

MINUTES

North Carolina Medical Board

May 13-15, 2015

**1203 Front Street
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board Meeting held May 13 - 15, 2015.

The May 13-15, 2015 meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. Cheryl L. Walker-McGill, MD, President, called the meeting to order. Board members in attendance were: Pascal O. Udekwu, MD, President-Elect; Eleanor E. Greene, MD, Secretary/Treasurer; Subhash C. Gumber, MD; Mr. Michael Arnold; Ms. H. Diane Meelheim, FNP-BC; Timothy E. Lietz, MD; Barbara E. Walker, DO; Mr. A. Wayne Holloman; Bryant A. Murphy, MD and Ralph A. Walker.

Presidential Remarks

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

Minute Approval

Motion: A motion passed to approve the March 18 - 20, 2015 Board Minutes. There were no Board hearings in April 2015.

Announcements

1. R. David Henderson, Chief Executive Officer, introduced Amy Jo Johnson, new Chief Administrative Officer and Loney Johnson, new Executive Assistant.
2. Dr. Kirby, Chief Medical Officer, recognized Katherine Kovas on her fiveyear anniversary at the NCMB.
3. Jerry Weaver, Chief Investigative Officer, recognized Therese Babcock on her twenty-year anniversary and Jenny Olmstead on her twenty-fifth anniversary; announced the retirement of Senior Investigator Bob Ayala and thanked him for his service to the Board; and introduced Brian Hallman as the new field investigator in Western North Carolina.

Presentations

1. Thom Mansfield, Chief Legal Officer, conducted the training required by Chapter 93B of the NC General Statutes.
2. Dr. Warren Pendergast, CEO, NC Physicians Health Program (PHP), gave the PHP Compliance Committee report.
3. Dr. Eleanor Greene, Board Secretary/Treasurer, presented an update on on the efforts and activities of the PHP Board of Directors to fulfill its governance responsibilities. In addition, she gave a report on the First Annual Occupational Licensing Boards Best Practices Seminar held at the NC State Bar on May 5, 2016.
4. Dr. Udekwu, President Elect, presented a report regarding the CTeL Executive Telehealth Summit 2015 held April 9 and 10 in Washington, D.C.
5. Dr. Michael Bryant made a presentation on behalf of the Cumberland County Medical Society (CCMS) Executive Committee.

Board Action: Staff to present a draft NCMB social media policy to the Board at the September Board Meeting. The Board will review social media guidance provided by the FSMB when it becomes available and consider adjustments to its own policy at that time. The remaining CCMS concerns (FSMB and the Interstate Medical Licensing Act) will be considered at the July 2015 meeting.

EXECUTIVE COMMITTEE REPORT

Members present were: Cheryl L. Walker-McGill, MD, Chairperson; Pascal O. Udekwu, MD; Eleanor E. Greene, MD; Timothy E. Lietz, MD; and Mr. Michael J. Arnold.

Open Session

1) Strategic Plan

a) Strategic Goals Update

The Committee reviewed the updated Strategic Goals Task Tracker.

Committee Recommendation: Accept as information.

Board Action: The Board accepted the Committee's recommendation.

2) Financial Statements

a) Monthly Accounting

The Committee reviewed the compiled financial statements for February 2015 and March 2015. March is the fifth month of fiscal year 2015.

Committee Recommendation: Accept the financial statements as reported.

Board Action: The Board accepted the Committee's recommendation.

b) Investment Account Statements

The Committee reviewed the investment statements for March and April 2015.

Committee Recommendation: Accept as information.

Board Action: The Board accepted the Committee's recommendation.

c) Investment Policy Workgroup

The Investment Policy Workgroup has reviewed the Board's Investment Policy and the Board's investment advisor. The Workgroup has the following recommendations:

1. Revise Investment Policy Statement to allow broader asset allocations.
 - a. Equity – minimum 30%, maximum 50%
 - b. Fixed Income – minimum 50%, maximum 70%
2. Change target asset allocation to 60% fixed income and 40% equity.
3. Use the following steps the move from current asset allocation to new target asset allocation:
 - a. Use existing cash balance to purchase equities.
 - b. Use upcoming bond maturity funds to purchase equities.
 - c. If the Board obtains a fee increase, invest all infusions in equities until the new allocation goal is met.
4. Discuss fee reduction with current investment advisor.
5. Current investment advisor to begin providing investment advice on an ongoing basis.
6. Include "performance-based" fee structure discussions as part of the RFP process scheduled for 2016.

Committee Recommendation: Accept the workgroup's recommendation.

Board Action: The Board accepted the Committee's recommendation.

3) Old Business

a) CEO Task Tracker

The Committee reviewed outstanding items on the CEO Task Tracker report.

Committee Recommendation: Accept as information.

Board Action: The Board accepted the Committee's recommendation.

b) Legislative Update

The Committee received an update on pending legislation including H543 "Amend Laws Pertaining to NC Medical Board" and H724 "Amend Composition of NC Medical Board."

Committee Recommendation: Direct Legislative Liaison to not oppose H724.

Board Action: The Board accepted the Committee's recommendation.

4) New Business

a) Controlled Substances Reporting System (CSRS) Advisory Group

The Board should create an advisory group to assist the Board with setting objective criteria for handling CSRS reports received pursuant to Rule 21 NCAC 32Y .0101. The goal of the group will be to establish a screening process that eliminates as many "false positives" as possible.

Committee Recommendation:

1. Staff to work with CSRS to start producing/sending reports to the Board on a monthly basis.
2. Staff will review/organize the raw data for a period of 2-3 months.
3. President will appoint an Advisory Group.
4. Advisory Group will convene to discuss the reports and make screening recommendations to the Board.
5. Advisory group will reconvene at a future date to determine if any adjustments need to be made to the screening protocols.

Board Action: The Board accepted the Committee's recommendation.

b) Proposed Expert Reviewer Manual

The Committee reviewed the proposed Expert Reviewer Manual.

Committee Recommendation: Approve the proposed Expert Reviewer Manual with suggested changes and with increases in hourly fees.

Board Action: The Board accepted the Committee's recommendation.

c) Indemnity and Hold Harmless Agreement for Retirement Plans

The Committee reviewed information regarding the execution of a Hold Harmless and Indemnification Resolution for the Trustees of the Board's retirement accounts. The Resolution would satisfy liability and damages for all Trustees acting in good faith for things that the Fiduciary Policy does not cover and for monetary amounts in excess of the Fiduciary Policy limit.

Committee Recommendation: Postpone until the July meeting.

Board Action: The Board accepted the Committee's recommendation.

d) PHP Additional Funding Review

Last year, the Board approved a request from PHP for additional funding in order to help implement changes mandated as the result of the Office of the State Auditor's audit of PHP. Dr. Pendergast gave the Committee an update on how the additional funds have been used and asked that the additional funding continue for the remainder of this fiscal year.

Committee Recommendation: Accept PHP's request to continue the additional funding for the remainder of this fiscal year.

Board Action: The Board accepted the Committee's recommendation.

POLICY COMMITTEE REPORT

Committee Members: Mr. Arnold, Chairperson; Dr. Udekwu; Dr. B. Walker; Dr. Lietz and Ms. Meelheim

1. New Business:

a. Position Statement Review

i. Office Based Procedures (Appendix A)

05/2015 COMMITTEE DISCUSSION: The Committee discussed potential review of position statement to conform to current standards. The type of review was also discussed. Dr. Walker noted an editorial change. The Committee recognized Dr. Macmullen in the audience who briefly discussed the certifying bodies for surgical centers.

05/2015 COMMITTEE RECOMMENDATION: Refer the position statement to Executive Committee for further discussion regarding potential review.

05/2015 BOARD ACTION: Accept Committee recommendation.

1. New Business:

a. Position Statement Review

ii. Competence and Reentry to the Active Practice of Medicine (Appendix B)

05/2015 COMMITTEE DISCUSSION: The Committee briefly discussed whether the position statement conformed to the Board's recent changes with regards to reentry to the practice of medicine. It was agreed that no changes were currently necessary.

05/2015 COMMITTEE RECOMMENDATION: Accept position statement in its current form and note the Board's review.

05/2015 BOARD ACTION: Accept Committee recommendation.

2. Old Business:

a. Physician Compounding (Appendix C)

05/2015 COMMITTEE DISCUSSION: The Committee discussed the current status of the information the Board has received. Mr. Brosius indicated that he believed the issue was not yet ripe for Board consideration, in light of changing federal guidelines related to state regulation of medication compounding.

05/2015 COMMITTEE RECOMMENDATION: Direct staff to continue developing a policy regarding physician compounding and bring the matter back to the Committee in September 2015.

5/2015 BOARD ACTION: Accept Committee recommendation.

3. Position Statement Review tracking chart: (Appendix D)

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.

4. Miscellaneous

05/2015 COMMITTEE DISCUSSION: Ms. Meelheim requested that the Committee address power differentials between supervising physicians and other healthcare professionals. Mr. Brosius suggested adding a section to the position statement on physician supervision.

