipment/monitors should be checked using the current FDA recommendations as a guideline. Records of equipment checks should be maintained in a separate, dedicated log which must be made available to the Board upon request. Documentation of any criteria deemed to be substandard should include a clear description of the problem and the intervention. If equipment is utilized despite the problem, documentation should clearly indicate that patient safety is not in jeopardy.

The emergency supplies should be maintained and inspected by qualified personnel for presence and function of all appropriate equipment and drugs at intervals established by protocol to ensure that equipment is functional and present, drugs are not expired, and office personnel are familiar with equipment and supplies. Records of emergency supply checks should be maintained in a separate, dedicated log and made available to the Board upon request.

A physician should not permit anyone to tamper with a safety system or any monitoring device or disconnect an alarm system.

Compliance with Relevant Health Laws

Federal and state laws and regulations that affect the practice should be identified and procedures developed to comply with those requirements.

Nothing in this position statement affects the scope of activities subject to or exempted from the North Carolina health care facility licensure laws.¹

Patient Rights

Office personnel should be informed about the basic rights of patients and understand the importance of maintaining patients' rights. A patients' rights document should be readily available upon request.

Enforcement

In that the Board believes that these guidelines constitute the accepted and prevailing standards of practice for office-based procedures in North Carolina, failure to substantially comply with these guidelines creates the risk of disciplinary action by the Board.

¹ See N.C. Gen. Stat. § 131E-145 et seq.

Level II Guidelines

Personnel

The physician who performs the surgical or special procedure or a health care professional who is present during the intraoperative and postoperative periods should be ACLS certified, and at least one other health care professional should be BCLS certified. In an office where anesthesia services are provided to infants and children, personnel should be appropriately trained to handle pediatric emergencies (*i.e.*, APLS or PALS certified).

Recovery should be monitored by a registered nurse or other health care professional practicing within the scope of his or her license or certification who is BCLS certified and has the capability of administering medications as required for analgesia, nausea/vomiting, or other indications.

Surgical or Special Procedure Guidelines

Intraoperative Care and Monitoring

- The physician who performs Level II procedures that require conscious sedation in an office should ensure that monitoring is provided by a separate health care professional not otherwise involved in the surgical or special procedure. Monitoring should include, when clinically indicated for the patient:
 - direct observation of the patient and, to the extent practicable, observation of the patient's responses to verbal commands;
 - pulse oximetry should be performed continuously (an alternative method of measuring oxygen saturation may be substituted for pulse oximetry if the method has been demonstrated to have at least equivalent clinical effectiveness);
 - an electrocardiogram monitor should be used continuously on the patient;
 - the patient's blood pressure, pulse rate, and respirations should be measured and recorded at least every five minutes; and
 - the body temperature of a pediatric patient should be measured continuously.

• Clinically relevant findings during intraoperative monitoring should be documented in the patient's medical record.

Postoperative Care and Monitoring

The physician who performs the surgical or special procedure should evaluate the patient immediately upon completion of the surgery or special procedure and the anesthesia.

Care of the patient may then be transferred to the care of a qualified health care professional in the recovery area. A registered nurse or other health care professional practicing within the scope of his or her license or certification and who is BCLS certified and has the capability of administering medications as required for analgesia, nausea/vomiting, or other indications should monitor the patient postoperatively.

At least one health care professional who is ACLS certified should be immediately available until all patients have met discharge criteria. Prior to leaving the operating room or recovery area, each patient should meet discharge criteria.

Monitoring in the recovery area should include pulse oximetry and non-invasive blood pressure measurement. The patient should be assessed periodically for level of consciousness, pain relief, or any untoward complication. Clinically relevant findings during post-operative monitoring should be documented in the patient's medical record.

Equipment and Supplies

Unless another availability standard is clearly stated, the following equipment and supplies should be present in all offices where Level II procedures are performed:

1. Full and current crash cart at the location where the anesthetizing is being carried out. (the crash cart inventory should include appropriate resuscitative equipment and medications for surgical, procedural or anesthetic complications);
2. age-appropriate sized monitors, resuscitative equipment, supplies, and medication in accordance with the scope of the surgical or special procedures and the anesthesia services provided;
3. emergency power source able to produce adequate power to run required equipment for a minimum of two (2) hours;
4. electrocardiographic monitor;
5. noninvasive blood pressure monitor;
6. pulse oximeter;
7. continuous suction device;
8. endotracheal tubes, laryngoscopes;
9. positive pressure ventilation device (e.g., Ambu);
10. reliable source of oxygen;
11. emergency intubation equipment;
12. adequate operating room lighting;
13. appropriate sterilization equipment; and
14. IV solution and IV equipment.

Level III Guidelines

Personnel

Anesthesia should be administered by an anesthesiologist or a CRNA supervised by a physician. The physician who performs the surgical or special procedure should not administer the anesthesia. The anesthesia provider should not be otherwise involved in the surgical or special procedure.

The physician or the anesthesia provider should be ACLS certified, and at least one other health care professional should be BCLS certified. In an office where anesthesia services are provided to infants and children, personnel should be appropriately trained to handle pediatric emergencies (*i.e.*, APLS or PALS certified).