05/2015 COMMITTEE RECOMMENDATION: Submit the "Physician Supervision of Other Licensed Health Care Practitioners" position statement to the Committee as time permits.

05/2015 BOARD ACTION: Accept Committee recommendation.

LICENSE COMMITTEE REPORT

Members present were: Pascal O. Udekwu, MD, Chairperson, Subhash Gumber, MD and Mr. A. Wayne Holloman. Absent: Debra Bolick, MD

Open Session

Old Business

1. Key Performance Indicators (KPIs) – The committee reviewed the KPIs for the License Dept.

Issue: Quarterly update. During the January meeting the committee requested staff to research the possibility of identifying RTL's whose applications were being held for approval until after their birthday as "issued on hold" in order to gather data from date received and date issued. Staff was able to set up a process to identify the RTL's that fall into this category.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

New Business

1. Regulatory Rule 21 NCAC 32B.1402 – Resident Training License (Appendix E)

Issue: It was recently brought to staff's attention regulatory rule 21 NCAC 32B.1402 did not include the Medical Council of Canada Qualifying Examination (MCCQE) which eliminates Canadian graduates from obtaining a training license in NC. To be consistent with regulatory rule 21 NCAC 32B.1303, it is recommended the rule be amended to include MCCQE.

Committee Recommendation: Amend rule as proposed.

Board Action: Amend rule as proposed.

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.

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

A motion passed to return to open session.

ALLIED HEALTH COMMITTEE REPORT

Committee Members present were: H. Diane Meelheim, FNP-BC, Chairperson, Bryant A. Murphy, MD and Ralph A. Walker, LLB.

OPEN SESSION

Open Session Physician Assistants

Ms. Detra Chambers, PA-C with NCAPA Government Affairs, updated the Committee regarding a bill that would add a permanent seat for a physician assistant to the Board. The bill passed the House and is currently pending in the Senate.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

Mr. Jimison informed the Committee that the Board's recent rules changes were approved by the Rules Review Committee and became effective on May 1, 2015.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

Open Session NC Emergency Medical Services

No items for discussion.

Open Session Anesthesiologist Assistants

No items for discussion.

Open Session Nurse Practitioners

Ms. Meelheim provided a brief summary regarding the NP Joint Sub and Midwifery Committees that both met on 05/12/15. The November 18, 2014 NP Joint Sub minutes were approved, ratification of the JSC Final Decision (March 2015) was accepted, new CME policy to further define what constitutes continuing education credits to practice as an NP, and Ms. Meelheim was elected to serve as the new Jt. Sub Committee chairperson. There was one Midwifery Committee interview and two Jt. Sub Committee interviews.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

Open Session Clinical Pharmacist Practitioners

No items for discussion.

Open Session Perfusionists

No items for discussion.

Polysomnographic Technologists

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.

A motion passed to return to open session.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

Members present were: Timothy E. Lietz, MD (chairperson), Mr. Michael J. Arnold, Eleanor E. Greene, MD, H. Diane Meelheim, FNP, Bryant A. Murphy, MD, and Barbara E. Walker, DO.

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 nineteen 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.

Open Session Discussion:

The committee reviewed the Key Performance Indicators (KPI) measures for the Complaint Dept. and the QA for Medical Dept. Board Action: Accept as Information.

DISCIPLINARY (MALPRACTICE) COMMITTEE REPORT

Members present were: Timothy E. Lietz, MD (chairperson), Mr. Michael J. Arnold, Eleanor E. Greene, MD, H. Diane Meelheim, FNP, Bryant A. Murphy, MD, and Barbara E. Walker, DO.

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

A motion passed to return to open session.

DISCIPLINARY (COMPLAINTS/MALPRACTICE/ME) COMMITTEE REPORT

Members present were: Timothy E. Lietz, MD (chairperson), Mr. Michael J. Arnold, Eleanor E. Greene, MD, H. Diane Meelheim, FNP, Bryant A. Murphy, MD, and Barbara E. Walker, DO.

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

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

A motion passed to return to open session.

INVESTIGATIVE INTERVIEW REPORT

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

Nine investigative 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

Members present were: Timothy E. Lietz, MD (chairperson), Mr. Michael J. Arnold, Eleanor E. Greene, MD, H. Diane Meelheim, FNP, Bryant A. Murphy, MD, and Barbara E. Walker, DO.

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

The Disciplinary (Investigative) Committee reported on thirty-two 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.

OUTREACH COMMITTEE

Committee Members present were Subhash Gumber, MD, Chairperson, and Ralph A. Walker, JD, LLB.

Old Business:

- a. Update on ongoing Outreach activities
 - i. Medical Schools
 - ii. Residency programs
 - iii. Hospitals/Health systems
 - iv. Professional societies
 - v. PA Programs
 - a. Use of surveys to assess response to presentations

Discussion: Staff updated the committee on progress in the efforts to schedule talks at medical schools, residencies, hospitals and local medical societies. The Public Affairs Director noted that the Board's LI Coordinator is helping with efforts to contact residency programs, which has helped secure multiple opportunities for the Board. The Public Affairs Director informed the Committee that NCMB staff who present to the state's PA programs have recently used a survey to gather feedback. Committee members agreed that it would be wise to survey other audiences the Board presents to and recommended that staff begin doing this.

Committee recommendation: Develop and begin using a brief survey to be completed by attendees of Board presentations or by the contact person for the group hosting the talk. The survey should request feedback on subjects of interest to the group/audience that might be used to create future presentations.

Board action: Approve committee recommendation.

b. Telemedicine POV

An article explaining the NCMB's approach to regulating telemedicine was published in the Spring 2015 issue of the *Forum*. The Public Affairs Director is working with Dr. Udekwu to produce two additional articles for non-licensee audiences. One article will focus on patient protection and will be submitted for consideration to major metropolitan newspapers in the state. The other article will focus on business aspects of telemedicine, including potential for corporate practice of medicine issues, and will be pitched to speciality business publications.

Discussion: Committee members agreed that a patient-focused article in the mainstream press could help raise awareness of the Board and its public protection mission. Committee members questioned whether pursuing an article on the business aspects of telemedicine is consistent with the Board's core mission.

Committee recommendation: Consider shelving plans for a Board Member/staff authored article on the business implications of telemedicine.

Board action: Proceed with plans for patient-oriented article on telemedicine.

New Business:

a. FSMB House of Delegates adopts NCMB resolution on social media.

The NCMB, which has discussed the appropriate role of social media in its communications, particularly with regard to distribution of information about public actions, offered a resolution at the Annual Meeting of the Federation of State Medical Boards in April, asking the FSMB to develop a model policy on social media or other guidance for member boards. The FSMB House of Delegates adopted a modified version of the resolution on Saturday, April 25, which states:

Resolved; that at its 2016 Annual Meeting, the Federation of State Medical Boards (FSMB) shall present information on current uses of social media by regulatory agencies and collect and disseminate information on best practices for regulatory agencies to follow in using social media and other forms of communication to publicize Board news and information, including public disciplinary actions.

Discussion: NCMB staff are in the process of studying government and public agency use of social media; this process will culminate with staff drafting a social media policy that addresses distribution/posting of information regarding public Board actions. Now that the FSMB has adopted the NC resolution, the Board must decide how to proceed.

Options:

1. NCMB shall defer to the FSMB and postpone any decision on the Board's social media policy until it reviews the FSMB guidance after its release in Spring 2016.

2. The NCMB shall proceed with its own social media policy; The Board shall review social media guidance produced by the FSMB consider adjustments to its own policy at that time, if deemed necessary.

Staff recommendation: Proceed with plans for an NCMB social media policy, to be considered by the Board in July or September; When FSMB guidance on social media is available, review and consider possible adjustments to NCMB policy.

Committee recommendation: Direct staff to proceed with the NCMB's social media policy and present it to the Board at the September Board Meeting, The Board will review social media guidance produced by the FSMB when it becomes available and consider adjustments to its own policy at that time.

Board action: Approve committee recommendation

b. Staff attendance/participation in recent meetings.

The Public Affairs Director recently participated on a panel to attendees of the Federation of State Medical Boards Annual Meeting, on the subject, "Communicating with your stakeholders: Strategies for Engaging your Licensees, the Public and Peer Organizations." In addition, the Public Affairs Director and Public Affairs Coordinator both attended a regional seminar on Openness and Transparency in Professional Regulation, which was sponsored by the Council on Licensure, Enforcement and Regulation (CLEAR).

Staff provided a report on recent participation in these two meetings.

No action required.

c. Participation in NCMS' "Docs on Call" event (late addition to agenda).

At the March Outreach Committee meeting, Board Members and staff briefly discussed the NC Medical Society's "Docs on Call" event, which involves NCMS members volunteering their time to answer medical questions from the public. This is televised by a local TV station. The question was raised whether NCMB could do something similar. NCMS is planning a "Docs on Call" event in Greenville on Sept. 17 and has indicated that NCMB could participate as a co-sponsor.