Surgical or Special Procedure Guidelines

Intraoperative Monitoring

- The physician who performs procedures in an office that require major conduction blockade, deep sedation/analgesia, or general anesthesia should ensure that monitoring is provided as follows when clinically indicated for the patient:
 - direct observation of the patient and, to the extent practicable, observation of the patient's responses to verbal commands;
 - pulse oximetry should be performed continuously. Any alternative method of measuring oxygen saturation may be substituted for pulse oximetry if the method has been demonstrated to have at least equivalent clinical effectiveness;
 - an electrocardiogram monitor should be used continuously on the patient;
 - the patient's blood pressure, pulse rate, and respirations should be measured and recorded at least every five minutes;
 - monitoring should be provided by a separate health care professional not otherwise involved in the surgical or special procedure;

- end-tidal carbon dioxide monitoring should be performed on the patient continuously during endotracheal anesthesia;
- an in-circuit oxygen analyzer should be used to monitor the oxygen concentration within the breathing circuit, displaying the oxygen percent of the total inspiratory mixture;
- a respirometer (volumeter) should be used to measure exhaled tidal volume whenever the breathing circuit of a patient allows;
- the body temperature of each patient should be measured continuously; and
- an esophageal or precordial stethoscope should be utilized on the patient.

Clinically relevant findings during intraoperative monitoring should be documented in the patient's medical record.

Postoperative Care and Monitoring

The physician who performs the surgical or special procedure should evaluate the patient immediately upon completion of the surgery or special procedure and the anesthesia.

Care of the patient may then be transferred to the care of a qualified health care professional in the recovery area. Qualified health care professionals capable of administering medications as required for analgesia, nausea/vomiting, or other indications should monitor the patient postoperatively.

Recovery from a Level III procedure should be monitored by an ACLS certified (PALS or APLS certified when appropriate) health care professional using appropriate criteria for the level of anesthesia. At least one health care professional who is ACLS certified should be immediately available during postoperative monitoring and until the patient meets discharge criteria. Each patient should meet discharge criteria prior to leaving the operating or recovery area.

Monitoring in the recovery area should include pulse oximetry and non-invasive blood pressure measurement. The patient should be assessed periodically for level of consciousness, pain relief, or any untoward complication. Clinically relevant findings during postoperative monitoring should be documented in the patient's medical record.

Equipment and Supplies

Unless another availability standard is clearly stated, the following equipment and supplies should be present in all offices where Level III procedures are performed:

1. full and current crash cart at the location where the anesthetizing is being carried out (the crash cart inventory should include appropriate resuscitative equipment and medications for surgical, procedural or anesthetic complications);
2. age-appropriate sized monitors, resuscitative equipment, supplies, and medication in accordance with the scope of the surgical or special procedures and the anesthesia services provided;
3. emergency power source able to produce adequate power to run required equipment for a minimum of two (2) hours;
4. electrocardiographic monitor;
5. noninvasive blood pressure monitor;
6. pulse oximeter;
7. continuous suction device;
8. endotracheal tubes, and laryngoscopes;
9. positive pressure ventilation device (e.g., Ambu);
10. reliable source of oxygen;
11. emergency intubation equipment;
12. adequate operating room lighting;
13. appropriate sterilization equipment;
14. IV solution and IV equipment;
15. sufficient ampules of dantrolene sodium should be emergently available;
16. esophageal or precordial stethoscope;

17. emergency resuscitation equipment;
18. temperature monitoring device;
19. end tidal CO₂ monitor (for endotracheal anesthesia); and
20. appropriate operating or procedure table.

Definitions

AAAASF – the American Association for the Accreditation of Ambulatory Surgery Facilities.

AAAHC – the Accreditation Association for Ambulatory Health Care

ABMS – the American Board of Medical Specialties

ACGME – the Accreditation Council for Graduate Medical Education

ACLS certified – a person who holds a current “ACLS Provider” credential certifying that they have successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Advanced Cardiovascular Life Support Program.

Advanced cardiac life support certified – a licensee that has successfully completed and recertified periodically an advanced cardiac life support course offered by a recognized accrediting organization appropriate to the licensee’s field of practice. For example, for those licensees treating adult patients, training in ACLS is appropriate; for those treating children, training in PALS or APLS is appropriate.

Ambulatory surgical facility – a facility licensed under Article 6, Part D of Chapter 131E of the North Carolina General Statutes or if the facility is located outside North Carolina, under that jurisdiction’s relevant facility licensure laws.

Anesthesia provider – an anesthesiologist or CRNA.

Anesthesiologist – a physician who has successfully completed a residency program in anesthesiology approved by the ACGME or AOA, or who is currently a diplomate of either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or who was made a Fellow of the American College of Anesthesiology before 1982.

AOA – the American Osteopathic Association

APLS certified – a person who holds a current certification in advanced pediatric life support from a program approved by the American Heart Association.

Approved accrediting agency or organization – a nationally recognized accrediting agency (e.g., AAAASF; AAAHC, JCAHO, and HFAP) including any agency approved by the Board.

ASA – the American Society of Anesthesiologists

BCLS certified – a person who holds a current certification in basic cardiac life support from a program approved by the American Heart Association.

Board – the North Carolina Medical Board.

Conscious sedation – the administration of a drug or drugs in order to induce that state of consciousness in a patient which allows the patient to tolerate unpleasant medical procedures without losing defensive reflexes, adequate cardio-respiratory function and the ability to respond

purposefully to verbal command or to tactile stimulation if verbal response is not possible as, for example, in the case of a small child or deaf person. Conscious sedation does not include an oral dose of pain medication or minimal pre-procedure tranquilization such as the administration of a pre-procedure oral dose of a benzodiazepine designed to calm the patient. "Conscious sedation" should be synonymous with the term "sedation/analgesia" as used by the American Society of Anesthesiologists.

Credentialed – a physician that has been granted, and continues to maintain, the privilege by a hospital or ambulatory surgical facility licensed in the jurisdiction in which it is located to provide specified services, such as surgical or special procedures or the administration of one or more types of anesthetic agents or procedures, or can show documentation of adequate training and experience.

CRNA – a registered nurse who is authorized by the North Carolina Board of Nursing to perform nurse anesthesia activities.

Deep sedation/analgesia – the administration of a drug or drugs which produces depression of consciousness during which patients cannot be easily aroused but can respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

FDA – the Food and Drug Administration.

General anesthesia – a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Health care professional – any office staff member who is licensed or certified by a recognized professional or health care organization.

HFAP – the Health Facilities Accreditation Program, a division of the AOA.

Hospital – a facility licensed under Article 5, Part A of Chapter 131E of the North Carolina General Statutes or if the facility is located outside North Carolina, under that jurisdiction's relevant facility licensure laws.

Immediately available – within the office.

JCAHO – the Joint Commission for the Accreditation of Health Organizations

Level I procedures – any surgical or special procedures:

- a. that do not involve drug-induced alteration of consciousness;
- b. where preoperative medications are not required or used other than minimal preoperative tranquilization of the patient (anxiolysis of the patient) ;
- c. where the anesthesia required or used is local, topical, digital block, or none; and
- d. where the probability of complications requiring hospitalization is remote.

Level II procedures – any surgical or special procedures:

- a. that require the administration of local or peripheral nerve block, minor conduction blockade, Bier block, minimal sedation, or conscious sedation; and

- b. where there is only a moderate risk of surgical and/or anesthetic complications and the need for hospitalization as a result of these complications is unlikely.

Level III procedures – any surgical or special procedures:

- a. that require, or reasonably should require, the use of major conduction blockade, deep sedation/analgesia, or general anesthesia; and
- b. where there is only a moderate risk of surgical and/or anesthetic complications and the need for hospitalization as a result of these complications is unlikely.

Local anesthesia – the administration of an agent which produces a transient and reversible loss of sensation in a circumscribed portion of the body.

Major conduction blockade – the injection of local anesthesia to stop or prevent a painful sensation in a region of the body. Major conduction blocks include, but are not limited to, axillary, interscalene, and supraclavicular block of the brachial plexus; spinal (subarachnoid), epidural and caudal blocks.

Minimal sedation (anxiolysis) – the administration of a drug or drugs which produces a state of consciousness that allows the patient to tolerate unpleasant medical procedures while responding normally to verbal commands. Cardiovascular or respiratory function should remain unaffected and defensive airway reflexes should remain intact.

Minor conduction blockade – the injection of local anesthesia to stop or prevent a painful sensation in a circumscribed area of the body (*i.e.*, infiltration or local nerve block), or the block of a nerve by direct pressure and refrigeration. Minor conduction blocks include, but are not limited to, intercostal, retrobulbar, paravertebral, peribulbar, pudendal, sciatic nerve, and ankle blocks.

Monitoring – continuous, visual observation of a patient and regular observation of the patient as deemed appropriate by the level of sedation or recovery using instruments to measure, display, and record physiologic values such as heart rate, blood pressure, respiration and oxygen saturation.

Office – a location at which incidental, limited ambulatory surgical procedures are performed and which is not a licensed ambulatory surgical facility pursuant to Article 6, Part D of Chapter 131E of the North Carolina General Statutes.

Operating room – that location in the office dedicated to the performance of surgery or special procedures.

OSHA – the Occupational Safety and Health Administration.

PALS certified – a person who holds a current certification in pediatric advanced life support from a program approved by the American Heart Association.

Physical status classification – a description of a patient used in determining if an office surgery or procedure is appropriate. For purposes of these guidelines, ASA classifications will be used. The ASA enumerates classification: I-normal, healthy patient; II-a patient with mild systemic disease; III a patient with severe systemic disease limiting activity but not incapacitating; IV-a patient with incapacitating systemic disease that is a constant threat to life; and V-moribund, patients not expected to live 24 hours with or without operation.

Physician – an individual holding an MD or DO degree licensed pursuant to the NC Medical Practice Act and who performs surgical or special procedures covered by these guidelines.

Recovery area – a room or limited access area of an office dedicated to providing medical services to patients recovering from surgical or special procedures or anesthesia.

Reportable complications – untoward events occurring at any time within forty-eight (48) hours of any surgical or special procedure or the administration of anesthesia in an office setting including, but not limited to, any of the following: paralysis, nerve injury, malignant hyperthermia, seizures, myocardial infarction, pulmonary embolism, renal failure, significant cardiac events, respiratory arrest, aspiration of gastric contents, cerebral vascular accident, transfusion reaction, pneumothorax, allergic reaction to anesthesia, unintended hospitalization for more than twenty-four (24) hours, or death.

Special procedure – patient care that requires entering the body with instruments in a potentially painful manner, or that requires the patient to be immobile, for a diagnostic or therapeutic procedure requiring anesthesia services; for example, diagnostic or therapeutic endoscopy; invasive radiologic procedures, pediatric magnetic resonance imaging; manipulation under anesthesia or endoscopic examination with the use of general anesthesia.

Surgical procedure – the revision, destruction, incision, or structural alteration of human tissue performed using a variety of methods and instruments and includes the operative and non-operative care of individuals in need of such intervention, and demands pre-operative assessment, judgment, technical skill, post-operative management, and follow-up.

Topical anesthesia – an anesthetic agent applied directly or by spray to the skin or mucous membranes, intended to produce a transient and reversible loss of sensation to a circumscribed area.

[A Position Statement on Office-Based Surgery was adopted by the Board on September 2000. The statement above (Adopted January 2003) replaces that statement.]