Discussion: Committee members wondered whether this event provides the right kind of exposure for the Board, since the emphasis is on medical advice rather than medical regulation. It was suggested that the event might be marketed so that it is clear that NCMB members are available to answer questions about the Board, its mission, etc.

Committee recommendation: Defer to full Board.

Board action: Decline participation in NCMS "Docs on Call" event.

ADJOURNMENT

This meeting was adjourned at 12:00 p.m., May 15, 2015.

Eleanor E. Greene, MD
Secretary/Treasurer

CURRENT POSITION STATEMENT:

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 AOA** or by a national medical specialty board that is recognized by the ABMS **or AOA** 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.

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.

AAAHHC – 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; AAHHC, 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.

Reasonable Proximity-The Board recognizes that reasonable proximity is a somewhat ambiguous standard. The Board believes that the standard often used by hospitals of thirty (30) minutes travel time is a useful benchmark.

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.]

(Adopted September 2011) (Amended January 2003, May 2011) (Reviewed May 2015)

CURRENT POSITION STATEMENT:

Competence and Reentry to the Active Practice of Medicine

The ability to practice medicine results from a complex interaction of knowledge, physical skills, judgment, and character tempered by experience leading to competence. Maintenance of competence requires a commitment to lifelong learning and the continuous practice of medicine, in whatever field one has chosen. Absence from the active practice of medicine leads to the attenuation of the ability to practice competently.

It is the position of the North Carolina Medical Board, in accord with GS 90-14 (11a), that practitioners seeking licensure, or reactivation of a North Carolina medical license, who have had an interruption, for whatever reason, in the continuous practice of medicine greater than two (2) years must reestablish, to the Board's satisfaction, their competence to practice medicine safely.

Any such applicant must meet all the requirements for and completion of a regular license application. In addition, full-scale assessments, engagement in formal training programs, supervised practice arrangements, formal testing, or other proofs of competence may be required.

The Board will cooperate with appropriate entities in the development of programs and resources that can be used to fulfill the above requirements, including the issuance, when necessary and appropriate, of a time or location limited and/or restricted license (e.g., residency training license).

It shall be the responsibility of the applicant to develop a reentry program subject to the approval of the Board.

(Reviewed May 2015)

Memorandum

To: Policy Committee
From: R. David Henderson
Re: Physician Compounding
Date: January 8, 2015

There are a number of companies around the country that market a physician compounding operation to physician practices. As a result, we (NC Board of Pharmacy staff and NCMB staff) are starting to see more inquiries regarding this issue. (For example, physicians compounding human chorionic gonadotropin for injection at weight loss centers.)

The first question is whether physicians are legally permitted to compound drugs. The NCMB Legal Department believes current law, while not explicit, does permit physicians to compound drugs.

Assuming a medical license permits a physician to compound drugs, what is the Medical Board's responsibility for ensuring physicians are doing this properly? Options are:

- Identify and regularly inspect all physicians who are compounding to make sure they are complying with USP standards. This option must be considered in light of the OSA's performance audit of the NC Board of Pharmacy which, among other things, said the BOP should inspect all NC pharmacies on a regular basis – not just those complained against. Also, the Board must consider the public's expectation in light of the New England Compounding Center meningitis outbreak in October 2012. That said, there are substantial training* and workforce issues associated with this option that must be considered and that we will discuss with the Committee
- Identify all physicians who are compounding and establish a random inspection schedule to make sure those selected are complying with all USP standards. This option would have less workforce issues (fewer inspections) but would still have substantial training challenges*
- Enact a law, promulgate rules, or issue a position statement that makes clear the Board's expectations regarding a physician's duty to comply with all federal and state laws regarding compounding. But, do not inspect/open an investigation unless we receive a complaint.

Regarding the last option, Elizabeth Suttles (former NCMB attorney, outside legal counsel) has drafted the attached proposed position statement for your review.

NCMB staff will be available to discuss the pros and cons of each option.

*For example, please see the attached Compounding Pharmacy Inspection Report.

3. Position Statement Review tracking chart:

1/2010 Committee Recommendation: (Loomis/Carnitz) 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.

POSITION STATEMENT	ADOPTED	SCHEDULED FOR REVIEW	LAST REVISED/ REVIEWED/ ADOPTED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED
Office-Based Procedures	Sep-00	May-15	May-15	Jan-03			
Competence and Reentry to the Active Practice of Medicine	Jul-06	May-15	May-15	Jul-06			
Prescribing Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular Reference to Substances or Preparations with Anabolic Properties	May-98	July-15	Sept-11	Nov-05	Jan-01	Jul-98	
Referral Fees and Fee Splitting	Nov-93	July-15	Jan-12	Jul-06	May-96		
Self- Treatment and Treatment of Family Members and Others With Whom Significant Emotional Relationships Exist	May-91		Mar-12	Sep-05	Mar-02	May-00	May 96
Availability of Physicians to Their Patients	Jul-93		May-12	Nov-11	Jul-06	Oct-03	Jan-01
Sexual Exploitation of Patients	May-91		May-12	Sep-06	Jan-01	Apr-96	
Care of the Patient Undergoing Surgery or Other Invasive Procedure	Sep-91		Jul-12	Sep-06	Mar-01		
The Physician-Patient	Jul-95		Jul-12	Sep-06	Aug-03	Mar-02	Jan-00

Relationship							
The Retired Physician	Jan-97		Jul-12	Sep-06			
Physician Supervision of Other Licensed Health Care Practitioners	Jul-07		Sep-12	Jul-07			
Medical Testimony	Mar-08		Sep-12	Mar-08			
Advance Directives and Patient Autonomy	Jul-93		Nov-12	Mar-08	May-96		
End-of-Life Responsibilities and Palliative Care	Oct-99		Jan-13	Mar-08	May-07		
Drug Overdose Prevention	Sep-08		Mar-13	Sep-08			
Professional Use of Social Media	Mar-13		Mar-13				
The Treatment of Obesity	Oct-87		May-13	Nov-10	Jan-05	Mar-96	
Contact With Patients Before Prescribing	Nov-99		May-13	Jul-10	Feb-01		
Medical Record Documentation	May-94		May-13	May-09	May-96		
Retention of Medical Records	May-98		Jul-13	May-09			
Capital Punishment	Jan-07		Jul-13	Jul-09			
Professional Obligations pertaining to incompetence, impairment, and unethical conduct of healthcare providers	Nov-98		Sept-13	Mar-10	Nov-98		
Unethical Agreements in Complaint Settlements	Nov-93		Sept-13	Mar-10	May-96		
Guidelines for Avoiding Misunderstandings During Physical Examinations	May-91		Jan-14	Jul-10	Oct-02	Feb-01	Jan-01
Departures from or Closings of Medical	Jan-00		May-13	Jul-09	Aug-03		
Policy for the Use of Controlled Substances for the Treatment of Pain	Sep-96		May-14	Jan-13	Sep-08	Jul-05	

Access to Physician Records	Nov-93		May-14	Sep-10	Aug-03	Mar-02	Sep-97
Medical Supervisor-Trainee Relationship	Apr-04		Jul-14	Nov-10	Apr-04		
Advertising and Publicity	Nov-99		Aug-14	Nov-10	Sep-05	Mar-01	
Telemedicine	May-10		Nov-14	May-10			
Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life Care	Oct-99		Nov-14	Jan-11	Oct-99		
Writing of Prescriptions	May-91		Jan-15	Mar-11	Mar-05	Jul-02	Mar-02
HIV/HBV Infected Health Care Workers	Nov-92		Mar-15	Jan-11	Jan-05	May-96	
Laser Surgery	Jul-99		Mar-15	Jul-05	Jul-05	Aug-02	Mar-02
Sale of Goods From Physician Offices	Mar-01		Mar-15	May-11	Mar-06		

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

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

- (1) submit a completed application which can be found on the Board's website in the application section at <http://www.ncmedboard.org/licensing>, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit documentation of a legal name change, if applicable;
- (3) submit a photograph, two inches by two inches, affixed to the oath or affirmation which has been attested to by a notary public;
- (4) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education;
- (5) furnish an original ECFMG certification status report of a currently valid ECFMG certification ~~of the ECFMG~~ if the applicant is a graduate of a medical school other than those approved by LCME, AOA, COCA, or CACMS. The ECFMG certification status report requirement shall be waived if:
 - (A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); or
 - (B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;
- (6) submit an appointment letter from the program director of the GME program or his or her appointed agent verifying the applicant's appointment and commencement date;
- (7) submit two completed fingerprint record cards supplied by the Board;
- (8) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
- (9) pay a non-refundable fee pursuant to G.S. 90-13.1(b), plus the cost of a criminal background check;
- (10) provide proof that the applicant has taken and passed within three attempts:
 - (A) ~~the~~ COMLEX Level 1, ~~and~~ each component of COMLEX Level 2 (cognitive evaluation and performance evaluation) and, if taken, COMLEX Level 3; or
 - (B) ~~the~~ USMLE Step 1, ~~and~~ each component of ~~the~~ USMLE Step 2 (Clinical Knowledge and Clinical Skills); and, if taken, USMLE Step 3; ~~and~~ or
 - (C) MCCQE Part 1 and, if taken, MCCQE Part 2;
- (11) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

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

(c) If the applicant previously held a North Carolina residency training license, the licensure requirements established by rule at the time the applicant first received his or her North Carolina residency training license shall apply. Information about these Rules is available from the Board.

History Note: Authority G.S. 90-8.1; 90-12.01; 90-13.1;

Eff. August 1, 2010;

Amended Eff. September 1, 2014; November 1, 2013; August 1, 2012;

November 1, 2011.

PHYSICIANS PRESENTED AT THE
MAY 2015 BOARD MEETING
ARE LOCATED AT APPENDIX

Abeyta, Laura Lynette	MD
Absher, Dale Raymond	MD
Abu-El-Haija, Basil	MD
Acevedo, Tania Mimi	MD
Ackah, Eric	MD
Acosta, Kristy Rocio	MD
Adams, Joanna Lee	MD
Adams, Scott Daniel	DO
Adamson, Adewole	MD
Adamson, Adewole Shomare	MD
Adawadkar, Swati Sanghani	MD
Agarwal, Ravi	MD
Ahern, Antonia B	MD
Ahmed, Ibrahim Mohamed	MD
Ahmed, Tamjeed	MD
Ahn, Jiyong	MD
Aikman, Inga Sarli	MD
Alamarie, Ammar Ahmed	MD
Alkhalidi, Hana Aous	MD
Allen, Bryant Kendall	MD
Al-Moosawi, Khaldoon J	MD
Amaya, Sharai Gail Correll	MD
Andersen, Nicholas Daniel	MD
Anderson, Lucas Aaron	MD
Anderson, Paula Ann	MD
Aneja, Arun	MD
Annoh, Emelia Animah	MD
Armstrong, Tyler Jay	MD
Arntson, Zachary Peter	DO
Arsene, Diana	MD
Aryal, Prashanti	MD
Aurelius, Michelle Barry	MD
Avila, Amanda Jane	MD
Babi, Mohamed-Ali	MD
Bacchus, Leon Shafraz	MD
Badhey, Harish Surender	MD
Bagley, Cathy Lorraine	MD
Bailey, Rahn Kennedy	MD

Bains, Sujeev	MD
Baltaro, Elizabeth Beatrice	MD
Banish, William Paul	MD
Barber, Emma Longley	MD
Barnes, Andrew Fayette	MD
Barrow, Bethany Jessica	MD
Battisti, Katherine Alexandra	MD
Battisti, Robert Franklin	MD
Beebe, John Elliott	MD
Bendel, Laima Pauliukonis	MD
Benefield, Kaysi Shawn	DO
Bennin, Charles-Lwanga	MD
Bhatia, Meena	MD
Bhattacharya, Syamal Dave	MD
Bickhaus, Jennifer Ann	MD
Bilicki, Bradford Karsten	DO
Bina, Sima	MD
Bishop, Laura Elizabeth	DO
Bitner, Derek Pehrson	MD
Blankenship, Meghann Jones	MD
Boineau, Robin Elizabeth	MD
Boles, William Hardin	MD
Bonetti, Renee Wittendorfer	MD
Boose, Michelle Delores	MD
Boruta, Mary Kathleen Rogers	MD
Boruta, Richard Justin	MD
Boyd, Linda Renee	MD
Brackman, Marri Kajfez	DO
Brahmanday, Govinda	MD
Brandon, Ashley Jean	MD
Bria, Carley Ann	MD
Briggs, Charles Samuel	MD
Bringolf, Jonathon Bodger	MD
Brosnan, John	MD
Brown, Craig Jonathan	MD
Brown, Steven Mark	MD
Brubacher, Marie Suzy	MD
Bruehl, Matthew James	MD
Buchanan, Robert Augustus	MD
Burkhard, Thomas Kinsman	MD
Bush, Jeana Suzanne	MD
Butler, Dawn Lain	MD
Capps, Timothy Wayne	MD
Carello, Katari Ann	MD

Carlin, Faith	MD
Carlson, Laura Mosby	MD
Carraro, Stevie Nicole	MD
Carregal, Richard Joseph	DO
Castillo, Christian Eber	MD
Cattamanchi, Ashok	MD
Caudell, Patricia Breed	MD
Cengia, Brent Thomas	MD
Cengia, Maria Elizabeth	MD
Chamberlain, Reid Cameron	MD
Chang, Jesse Limmon	MD
Chapman, Todd Masters	MD
Chaumont, Nicole	MD
Chavez, Angela Kay	DO
Chawla, Neal Kamal	MD
Chen, Anjen	MD
Chen, Xi	MD
Cherella, Christine Elise	MD
Chevli, Parag Anilkumar	MD
Choi, Tony Taehwan	MD
Chow, Stephen Cj	DO
Chuang, Sally T.	MD
Cipriano, Joseph Aaron	DO
Clamp, Courtney Ann	MD
Clark, Dyanna Geffel	MD
Cloyd, Jeffrey Wade	MD
Cognetta, Armand Bennett	MD
Colley, Patrick Michael	MD
Collins, Andrew Daniel	MD
Colosimo, Barbara Anne	MD
Comer, Gerald Ray	MD
Connaughton, Michael Andrew	MD
Corley, April Janlyn	MD
Corley, Sarah Beth	MD
Counihan, Joshua Chad	MD
Covell, Donald Jeffrey	MD
Covington, Melody	MD
Cox, Michael Jay	MD
Craigen, Rhea Jeanene	MD
Craigen, Rhea Jeanene	MD
Crowder, Jonathan Earl	MD
Crowell, Charles Carlos	MD
Crowner, Jason Ryan	MD
Dallefeld, Samantha Heather	MD

Davidson, Johnathan Boyce	MD
Davidson, Kathryn Davis	MD
Davis, Bruce Carlyle	MD
Davis, Joseph Thomas	MD
Davis, Robin Claire	MD
Davis, Walter Sherwood	MD
Delman, David Harris	MD
Delorey, Edward Swan	MD
Denton, Cole Edward	MD
Deogun, Harvinder Singh	MD
Derreberry, Todd Michael	MD
Desai, Parag	MD
Deschamps, Lindsey Markell	MD
Dickinson, Ephraim Yan Sun	MD
Dickler, Andrew Cronson	MD
Discepola, Patrick Joseph	MD
Doerger, Joseph James	MD
Donnelly, Cassandra Barnette	DO
Dorr, Victoria Joan	MD
Dorsch, Jennifer Joan	MD
Doshi, Pooja Hirendra	MD
Doss, Jayanth Radhamohan	MD
Douglas, Anquetta Latosha	MD
Dull, Barbara Zarebczan	MD
Dunkman, William Jonathan	MD
Eappen, Saramma	MD
Earle, Marcus Aaron	DO
Eckhauser, Frederic Elliott	MD
Eckholdt, Patricia Ann	MD
Edelman, Krista Marie	MD
Ellingboe, Mary Elizabeth	MD
Embree, Genevieve Guenther	MD
Endara-Bravo, Andres Santiago	MD
Erway, Stefanie Kay	MD
Esch, Mackenzie	MD
Esco, Miechia Ashawn	MD
Escott, Sarah Margaret	MD
Eves, Jason Howard	MD
Falchook, Elizabeth Eve	MD
Fantony, Joseph James	MD
Farbakhsh, Kambiz	MD
Farooqui, Mohammed Atullah	MD
Fasola, Carolina Elizabeth	MD
Feeney, Colby Danielle	MD

Fehring, Keith Andrew	MD
Fiero, Thomas Patrick	MD
Fierro, Michael Anthony	MD
Finch, Sudhir Eugene	MD
Fitzgerald, Robert Emmett	MD
Fitzpatrick, Fielding Carter	DO
Foote, Jonathan Robert	MD
Forrest, Tracy Salisbury	MD
Frank, Garrett Stephen	MD
Frankhouser, Charles William	MD
Frankhouser, Tara Lynn	DO
Frantz, Megan Alyssa	MD
Fritsche, Melissa Diane	MD
Fru, Karenne Ntsang	MD
Fuseini, Nurain Mohammed	MD
Gajewski, Donald Andrew	MD
Gallaher, Thomas Ryan	MD
Gama, Carlos Hernando	MD
Ganga, Sarat	MD
Garipalli, Deepak	MD
Gatalica, Zoran	MD
Gholap, Tejasi Arvind	MD
Ghosh, Sohini	MD
Gilpin, Nanette Susan	MD
Ginski, Joseph John	MD
Givre, Sheree Dawn	MD
Gladue, Heather Sue	DO
Glenn, James Michael	MD
Good, Kevin Straight	MD
Gowani, Nausheen	MD
Goyal, Manju	MD
Grace, Patrick Dean	MD
Graham, William Christopher	MD
Grant, Jacqueline Holt	MD
Grant, Jonathan Douglas	MD
Grant, Thomas Richard	MD
Green, Hloy Tenora Ouraphiner	MD
Grey, Erin Ann	DO
Griffin, Matthew Patrick	MD
Grigg-Gutierrez, Nicole Marie	MD
Groene, Steven Anthony	MD
Gudena, Vinay Kumar	MD
Guersch, Meziane Abdessleme	MD
Guerron Cruz, Alfredo Daniel	MD