ATTACHMENT "B"

Joint Statement on Pain Management in End-of-Life Care (Adopted by the North Carolina Medical, Nursing, and Pharmacy Boards)

Through dialogue with members of the healthcare community and consumers, a number of perceived regulatory barriers to adequate pain management in end-of-life care have been expressed to the Boards of Medicine, Nursing, and Pharmacy. The following statement attempts to address these misperceptions by outlining practice expectations for physicians and other health care professionals authorized to prescribe medications, as well as nurses and pharmacists involved in this aspect of end-of-life care. The statement is based on:

- the legal scope of practice for each of these licensed health professionals;
- professional collaboration and communication among health professionals providing palliative care; and
- a standard of care that assures on-going pain assessment, a therapeutic plan for pain management interventions; and evidence of adequate symptom management for the dying patient.

It is the position of all three Boards that patients and their families should be assured of competent, comprehensive palliative care at the end of their lives. Physicians, nurses and pharmacists should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided.

Because of the overwhelming concern of patients about pain relief, the physician needs to give special attention to the effective assessment of pain. It is particularly important that the physician frankly but sensitively discuss with the patient and the family their concerns and choices at the end of life. As part of this discussion, the physician should make clear that, in some end of life care situations, there are inherent risks associated with effective pain relief. *The Medical Board will assume opioid use in such patients is appropriate if the responsible physician is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan.* Because the Board is aware of the inherent risks associated with effective pain relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

With regard to pharmacy practice, North Carolina has no quantity restrictions on dispensing controlled substances including those in Schedule II. This is significant when utilizing the federal rule that allows the partial filling of Schedule II prescriptions for up to 60 days. In these situations it would minimize expenses and unnecessary waste of drugs if the prescriber would note on the prescription that the patient is terminally ill and specify the largest anticipated quantity that could be needed for the next two months. The pharmacist could then dispense smaller quantities of the prescription to meet the patient's needs up to the total quantity authorized. Government-approved labeling for dosage level and frequency can be useful as guidance for patient care. Health professionals may, on occasion, determine that higher levels are justified in specific cases. However, these occasions would be exceptions to general practice and would need to be properly documented to establish informed consent of the patient and family.

Federal and state rules also allow the fax transmittal of an original prescription for Schedule II drugs for hospice patients. If the prescriber notes the hospice status of the patient on the faxed document, it serves as the original. Pharmacy rules also allow the emergency refilling of

prescriptions in Schedules III, IV, and V. While this does not apply to Schedule II drugs, it can be useful in situations where the patient is using drugs such as Vicodin for pain or Xanax for anxiety.

The nurse is often the health professional most involved in on-going pain assessment, implementing the prescribed pain management plan, evaluating the patient's response to such interventions and adjusting medication levels based on patient status. In order to achieve adequate pain management, the prescription must provide dosage ranges and frequency parameters within which the nurse may adjust (titrate) medication in order to achieve adequate pain control. Consistent with the licensee's scope of practice, the RN or LPN is accountable for implementing the pain management plan utilizing his/her knowledge base and documented assessment of the patient's needs. *The nurse has the authority to adjust medication levels within the dosage and frequency ranges stipulated by the prescriber and according to the agency's established protocols.* However, the nurse does not have the authority to change the medical pain management plan. When adequate pain management is not achieved under the currently prescribed treatment plan, the nurse is responsible for reporting such findings to the prescriber and documenting this communication. Only the physician or other health professional with authority to prescribe may change the medical pain management plan.

Communication and collaboration between members of the healthcare team, and the patient and family are essential in achieving adequate pain management in end-of-life care. Within this interdisciplinary framework for end of life care, effective pain management should include:

- thorough documentation of all aspects of the patient's assessment and care;
- a working diagnosis and therapeutic treatment plan including pharmacologic and non-pharmacologic interventions;
- regular and documented evaluation of response to the interventions and, as appropriate, revisions to the treatment plan;
- evidence of communication among care providers;
- education of the patient and family; and
- a clear understanding by the patient, the family and healthcare team of the treatment goals.

It is important to remind health professionals that licensing boards hold each licensee accountable for providing safe, effective care. Exercising this standard of care requires the application of knowledge, skills, as well as ethical principles focused on optimum patient care while taking all appropriate measures to relieve suffering. The healthcare team should give primary importance to the expressed desires of the patient tempered by the judgment and legal responsibilities of each licensed health professional as to what is in the patient's best interest.

(October 1999)

ATTACHMENT "C"

Original proposed rule:

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

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.

ATTACHMENT "D"

North Carolina Medical Board
Task Force on Physician Advertising of Specialty Board Certification
Minutes of the Meeting of May 19, 2010

The Meeting of the Task Force on Specialty Board Certification was called to order by Chairman William Walker, M.D. at 6:00 PM Tuesday, May 19, 2010 in the Board Room of the North Carolina Medical Board, 1203 Front Street, Raleigh, NC.

The following Task Force members were present:

William Walker, MD, Chair, Member of the North Carolina Medical Board
Pamela Blizzard, Member of the North Carolina Medical Board
Ralph Loomis, MD, Member of the North Carolina Medical Board
Craig Burkhardt, MD(Chapel Hill)
Edward Ermini, MD (Lumberton)
John Fagg, MD (Winston-Salem)
Brian Forrest, MD (Apex)
Cynthia Gregg, MD (Cary)
Paul Francis Malinda, MD (Kernersville)
Warren Pendergast, MD (Raleigh)
John C. Pittman, MD (Raleigh)
Vivek Tayal, MD (Charlotte & Washington, DC)

Dr. Walker explained the purpose and need for the Task Force. The North Carolina Medical Board selected the Task Force members to serve as a panel of experts to review materials, hear presentations and discuss appropriate standards for physicians who advertise they are board certified. Dr. Walker cautioned the group that the Task Force meeting was not intended as a forum to debate the relative merits of various certifying organizations but rather to define the appropriate use of the term "board certified" in advertising.