Gujja, Swetha	MD
Gupta, Divakar	MD
Gupta, Nagendra	MD
Gupta, Shafali	MD
Gwan-Nulla, Daniel Nvakob	MD
Haden, Douglas William	MD
Hale, Jennifer Brooke	MD
Halpert, Karen Debra	MD
Handly, Brian Douglas	MD
Harring, Kristen Elizabeth	MD
Harris, Jeffrey Dean	MD
Harris, Tyler Elliott	MD
Hart, Laura Christine	MD
Hartley, Taylor	MD
Hastings, Alison Jaymalin	DO
Heeringa, Lee Patrick	MD
Heestand, Jessica Cook	MD
Heino, William John	DO
Heller, Matthew Brian	DO
Hemming, John Patrick	MD
Hemstreet, Jon Emerson	MD
Hendrickson, Michele Alyssa	MD
Henninger, Lance Raymond	MD
Herrington, Deirdre Achtellik	MD
Hester, Samuel Trent	MD
Hidalgo, Priscilla Carolina	MD
Hierlmeier, Bryan Joseph	MD
Hill, Shannon Nottingham	MD
Hiremath, Adarsh Mallinath	MD
Hnat, Michael David	DO
Hobgood, Steven Todd	MD
Hollenbaugh, Nona Marie	DO
Holthusen, Gregory Grant	MD
Honarpisheh, Hedieh	MD
Hooten, Claudia Gomez	MD
Horsley, Erin Margaret	DO
Hostler, Christopher James	MD
Hounnou, Anatole	DO
Howard, Brittany Emma	MD
Hudspeth, Victoria Rollins	MD
Huey, Ryan Wilson	MD
Hughes, Rachel Helen	MD
Hughes, Tamara Michelle	MD
Humphreys, Kevin Daniel	MD

Hunter, Christopher Tyler	MD
Hunter, Joshua Gary	MD
Ibrahim, Homam	MD
Ifill-Taylor, Darlene	MD
Ishizawar, Rumei Chang	MD
Iskander, John Mark	MD
Jackson, Wesley Matthew	MD
Jacob, George Mack	MD
Jacobs, Ryan Wayne	MD
Jain, Animesh	MD
James, Kirk Anderson	MD
Javed, Muhammad Ali	MD
Jeffords, Catherine Smith	MD
Jennette, Mary Anne	MD
Jepsen, Erin Stephany	MD
Jimenez, Amanda Roth	DO
Jimenez-Pages, Lazaro	MD
Jimenez-Pages, Lazaro Osvaldo	MD
Joffrey, Mir Jafer Ali	MD
Johnson, Barbara Louise	MD
Johnson, Brian Lacy	MD
Johnson, Mark William	MD
Johnson, Megan Payseur	DO
Johnson, Soren Morgan	MD
Jolly, Suneil	MD
Jonah, Nikolina	MD
Jones, Enrico Guy	MD
Jonnal, Aparna Hima	MD
Joshi, Ashwani Kumar	MD
Junagadhwalla, Zahid Aziz	MD
Kahn, Mani Dana	MD
Kappa, Claire McMurrian	MD
Kapur, Neeti	MD
Kasal, Jan	MD
Kasarala, George Reddy	MD
Kassis, Christine	MD
Katuru, Rajasekhar	MD
Katyal, Anup	MD
Kaufmann, Tara Laura	MD
Kaufmann, Tara Laura	MD
Kaur, Gurleen	MD
Kazianis, John Athanasios	MD
Kehrer, Jason Daniel	DO
Keilman, Clinton Gabriel	MD

Kelley, Michael James	MD
Khagi, Simon	MD
Khalid, Hamza	MD
Khan, Mustafa Sardar	MD
Khanna, Abhinav	MD
Khanna, Atul	MD
Khatwa, Umakanth Ambalalsa	MD
Kiel, Krystyna Danuta	MD
Kilaru, Anusha	MD
Kim, Bryan Young Hoon	MD
Kim, Jeremy Inkwon	MD
Kim, Nicola Maria	MD
Kincaid, Brian Richard	MD
King, Bradley Mark	MD
Kiragu, David Ngigi	MD
Kirchinger, David Carl	MD
Kirk, Jessica Lynn	MD
Kissell, Laura Christine	MD
Klaffky, Erin Jeanne	MD
Kocoloski, Amanda Joan	DO
Korrol, Lauren Ruth	DO
Kothari, Namita	MD
Kraus, Jacqueline Joy	MD
Krodel, Emily Elizabeth	MD
Krzesniak-Swinarska, Monika Agata	MD
Kuhlmann, Leah Elizabeth	MD
Kulwa, Ema Wakuru	MD
Kuo, Debbie Shaw-Chwen	MD
Kurpad, Rajesh	MD
Kurpad, Rajesh	MD
Kurpad, Rajesh	MD
Kurtovic, Silvia	MD
Kwolek, Judie Marie	MD
Kwon, Stephanie Pettus	MD
Langelier, Nicole Alexis	MD
LaRoche, Suzette Maria	MD
Laroia, Rishi	MD
Lateef, Bilal Danish	MD
Laurie, Daniel Edward	MD
Lee, David Wonil	MD
Lee, Elizabeth Tawana	DO
Lee, Helen Huiwon	MD
Lee, Ian Chaunray	MD
Lehpamer, Brian Philip	MD

Leiman, David Asher	MD
Leo, Troy	MD
Letham, Nikola Alexander	DO
Levin, Geoffrey Louis	MD
Levy, David Phillip	MD
Lewis, John Strudwick	MD
Lichtman, Eben Isaac	MD
Lilje, Todd	DO
Lim, Maria Emmeline	MD
Link, Alexis Adams	MD
Link, Patrick Edwin	MD
Lodeserto, Frank Joseph	MD
Lozano, Jose Antonio	MD
Luthra, Anjuli Kristin	MD
Lutin, Anne Charlotte	MD
Lyttle, Brianna Marie Wielhorski	MD
Mack, Steven Edison	MD
MacNamara, Marina Meghan	MD
Maduako, Ndi Johnnie	MD
Mahgoub, Hani Ahmed	MD
Makar, Melissa Sania	MD
Malhotra, Siddharth Ved	MD
Malik, Ahmar	MD
Mandawat, Anant	MD
Mardirosian, Anita Shwarsh	MD
Mardis, Stacey Leigh	MD
Maresca, Glauco Michael	MD
Marshall, Kopriva Marie	MD
Martin, Eric William	MD
Martinez, Lisa Mariah	MD
Masters, Eric Benjamin	MD
McBroom, Jordan Scott	MD
McCaslin, Robert Ian	MD
McClain, Donald Allan	MD
McClain, Wade Glazner	DO
McCoy, Travis Wyatt	MD
Mccrary, Andrew Walker	MD
McDonald, Wilbur Eugene	MD
McEachern, Morgan Ashley	MD
McElhinney, Brian	DO
McElroy, Margaret Harrington	DO
McGehee, Michael Lee	MD
McGrath, Brian James	DO
McKinney, Kibwei Alessandro	MD

McWilliams, Mary Devon	DO
Meacham, William Dunn	MD
Mell, Howard Kyle	MD
Menza, Timothy William	MD
Metzger, Walson Kehinde	MD
Michael, Lauren Nicole	DO
Miller, Seth Matthew	MD
Mishra, Mitushi	MD
Mitchener, James Samuel	MD
Mohamedaly, Omar Hossam	MD
Moinuddin, Imran Ahmed	MD
Moslener, Matthew David	MD
Mumford, Jill Marie	MD
Murray, Rhunelle Camille	MD
Murthy, Bhavini Patel	MD
Mury, Jennifer Ann	MD
Myers, Thomas Jerome	MD
Narine, Kalindi Yajnik	MD
Narron, John Arter	MD
Nawaz, Hamid	MD
Nguyen, Cuong Tho	MD
Nguyen, Lang Hai	MD
Nneji, Jackie Ogechi	MD
Nyandjo, Clemence Tchokothe	MD
Odibo, Imelda Ngozi	MD
Ofori, Kwadwo Amoateng	MD
Okotie, Fidelis Ajobome	MD
Oldan, Jorge Daniel	MD
Oni, Adeleke Ayokunle	MD
Ori-Honeycutt, Elaina Bishop	DO
Overmon, Allison Lindsay	MD
Padron, Grace Toledo	MD
Pagano, Joshua Joel	DO
Pagano, Nunzio Peter	DO
Papadopol, Narcis Artur	MD
Parakkat, Gopalakrishnan	MD
Parker, Jessica Rankins	MD
Parkinson, Jay Daniel	MD
Parra, Tatiana	MD
Parson, Ebony Nicole	MD
Paruchuri, Poonam	MD
Patel, Amit Mahesh	MD
Patel, Delip Vikram	MD
Patel, Reema Sudhir	MD

Patel, Shil Kiritkumar	MD
Patel-Lippmann, Krupa Kirit	MD
Patil, Yatin Sudam	MD
Pennington, Kenneth Lee	MD
Perkins, William Jackson	MD
Perlmutter, Mark Nicholas	MD
Pickens, Charlie	MD
Pick-Jacobs, John Charles	DO
Post, Annalisa Louise	MD
Ptacek, Tyler Anthony	MD
Puckette, Thomas Childs	MD
Ramdani, Wyssem Amine	MD
Ramsey, James Randall	MD
Randolph, Jessica Dionne	MD
Ranganathan, Raghuv eer	MD
Rayson, Robert Arthur	MD
Reed, Craig Conover	MD
Reichard, Elizabeth Cherry	MD
Rembert, Ronald	MD
Retterbush, Patrick David	MD
Reynolds, Monica Lona	MD
Rhyner, John David	MD
Riboh, Jonathan Charles	MD
Rivera Colon, Kevin Yamil	MD
Rivera Rivera, Kathya	MD
Rivera-Nieves, Desiree	MD
Rizk, Ciril-Christian	MD
Roberts, Caroline Collins	MD
Rogers, Mark Edward	MD
Roodhouse, Thomas Weston	MD
Rosenberg, Michael David	MD
Roy, Katherine Chandler Bart	MD
Ruminjo, Anne Wanjiru	MD
Ryan, Marisa Ann	MD
Sadaka, Farid Ghassan	MD
Saleh, Rany Mokhlis	DO
Sanderson, Keia Renee	MD
Saunders, Jerry Allen	MD
Sayed, Amanda Marie	MD
Schilling, Samantha Snow	MD
Schmidt, Scott Gary	MD
Schoof, Malorie Lyn	MD
Schurdell, Michael Scott	MD
Seay, Thomas Marion	MD

Sehbai, Aasim Shaheen	MD
Senk, Alexander Matthew	MD
Sermadevi, Vinaya R.	MD
Sewell, Matthew James	MD
Shah, Kevin Pradip	MD
Shah, Ruchir Ashwinbhai	MD
Shah, Sanket Chitranjan	MD
Shaker, Mena A.	MD
Shaukat, Muhammad Imran	MD
Shaw, Natalie Dara	MD
Shearburn, Edwin Webster	MD
Shungu, Nicholas Paul	MD
Shuping, Lee Thomas	MD
Sibille, Joshua Adam	MD
Simmons, Natalie Renee	MD
Simpson, Tabetha Leigh	MD
Singh, Harpreet Kaur	MD
Skinner, William Kempton	MD
Small, David Earl	MD
Smeltz, Alan Matthew	MD
Smith, Alexis Christine	DO
Smith, Benjamin Todd	DO
Smith, Christopher Searles	MD
Smith, George Drennan	MD
Smith, Rondell Alexis	MD
Solan, James Andrew	MD
Srinivasan, Sriraman Ram	MD
Stadler, Michael David	MD
Stallings, Renee Elise	MD
Stiegemeier, Lori Durham	DO
Stiles, Linda Elizabeth Sasha	MD
Stone, Grady Mitchell	MD
Storey, Matthew Kyle	DO
Strowd, Lindsay Chaney	MD
Subramaniam, Babu	MD
Subramanian, Sanjay	MD
Suchar, Adam Michael	MD
Suls, Michael Eric	DO
Sumrow, Bradley James	MD
Sun, Natalie Zhonghui	MD
Swart, Eric Francis	MD
Sweeney, Kathryn Marie	MD
Swinson, Bradley Morris	MD
Syed, Azeem	MD

Sykes, Zeporah	DO
Tailor, Tina Dinesh	MD
Takenaga, Ryan Katsuto	MD
Tang, Shan	MD
Tannan, Shruti Chudasama	MD
Tannehill, David Edward	DO
Tarlton, Rebecca Susan	MD
Taxter, Alysha Jo	MD
Tesfaye, Mekdem	MD
Theruvath, Ilka Dietlinde	MD
Thurtle, Danielle Patricia	MD
Toney, Melinda Quiambao	MD
Tonks, Robert Wynn	MD
Townsend, Tonya Yvette	DO
Traish, Aisha Sarah	MD
Trottier, Steven	MD
Tun, Nay Min	MD
Tuttle, Bryan Tremayne	MD
Udell, Ian William	MD
Uflacker, Alice Becker	MD
Updegrove, Gary Franklin	MD
Vadlamudi, Charita	MD
Vakharia, Ami Vijay	MD
Varma, Chinedu Onyedike	MD
Vaselich, Samuel John	DO
Vaselich, Samuel John	DO
Vaselich, Samuel John	DO
Vasireddy, Syam	MD
Vazquez, Adrian	MD
Vendeland, Lisa Lynn	DO
Venkata, Chakradhar	MD
Veremakis, Christopher	MD
Vice, Andrea Michelle	MD
Virk, Charanjit Singh	MD
Vohra, Kunwar Praveen	MD
Von, Stephen Jonathan	MD
Waller, Michael Lee	MD
Wallihan, Daniel Brown	MD
Walters, Jenna Leigh	MD
Wareham, John Allen	MD
Warraich, Haider Javed	MD
Warren, Alex Jordan	MD
Warren, Jane Renee	MD
Warwick, Christina Marie	DO

Weightman, James William	MD
Weisbeck, Meghan Lynn	MD
Westerfield, Allen David	MD
Wharton, James Robert	MD
White, David Lawrence	MD
White, Joy Elaine	MD
Williams, Jason Tyler	DO
Willis, John Harter	MD
Wilson, Aliya Laws	MD
Wilson, Ashley Elizabeth	MD
Wilson, Ashley Elizabeth	MD
Wirths, Erin Michelle	DO
Wittstein, Jocelyn Ross	MD
Woll, Kate Alison Myers	MD
Wood, Amber Marie	MD
Wozniak, Christopher Michael	DO
Xhaferi, Elvis	MD
Xu, Jindong	MD
Yancey, Joseph Adam	MD
Yang, Wayne	MD
Yeiser, John Bryant	MD
Young, Jonda Ward	MD
Young, Thomas James	MD
Zivony, Adam Seth	MD
Zsoldos, Christopher Michael	MD
Zwemer, Eric Kenyon	MD

APPENDIX G

Nurse Practitioner & Clinical Pharmacist Practitioner Approvals Issued 03/01/15 – 04/30/15

May 2015

Nurse Practitioners

<u>Initial Approval Date</u>	<u>Name</u>	<u>Physician</u>	<u>City</u>
4/30/2015	Shannon Runion	Thomas Drumwright Long	Roxboro
4/30/2015	Karen Mary Wahle	Shohreh Taavoni	Durham
4/30/2015	Valerie Reed Vestal	Christopher Bruns Aiken	Winston-Salem
4/30/2015	Jamie Parker Talton	Barry Eugene Williamson	Lumberton
4/30/2015	Kendra Erin Kellermann	James Ellis Garrett	Jacksonville
4/30/2015	Alireza Hazrati	Rahul Prakash Dalvi	Lumberton
4/30/2015	Lisa Danielle Gale	James Horst	Raleigh
4/30/2015	Angel Shelton Loftis	Kenneth Strachan	Dallas
4/30/2015	Haley Lynn Doyle	Henry Joseph VanPala	Garner
4/29/2015	Nadia M Swanson	Barry Allen Moore	Wilmington
4/29/2015	Donna Joanne Smith	James Kilcoin Hartye	Asheville
4/29/2015	David Vincent Tallon	Robert William Lenfestey	Durham
4/27/2015	Crystal Lee Kelly	Thomas Michael Fitzgerald	Davidson
4/23/2015	Christy Elise Nagel	Ricardo Adolfo Serrano Donado	Durham
4/23/2015	Sarah Michelle Cincinnati	Peter Robert Ennever	High Point
4/23/2015	Mary Ann Oberembt	Lawrence Howard Nabors	Ronda
4/23/2015	Maureen Scott	Ronald Paul Olson	Durham
4/22/2015	Burke Dickens	Sidharth Anilkumar Shah	Raleigh
4/22/2015	Eric Anthony Gill	Monica Shamsid-Deen Carter	High Point
4/22/2015	Natalie Boone Yount	Hector Estepan	Patterson
4/22/2015	Maryellen Susanna Kelly	John Samuel Wiener	Durham
4/22/2015	Mary Catherine Williams Ewart	Chandreshkumar Amrutlal Parmar	Davidson
4/22/2015	Annie Peaks Bonds	Corina Pogodina	Chisinau
4/22/2015	Katherine Ann Bergamo	John Bernard Buse	Durham
4/22/2015	Nicole Griffin Averett	Tae Joon Lee	Greenville
4/21/2015	Jeanette Evelyn Lamm	Blair Lyn Holl	Asheville
4/20/2015	Katherine Anna Ritsche	Mark David Heuser	Salisbury
4/20/2015	Melony Collins Fowler	Kamari Demond Mitchell	Concord
4/17/2015	Amy Andersen Bush	John Matthew McDonald	Charlotte
4/17/2015	Deborah Michelle Brasher	Robert Kenneth Beam	Kernersville
4/17/2015	Deborah Brown Ballard	Stephen Alan Bernard	Chapel Hill
4/16/2015	Tasha Anita Dove	Luis Alejandro	Greensboro
4/16/2015	Lynnetta Marie Shoop	Alexander Ong Sy	Raleigh