The Task Force heard a briefing from Medical Board attorney Todd Brosius on the Board's work on the issue. The Board has broad general authority under N.C.G.S. 90-14(a)(1) to discipline its licensees for unprofessional conduct such as false or misleading advertising. In November 1999 the Board first adopted a Position Statement entitled "Advertising and Publicity" generally cautioning licensees against false advertising and providing guidelines with which to assess the propriety of certain kinds of ads. (Position Statement adopted November 1999; amended March 2001; and revised September 2005). The Board revisited physician board certification advertising standards three years ago when the Board disciplined a physician for advertising his board certification by a patently illegitimate board. The Medical Board subsequently issued proposed rule 21 NCAC 32Y .0101 "Advertising of Specialty and Board Certification" which set criteria that a board must meet before a physician could advertise board-certified status. The Medical Board received 77 letters of public comment at the November 2009 rule hearing, which prompted the Board to delay the rulemaking process pending further solicitation of public input and in-depth discussion with stakeholders. This need for more information precipitated the Task Force's creation.

The Task Force was reminded of the reading materials sent for review prior to the meeting. The group then heard formal presentations concerning board certification criteria and operations from the following individuals representing the following organizations: Cheryl Gross of the American Osteopathic Association Bureau of Osteopathic Specialties; William Carbone, MD, of

November 17-19, 2010

the American Board of Physician Specialists; Kevin Weiss, MD, of the American Board of Medical Specialties; Scott Fintzen, JD and Michael Will, MD, DDS of the American Board of Cosmetic Surgery; and Janice Ramquist of the North Carolina Integrative Medical Society. The Task Force engaged in conversation with each of the speakers.

Dr. Walker then led a discussion among the Task Force members concerning the evening's presentations. One member suggested the NCMB require physicians who advertise to list board certification and the name of the certifying board. The NCMB should also provide guidelines to assist in identifying legitimate boards. "Board certification" should be meaningful. It should reflect rigorous training and viable testing in a specialty. NCMB should serve as a safety net to discern legitimate boards from illegitimate boards but should allow for some expansion and innovation in the development of new specialty boards as medicine evolves.

Another opined that "board certified" is a widely understood term. A possible alternative would be to permit physicians to advertise that they are "trained in a certain procedure" or "certified to do a certain procedure."

Another task force member recommended that the language of proposed rule 21 NCAC 32Y .0101(a)(4) be amended to require training in the area of specialization. The NCMB needs to educate the public about the significance of "board certification." Yellow pages and internet sites often erroneously designate a physician as a specialist or attribute board certification when a physician is unaware that his/her information is included an advertisement or listing. It is impossible for a physician to prevent its occurrence and it would be inequitable for the NCMB to punish in those circumstances. It was further suggested that the NCMB Licensee Information Page would be an ideal site to allow for this information.

It was noted that the proposed rule is more lenient than the current Position Statement in that it permits advertisement of board certification by organizations "equivalent to" ABMS-recognized boards. NCMB needs to clarify what is meant by "equivalent" and reference was made to the Texas Medical Board's rule.

It was noted that it will be a time- and resource-intensive undertaking for the NCMB to determine which certifying boards are legitimate and which are not. It was again suggested that if a physician's residency training differs from his board certification, both should be included in an advertisement.

Others suggested looking at Florida's and Texas' approach to advertising of board certification. Another suggestion was to develop a logo to be used in advertisements that signifies the NCMB has approved the board.

Dr. Walker summarized the evening's discussion and added that NCMB policy also needs to recognize the international practice of medicine and foreign-trained physicians with distinguished international credentials cannot be unfairly proscribed from advertising their board certifications because the NCMB was provincial in its approach to policymaking.

Dr. Walker, aware of the issue's inherent complexity and mindful of the late hour, invited interested parties to submit additional written comments on the narrow issue of physician advertising of board certification before June 18. The meeting was adjourned at 9 PM.

Recommendations of the North Carolina Medical Board Task Force on Physician Advertising of Board Certification

The Task Force met at 6 PM on Tuesday, May 18, 2010 in the Board Room of the North Carolina Medical Board, 1203 Front Street, Raleigh, North Carolina. The "Minutes of the

November 17-19, 2010

Meeting of the North Carolina Medical Board Task Force on Physician Advertising of Board Certification” are incorporated as Attachment 1. The Task Force was charged with discussing and identifying standards for the state’s physicians advertising to the public that they are “board certified.”

Defining “Board Certified”

“Board certified” has a special meaning within the health care industry and to the general public. Board Certification requires completion of a residency, licensure by a state medical board, and passing additional examinations in the specialty field. Board certification further assures the public that a physician remains dedicated to lifelong learning and mastery of the specialty field. Board certification connotes that a physician has advanced knowledge and expertise.

The general public relies on the term “board certified” as a means of assessing a physician’s clinical ability. Patients who select a board certified physician as their health care professional historically have been safe in assuming that the physician had met rigorous educational, training and testing requirements. (ABMS letter to NCMB Task Force, May 10, 2010.) A physician’s board certification may be used to determine eligibility to contract with managed care entities, for credentialing to serve on hospital staffs, to obtain other clinical privileges, to ascertain competence to practice medicine or for other purposes. (AMA Policy H-275.944 Board Certification and Discrimination (Sub. Res. 701, I-95, Reaffirmed: CME Rep. 7, A-07)) However, the Task Force is focused only on the issue of physician advertising of board certification to the public.

History of Board Certification

In the early 1900’s advances in medical science vastly improved the delivery of health care. Unfortunately this era of rapid medical advancement also allowed less well trained or less well qualified physicians to make claims concerning the extent of their knowledge and training that could not be substantiated. With no formal system in place to validate these claims, neither the public nor the medical profession could trust that a self-designated specialist had the appropriate qualifications. This uncertainty prompted the rise of the specialty board movement.