4/15/2015	Karen Lesley Pitchford	Joseph Andrew Molnar	Winston-Salem
4/15/2015	Emma Mean	Susan Olive Duncan-Butler	Monroe
4/15/2015	Anne M Gartung	Luis Alejandro	Greensboro
4/15/2015	Kristen George Ella Elion	Charles Edward Jahrsdorfer	Greenville
4/15/2015	Dadiline Dorce	Erika Beth Gromelski Myers	Charlotte
4/15/2015	Nancy Kay Boehm	Wendell Llywellyn Richardson	Jacksonville
4/10/2015	Carrie Bowden	Mark Alan Gilbert	Murphy
4/10/2015	Ashley Michelle Webster	Imran Pasha Haque	Asheboro
4/10/2015	Elizabeth Anne Rudd	Matthew Todd Moll	Charlotte
4/9/2015	Laura Kotas Overton	William George Smith	High Point
4/9/2015	Laurel Frances Wolfe	Suzanna Jane Fox	Charlotte
4/9/2015	Ashley Cheryl Strickland	Deepak Pasi	Raleigh
4/9/2015	Emily Kate Simoneau	Todd Frederick Griffith	Charlotte
4/9/2015	Elizabeth Stanley Fowle	Joel Robert Kann	Morrisville
4/9/2015	Summer Maryellen Fiddes	Andrew Robert Shulstad	Charlotte
4/9/2015	Linda Detscher Baer	Temitayo Adenike Adetunji	Charlotte
4/8/2015	Katharine Mary Wright	Andy Michael Halberg	Sylva
4/8/2015	Victoria K. Donaldson	Alison Dawn Bartel	Henderson
4/7/2015	Bobbie English Norris	Michael Bernard Daley	Pinehurst
4/7/2015	Brandy Lynn Rudin	Luis Alejandro	Greensboro
4/7/2015	Lauri Ann Mares	Holly Marie Layman	Huntersville
4/1/2015	Agatha Yawah Agbo Ofei	Magdalene Marfo	Charlotte
4/1/2015	Terrie Bryant Murray	Nadine Beach Skinner	Wilson
4/1/2015	Collins Fokum Fomunung Shannon Elisabeth	Ugwuala Nwauche	Charlotte
3/31/2015	Blankenbeckler	Algimantas Liudas Jecius	Whiteville
3/31/2015	Rebecca Bennett Maphis	Laura Steffen Tanner	Wilmington
3/31/2015	Kristin M Ireland	Sherry J Saxonhouse	Charlotte
3/31/2015	Kay Harvey	Stephen Wilson Ely	Asheville
3/30/2015	Lauren Casat Price	Gena Marie Walker	Charlotte
3/26/2015	Nancy Ann Bodnar	Joel Robert Kann	Morrisville
3/26/2015	Uzma Qureshi	Bhavna Vaidya-Tank	Clayton
3/26/2015	Jennifer Louise Schweer	Christopher Brian Isenhour	Shallotte
3/26/2015	Yuk Ming Choi	Imran Pasha Haque	Asheboro
3/26/2015	Michelle R. Desrosiers	Kevin Wallace Lobdell	Charlotte
3/26/2015	Rachel Courtney Koontz	Marc Kenneth Dy	Davidson
3/26/2015	Robert Todd Pitts	Earl William Walker	Hickory
3/26/2015	Katie Leigh Davis	Mark David Heuser	Salisbury
3/26/2015	Rebecca Jo Oskey	Jessica Maria Pinzon Tucker	Fayetteville
3/25/2015	Lisa Michelle Moore	Michael Avandale Lawrence	Greenville
3/25/2015	Anthony Richard Lutz	Pierce Butler Irby	Charlotte
3/25/2015	Andrea Rose Flynn	Samuel Davis Wellman	Hickory
3/25/2015	Ruthetta Vontrice Banks	Kenneth Robert Huber	Charlotte

3/25/2015	Amie Smith Adams	Aimee Maree Wilkin	Winston-Salem
3/24/2015	Cynthia Lynne Warden	Barbara Ann Pisani	Winston-Salem
3/24/2015	Gayle Waldenmaier	Jacob Niall Schroder	Durham
3/20/2015	Orlando Santiago Valenzuela Jr	Saad Amin	Asheboro
3/20/2015	Chelsea Elizabeth Rivenbark	John Marshall Ogle	Greenville
3/20/2015	Libiya Baby Poonely	Elzbieta Ewa Rybicka-Kozlowska	Durham
3/20/2015	Vicki Moss May	Mrinalini Ashish Joshi	Winston-Salem
3/20/2015	Kao Ashli Lor	Crystal Cornelia Bowe	Gastonia
3/19/2015	Andrea Croom Bartoe	Imran Pasha Haque	Asheboro
3/19/2015	Diane E Lalley	Benjamin Franklyn Simmons	Salisbury
3/19/2015	Frantzley James Leroy	Sunil Kumar Prakash Chand	Wilson
3/19/2015	Kimberly Marie Harkness	Paul Michael Ahearne	Asheville
3/18/2015	Alison Tallon Johnston	David Arnold Griesemer	Charlotte
3/18/2015	Norma Linda Cano	Daniel Joseph Bernstein	Denver
3/16/2015	Connie Coleman Kirkley	Mohamed Hassan Merghani	Rockingham
3/13/2015	Meena Dhokai	Richard Solon Schaffer	Fort Mill
3/13/2015	Leslie Lee King	Samuel Timothy Bowen	Hickory
3/13/2015	Jacklyn Elmore Goza	James Gary Guerrini	Clemmons
3/13/2015	Linda Bellville Charron	Luis Alejandro	Greensboro
3/13/2015	Chrsity Ann Hawks	Donald Wilson Moore	Madison
3/13/2015	Rebecca Trotman Jones	Abhijit Vasudeo Kshirsagar	Chapel Hill
3/13/2015	Lynn Michelle Klett	Andres Ramgoolam	Greensboro
3/13/2015	Lindsey Nelson Gieselman	Sharon Buckwald	Greenville
3/13/2015	Michael W. Pike	James Ellis Garrett	Jacksonville
3/13/2015	Jennifer Richardson	Kikelomo Belizaire	Charlotte
3/12/2015	Myra M. Tilson	Abigail Greiner DeVries	Carrboro
3/11/2015	Mary Lauren Green	Nelson Jen An Chao	Durham
3/11/2015	Melissa L Squires	Guy Gerard Lemire	Long Beach
3/11/2015	Philip Holton	Guy Gerard Lemire	Long Beach
3/10/2015	Laura Leigh Young-Ligon	Michael Roy Fredericks	South Boston
3/10/2015	Ann Gee Sanderson	Sharon Buckwald	Greenville
3/9/2015	Jean M. Carpenter	Wallace Clements Tarry	Mooresville
3/9/2015	Eunice Louise Thomas	Andrew Edward Kirsteins	Greensboro
3/6/2015	Sharon Dickman	Pamela Lynn Sharpe Taylor	Wilmington
3/6/2015	Ernestine Johnson	Cherie Michelle Inglis	Elizabethtown
3/6/2015	Rebecca Lynne Edwards	Connie Ann Edelen	Charlotte
3/6/2015	Valerie Ariel Keck	Olugbemiga Ebenezer Jegede	Greensboro
3/6/2015	Julia Gallant	Gail Yvonne Kase	Asheville
3/6/2015	Carrie Chun Beaver	Bruce Callahan Bayles	Charlotte
3/3/2015	Angela Mae Willis	Sharon Buckwald	Greenville
3/3/2015	Kelli Nichole White	Sherry J Saxonhouse	Charlotte
3/3/2015	Elaina Michelle Williams	Jose Ornum Buenaseda	Fayetteville
3/3/2015	Rebecca Sue Phillips	Amit Ramesh Mehta	Cary

3/3/2015	Meredith Lea Harris	Michael John Sylvia	Yanceyville
3/3/2015	Constance Williams Hall	William James Hall	Morehead City
3/3/2015	Ruth I Colon	Timothy John Finnegan	Burlington
3/3/2015	Amanda Denise Chase	Justin Christopher Parker	Asheville
3/3/2015	Amanda Huffstetler Teague	Joseph Lawrence Brady	Charlotte
3/3/2015	Lauren Johnson McFarland	Karin Reed Minter	Burlington
3/3/2015	Sandra Helen Machon	Cornelius Fitzharold Cathcart	Henderson
3/2/2015	Dianne Richards English	John Frederick Baumrucker	Highlands