In 1908 the American Academy of Ophthalmology and Otolaryngology first proposed the notion of specialized training followed by an examination in order to determine a physician’s competence in a particular field. The National Board of Medical Examiners and the American Medical Association, among others, worked together to implement standards for graduate medical school education and the recognition of physician specialists which was largely accomplished during the 1920s and 1930s. National specialty boards designated certain clinical and practical experiences as well as graduate course requirements as prerequisites to sit for the examinations. Eventually specialty boards established a uniform system to administer examinations conducted by a group of peers selected by the boards. The rapid and widespread acceptance of specialty boards by the profession began to restrain physicians with little or no formal education in the specialty from designating themselves as specialists. (www.ABMS.org)

There are currently approximately 100 to 200 organizations claiming to certify physicians as specialists. (ABMS letter to NCMB Task Force, May 10, 2010) These certifying boards have a broad spectrum of intellectual, clinical, and academic requirements to achieve certification status. Some boards have been criticized for lacking intellectual rigor and designating physicians as “board certified” without meeting any real standards other than paying the certifying board’s fees. These “bogus boards” have degraded the term “board certified” as a measure of reliability. A significant conflict exists between the well established certifying organizations (ABMS and AOA) and newer organizations wishing to become certifying boards. The conflict revolves around a perception of prejudice on the part of the established

organizations against newcomers on the grounds of economic issues and differences regarding the quality of the programs and the appropriateness of subdivisions of medical training. There may be varying degrees of truth in the claims made on all sides of the debate. Regardless, the public can no longer safely assume that “board certified” means what it once did. The North Carolina Medical Board wishes to establish guidelines for its physician licensees to avoid misleading the public when advertising “board certification.”

NCMB and Standards for Physician Advertising of Board Certification

The Board has broad general authority under N.C.G.S. 90-14(a)(1) to discipline its licensees for conduct such as false or misleading advertising. In November 1999 the Board first adopted a Position Statement entitled “Advertising and Publicity” generally cautioning licensees against false advertising and providing guidelines to assess the propriety of certain kinds of ads. (Position Statement adopted November 1999; amended March 2001; revised September 2005). The Board revisited physician board certification advertising standards three years ago when the Board disciplined a physician for publicly advertising his board certification by a patently “bogus” board and failing to disclose in advertising that his post graduate training was done in another specialty field. The NCMB felt that its licensees would benefit from more robust advertising guidelines. Accordingly, the NCMB issued proposed rule 21 NCAC 32Y .0101 “Advertising of Specialty and Board Certification” which set criteria that a board must meet before a physician could advertise board-certified status. The Medical Board received 77 letters of public comment at the November 2009 rule hearing, prompting the Board to delay the rulemaking process to create this Task Force to allow for additional public input and discussion among stakeholders.

Background

The issue of defining the parameters of appropriate advertising of board certification by physician licensees began when the California Board studied the issue in 1990 at the request of the California state legislature. Since then the Texas, Florida and Oklahoma boards have each labored to adopt criteria for distinguishing “bogus” or “sham” certifying boards from their legitimate counterparts. These efforts have given rise to expensive and protracted litigation as well as aggressive lobbying efforts by specialty boards which do not meet the criteria of the various state licensing Boards. At its 2010 Annual Meeting, the Federation of State Medical Boards declined to adopt a resolution asking the FSMB to study advertising standards regarding board certification. The North Carolina Medical Board and the Task Force have endeavored to find a solution that will adequately protect the public.

Task Force Recommendations

The issue of advertising board certification is complex and contentious. To fully understand board certification requires a working knowledge of physician residency and fellowship training, the taxonomy of physician specialty designations, and specialty certification boards. Constitutional law concerning commercial free speech, state physician regulatory law and physician specialty politics all relate to the issue of advertising. Consequently the Task Force recommends that the Medical Board adopt a strategy to regulate and educate its physician licensees and educate the general public. First, the Task Force recommends amendments to proposed Rule 21 NCAC 32Y .0101 “Advertising of Specialty and Board Certification.” The Board should also amend its current Position Statement, “Advertising and Publicity” (adopted Nov. 1, 1999) to better inform both licensees and the general public in specific terms what the Board's expectations are for specialty and board certification advertising by physicians. Finally, the Board should provide consumer education regarding “board certification” on the Board website with links to appropriate resources.

Changes to Proposed NCMB Rule 21 NCAC 32Y .0101

The proposed rule, Attachment 2, precludes advertisement of board certification unless the board in question has been approved by the American Board of Medical Specialties; the Bureau of Osteopathic Specialists of the American Osteopathic Association; the Royal College of Physicians and Surgeons of Canada; or a board or association fulfilling the characteristics listed in the rule. The proposed rule further requires that a physician advertising board certification disclose the name of the specialty board granting certification. Finally, the proposed rule requires that if a physician is board-certified in a specialty different than the one in which he or she is residency- or fellowship-trained, the physician must note that with equal prominence in the advertising materials.

The Task Force recommends against the Medical Board's implementation of any rule, policy or procedure that would require the Medical Board to individually assess the legitimacy of specialty boards that grant board certification status to physicians. The leadership, management, board certification requirements and membership requirements in such organizations are in a state of flux. Assessing specialty boards is a data-intensive, time-intensive and resource-intensive undertaking and requires special expertise. Other state medical boards with such review mechanisms report substantial litigation by certifying boards which do not meet the various state licensing boards' criteria. While litigation risk should not prevent the adoption of policies, the cost in time and resources must be considered.

Amendments to the NCMB Position Statement "Advertising and Publicity"

The Task Force recommends amendments to the Position Statement. The Task Force believes that the statement in its present form lacks the specific detail that licensees may rely on when crafting their advertisements to comport with the Board's expectations. The Task Force believes specific guidance serves the licensees and the public better. The statement should reflect NCMB's opinions concerning consumer advertising. The statement should reflect the reality that physicians often cannot control information on the internet in physician listings, consumer rating services and other media. The statement should also encourage physicians to provide accurate current information on the North Carolina Medical Board's Licensee Information Pages. Consideration should be given to the Constitutional protections afforded commercial speech in crafting the Position Statement.

Consumer Education on the NCMB Website

The Task Force recommends that the North Carolina Medical Board expand the use of the North Carolina Medical Board website as a consumer resource center. The Board should direct its staff to provide educational materials in laymen's terms that explain the significance of the term "board certified." The materials should explain how certifying boards differ from state licensing agencies and give a brief explanation of the history of the development of certifying boards. It should be noted that board certification is used for assessment purposes by a variety of organizations, including insurance panels, hospital privileging committees, and Medicare and Medicaid, among others. The information should include recognition that ABMS- and AOA-recognized board certifications are acknowledged by industry experts to represent the "gold standard" for physicians but that other legitimate and credible boards exist. Likewise, the public should be informed that Boards requiring completion of a specialty-specific ACGME-approved postgraduate training program represent the highest standard of physician training and certification. The public should also be informed that there are viable reasons why such board certification is not open to everyone, for example, emergency physicians who graduated from medical school prior to the formal recognition of emergency medicine as an independent specialty. The public should also be afforded a list of criteria the NCMB feels are essential

components of a legitimate certifying board. NCMB should also provide a list of “red flags” that identify “bogus” or “sham” boards.

The consumer education page should make clear that the Board’s rules governing physician advertising of board certification apply to the limited instance of consumer advertising and do not serve as a referendum on the legitimacy of various certifying boards. The standards should not be used as a benchmark or controlling authority for credentialing organizations or for privileging purposes. Likewise, the Board’s approval of advertising of board certification by boards other than those traditional ABMS- or AOA-approved boards should not be misconstrued as tacit approval of diminution of standards for certifying boards.

Conclusion

The North Carolina Medical Board Task Force on Physician Advertising of Specialty Board Certification hereby presents this report for consideration by the Policy Committee of the North Carolina Medical Board at the Board’s September, 2010 meeting.

Proposed 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 the (1) American Board of Medical Specialties; (2) the Bureau of Osteopathic Specialists of the American Osteopathic Association; (3) the Royal College of Physicians and Surgeons of Canada; a board or association that meets the following requirements:

- (1) the organization requires all physicians seeking certification to successfully pass a written or oral examination or both, which tests the applicant’s knowledge and skill in the specialty or subspecialty area of medicine. All examinations require a psychometric evaluation for validation;ⁱ
- (2) the organization requires diplomates to recertify every ten years or less, which requires passage of a valid written examination;
- (3) the organization prohibits all certification and recertification candidates from attempting more than three times in three years to pass the examination;
- (4) the organization has written proof of a determination by the Internal Revenue Service that the certifying board is tax-exempt under Section 501(c) of the Internal Revenue Code;
- (5) the organization has a permanent headquarters and staff sufficient to respond to consumer and regulatory inquiries;
- (6) the organization has written by-laws and a code of ethics to guide the practice of its members and an internal review and control process including budgetary practices to ensure effective utilization of resources; and
- (7) the organization requires all physicians seeking certification to have satisfactorily completed identifiable and substantial training (not consisting solely of experiential or “on the job” training) in the specialty or subspecialty area of medicine in which the physician is seeking certification.

(b) Any physician 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) A physician that completed his or her training in a specialty or sub-specialty different from the specialty or sub-specialty in which he or she is “Board Certified” as contemplated in paragraph (a) shall note in any advertisements or other public announcements the specialty or sub-specialty in which the physician’s residency training or fellowship training was completed. Such advertisements or other public announcements shall list the residency training or fellowship training completed by the physician and the specialty or sub-specialty in which he or she is Board Certified with equal prominence.

(d) The licensee shall maintain and provide to the Board upon request evidence of current board certification and, in the case of non-ABMS, non-AOA and non-RCPSC boards, evidence that the certifying board meets the criteria listed in paragraph (a).

ATTACHMENT "E"

Proposed Position Statement:

Advertising and Publicity

It is the position of the North Carolina Medical Board that advertising or publicity that is deceptive, false, or misleading constitutes unprofessional conduct under the Medical Practice Act.*

The term "advertising" includes oral, written and other types of communication disseminated by or at the direction of a licensee for the purpose of encouraging or soliciting the use of the licensee's services. At issue is whether a member of the general public would be confused or deceived by the advertising in question. The following general principles are intended to assist licensees in meeting the Board's expectations: (1) advertisements should not contain false claims or misrepresentations of fact, either expressly or by implication; (2) advertisements should not omit material facts; and (3) licensees should be prepared to substantiate claims made in advertisements.

Licensees should avoid advertising and publicity that create unjustified medical expectations, that are accompanied by deceptive claims, or that imply exclusive or unique skills or remedies. Similarly, a statement that a licensee has cured or successfully treated a large number of patients suffering a particular ailment is deceptive if it implies a certainty of results and/or creates unjustified or misleading expectations. When using patient photographs, they should be of the licensee's own patients and demonstrate realistic outcomes. Likewise, when a change of circumstances renders advertising inaccurate or misleading, the licensee is expected to make reasonable efforts to correct the advertising within a reasonable time frame.

The advent of the Internet and the proliferation of websites purporting to "rate" healthcare providers mean that licensees cannot always control information about themselves in the public domain. However, a licensee is expected to exercise reasonable efforts to bring about the correction or elimination of false or misleading information when he or she becomes aware of it.

Physicians Advertising Board Certification

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

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

- i. the organization requires satisfactory completion of a training program with training, documentation and clinical requirements similar in scope and complexity to ACGME- or AOA-approved programs, in the specialty or subspecialty field of medicine in which the physician seeks certification. Solely experiential or on-the-job training is not sufficient;

- ii. the organization requires all physicians seeking certification to successfully pass a written or oral examination or both, which tests the applicant's knowledge and skill in the specialty or subspecialty area of medicine. All examinations require a psychometric evaluation for validation;
- iii. the organization requires diplomates to recertify every ten years or less, and the recertification requires, at a minimum, passage of a written examination;
- iv. the organization prohibits all certification and recertification candidates from attempting more than three times in three years to pass the examination;
- v. the organization has written by-laws and a code of ethics to guide the practice of its members and an internal review and control process including budgetary practices to ensure effective utilization of resources;
- vi. the organization has written proof of a determination by the Internal Revenue Service that the certifying organization is tax-exempt under Section 501(c) of the Internal Revenue Code; and
- vii. the organization has a permanent headquarters and staff sufficient to respond to consumer and regulatory inquiries.

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

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

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

ATTACHMENT "F"

POSITION STATEMENT	ADOPTED	SCHEDULED FOR REVIEW	LAST REVISED/ REVIEWED/ ADOPTED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED
Professional Obligation to Report Incompetence, Impairment, and Unethical Conduct	Nov-98	March 2010	Nov-98				

Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life Care	Oct-99	May 2010	Oct-99				
What Are the Position Statements of the Board and To Whom Do They Apply?	Nov-99	May 2010	Nov-99				
Contact With Patients Before Prescribing	Nov-99	July 2010	Feb-01				
Guidelines for Avoiding Misunderstandings During Physical Examinations	May-91	July 2010	Oct-02	Feb-01	Jan-01	May-96	
Office-Based Procedures	Sep-00	Sept 2010	Jan-03				
Access to Physician Records	Nov-93	Sept 2010	Aug-03	Mar-02	Sep-97	May-96	
Medical Supervisor-Trainee Relationship	Apr-04	Nov 2010	Apr-04				
The Treatment of Obesity	Oct-87	Nov 2010	Jan-05	Mar-96			
HIV/HBV Infected Health Care Workers	Nov-92		Jan-05	May-96			
Writing of Prescriptions	May-91		Mar-05	Jul-02	Mar-02	May-96	
Laser Surgery	Jul-99		Jul-05	Aug-02	Mar-02	Jan-00	
Self- Treatment and Treatment of Family Members and Others With Whom Significant Emotional Relationships Exist	May-91		Sep-05	Mar-02	May-00	May-96	
Advertising and Publicity	Nov-99		Sep-05	Mar-01			
Prescribing Legend or Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular	May-98		Nov-05	Jan-01	Jul-98		

Reference to Substances or Preparations with Anabolic Properties							
Sale of Goods From Physician Offices	Mar-01		Mar-06				
Competence and Reentry to the Active Practice of Medicine	Jul-06		Jul-06				
Availability of Physicians to Their Patients	Jul-93		Jul-06	Oct-03	Jan-01	May-96	
Referral Fees and Fee Splitting	Nov-93		Jul-06	May-96			
Sexual Exploitation of Patients	May-91		Sep-06	Jan-01	Apr-96		
Care of the Patient Undergoing Surgery or Other Invasive Procedure	Sep-91		Sep-06	Mar-01			
The Physician-Patient Relationship	Jul-95		Sep-06	Aug-03	Mar-02	Jan-00	
The Retired Physician	Jan-97		Sep-06				
Physician Supervision of Other Licensed Health Care Practitioners	Jul-07		Jul-07				
Medical Testimony	Mar-08		Mar-08				
Advance Directives and Patient Autonomy	Jul-93		Mar-08	May-96			
End-of-Life Responsibilities and Palliative Care	Oct-99		Mar-08	May-07			
Drug Overdose Prevention	Sep-08		Sep-08				
Policy for the Use of Controlled Substances for the Treatment of Pain	Sep-96		Sep-08	Jul-05			
Medical Record Documentation	May-94		May-09	May-96			
Retention of Medical Records	May-98		May-09				
Capital	Jan-07		Jul-09				

Punishment							
Departures from or Closings of Medical	Jan-00		Jul-09	Aug-03			
Unethical Agreements in Complaint Settlements	Nov-93		Mar-10	May-96			

ATTACHMENT "G"

The medical supervisor-trainee relationship

It is the position of the North Carolina Medical Board that the relationship between medical supervisors and their trainees in medical schools and other medical training programs is one of the most valuable aspects of medical education. We note, however, that this relationship involves inherent inequalities in status and power that, if abused, may adversely affect the educational experience and, ultimately, patient care. Abusive behavior in the medical supervisor-trainee relationship, whether physical or verbal, is a form of unprofessional conduct. However, criticism and/or negative feedback that is offered with the aim of improving the educational experience and patient care should not be construed as abusive behavior.

(Adopted April 2004)

ATTACHMENT "H"

The treatment of obesity

It is the position of the North Carolina Medical Board that the cornerstones of the treatment of obesity are diet (caloric control) and exercise. Medications and surgery should only be used to treat obesity when the benefits outweigh the risks of the chosen modality.

The treatment of obesity should be based on sound scientific evidence and principles. Adequate medical documentation must be kept so that progress as well as the success or failure of any modality is easily ascertained.

(Adopted [as The Use of Anorectics in Treatment of Obesity] October 1987) (Amended March 1996) (Amended and retitled January 2005)