Clinical Pharmacist Practitioners

<u>CPP Applicant</u>	<u>Supervisor</u>	<u>Site City</u>
Causey, Holly	Cunningham, Natasha	Durham
Howard, Caroline	Rodriguez, Antonio	Durham
Howard, Caroline	Johnson, Sally	Durham
Howard, Caroline	Ruff, Sarah	Durham
Howard, Caroline	Marsland, Thomas	Durham
Iacovelli, Lewis	Shadad, Firas	Greensboro
Isom, Courtney	Advani, Deepak	Greensboro
Kennedy, LeAnne	Lamar, Zanetta	Winston-Salem
Kennedy, LeAnne	Howard, Dianna	Winston-Salem
Kennedy, LeAnne	Phillips, Gordon	Winston-Salem
Kennedy, LeAnne	Vaidya, Rakhee	Winston-Salem
Owens, Katherine	Gring, Christian	Clayton
Owens, Katherine	Janis, Eric	Clayton
Owens, Katherine	Chow, Arthur	Knightdale
Owens, Katherine	Atkeson, Benjamin	Clayton
Stephens, Nikita	Akhtar, Mateen	Goldsboro
Stephens, Nikita	Prakash Chand, Sunil	Wilson
Stephens, Nikita	Agrawal, Malay	Wilson
Stephens, Nikita	Perez-Navarro, Paul	Wilson
Stephens, Nikita	Akhtar, Waheed	Goldsboro
Williams, Charlene	Graham, Jeffrey	Asheville

Initial PA Applicants Licensed 03/01/15 – 04/30/15

PA-CsName

Abel, Seth	04/29/2015
Albani, Rachel	03/13/2015
Alexander, Allison Kathleen	03/27/2015
Andrew, Whitney Claire	03/27/2015
Baglia, Corrina	04/01/2015
Baker, Lynn Crow	03/03/2015
Batheja, Neha	04/17/2015
Beausoleil, Corey Marc	03/10/2015
Bencic, Deanna Marie	03/20/2015
Bennis, Victoria Lee	03/25/2015
Braswell, Percy Elbert	04/15/2015
Burch, Mark Samuel	03/12/2015
Burditt, Kyle Neil	03/09/2015
Burnette, Jennifer Michelle	03/27/2015
Byrd, Graylan Dwight	03/04/2015
Cadan, Adam Paul	03/16/2015
Caffrey, Erin Marie	03/09/2015
Carducci, Daryl	03/06/2015
Ciampi, Laura Alice	04/16/2015
Clover, Erin Elizabeth	04/06/2015
Collins, Lindsay Caroline	04/23/2015
Conkwright, Caroline Elizabeth	04/16/2015
Day, Brandy Lynn	04/30/2015
Deeds, Ryan David	03/05/2015
Denbow, Rachel Linn	04/13/2015
Duke, Stephanie Jones	04/17/2015
Dunlap, Margaret Eiden	03/27/2015
Eagen, Caitlin Emily	04/17/2015
Elswick, Tasha Marie	03/04/2015
Fedewa, Shaheen Ahmad	03/12/2015
Ferjuste, Fedlande	03/12/2015
Foote, Virginia Ruth Regan	03/10/2015
Forcucci, Courtney Amanda	03/27/2015

Initial PA Applicants Licensed 03/01/15 – 04/30/15

PA-Cs

Name

Gebeyehu, Misgana Mesfin	03/10/2015
Gehan, Kara Lynn	03/10/2015
Gerard, Anna Alexandra	03/20/2015
Godfrey, Emily Caitlin	03/27/2015
Gurley, Reginia Everett	03/12/2015
Hambrecht, Carrie Lynn	03/11/2015
Harper, Bradley Michael	04/02/2015
Hartsfield, Erin Elizabeth	03/25/2015
Hausfeld, Ryan Patrick	04/02/2015
Healy, Crystal	03/25/2015
Higgins, Lisa Christine	04/07/2015
Hines, Kelsey	03/09/2015
Holt, Christa Leigh	03/10/2015
Hudson, Jacqueline Bennett	03/17/2015
Iwuafor, Kenneth Onyekachi	04/23/2015
Jacobs, Daniel Alan	03/27/2015
James, Brittany Lauren	03/27/2015
Kelly, Allie Black	03/30/2015
Kenyon, Kyle Judson	03/25/2015
Kepley, Valery Mora	03/30/2015
Lang, Ashley	03/04/2015
Lawrin, Roman	03/13/2015
Layeni, Omolara	03/11/2015
Linn, Ann Marie	03/09/2015
Little, Jennifer Leigh	04/13/2015
Lynn, Brielle Lorraine	03/17/2015
Machaj, Veronica	04/17/2015
Martin, Amelia Kay	04/16/2015
Matthews, James Stephen	04/27/2015
McCue, Jeffrey Michael	04/01/2015
McFarlane, Sinead Meghan	04/06/2015
McGraw, Chad Cyril	04/07/2015
McGuirt, Brittney Foreman	03/25/2015

Initial PA Applicants Licensed 03/01/15 – 04/30/15

PA-Cs

Name

McNally, Tara Ann Margaret	04/02/2015
Miller, Vicki Lee	04/16/2015
Moellenkamp, Ryan	03/04/2015
Moneymaker, Jason Wesley	04/06/2015
Monroe, Brian	03/11/2015
Mvula, Madeleine Malembe	04/14/2015
Nelson, Anastasia Savvides	03/10/2015
Norris, Keri Buchanan	04/06/2015
Osman, Sahar	04/20/2015
Ottinger, Rodney Lynn	04/15/2015
Park, Tammera Lorraine	04/17/2015
Perez, Rebecca Lynn	04/22/2015
Rainbolt, Matthew Preston	04/17/2015
Raines, Lora Ann	03/04/2015
Ramos, Michael Anthony	03/10/2015
Ramsay, Priscilla Jane	03/25/2015
Ramsey, Brittany Leigh	03/27/2015
Rhodes, Alyson Sobon	04/06/2015
Riley, Raymond Zachary	03/26/2015
Rondinelli, Pietro	03/31/2015
Shekari, Arezu	03/27/2015
Simon, Melissa Ann	03/25/2015
Stephano, Anne Marie	04/23/2015
Strunk, Rebecca Lee	03/31/2015
Suckow, Jennifer Elaine	04/08/2015
Trinh, Kimberly Ann	03/27/2015
Tumbleson, Catherine	03/17/2015
Urban, Clarissa Anne	03/10/2015
Vail, Tyler Lane	04/22/2015
Varghese, Samantha Ann	03/10/2015
Vita, Botond	03/25/2015
Volek, Dennis Stanley	04/16/2015
Waninger, Megan Lee	03/25/2015
Washington, Gregory	04/22/2015
Wennerberg, Samantha	04/16/2015

Initial PA Applicants Licensed 03/01/15 – 04/30/15

PA-Cs

Name

Winkley, Beth Tara	03/03/2015
York, Caroline Abigail	04/22/2015

Additional Supervisor List 03/01/15 – 04/30/15

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Abe-Lathan, Moboluwade	Idrissi, Rachid	Benson
Aboagye-Kumi, Patricia	Patterson, Robert	Fayetteville
Alexander, Sandra	Finch, James	Durham
Allman, Alicia	Dulin, Michael	Charlotte
Ambrose, Jessica	Giarrizzi, Dana	Troy
Anderson, Alyssa	Liguori, John	Wilmington
Anderson, Tyler	Shepherd, Jack	Matthews
Andrew, Whitney	Graham, Mark	Cary
Andrew, Whitney	Kirby, Suzanne	Cary
Andrews, Jordan	Eskander, Essam	Chadbourn
Ashton, Kristine	Gibbs, Carol	Durham
Ayers, Robert	Mikhail, Ashraf	Jacksonville
Bacon Menshew, Jenise	Brown, Randolph	Burlington
Bailey, Alexis	Monahan, Michael	Raleigh
Bair, Bruce	Guinn, Nicole	Durham
Baker, Lynn	Ricciardelli, Edward	Wilmington
Baker, Matthew	Ferraro, Roberto	Charlotte
Barrett, Erin	Bartle, Bryan	Greensboro
Bartosik, Karolina	Gaskin, Steve	Concord
Bates, Jaclyn	Dupler, Ronald	Laurinburg
Batheja, Neha	Peeler, Ronald	Charlotte

Additional Supervisor List 03/01/15 – 04/30/15

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Beal, Margaret	Chelminski, Paul	Chapel Hill
Beam, Amanda	Kenney, James	Henderson
Beausoleil, Corey	Albea, Jeffrey	Greenville
Bednar, Robert	Marlette, Marnie	High Point
Belayneh, Zelalem	Gupta, Manoj	Smithfield
Belayneh, Zelalem	Dunston, Armayne	Raleigh
Bender, Currin	Marino, James	Pinehurst
Benjamin, Kristi	Myers, Erinn	Mooreville
Bennis, Victoria	Kahai, Jugta	Southport

Berryhill, Grover
 Best, Jennifer
 Biehl, Ethel
 Bilancia, Justin
 Bilancia, Justin
 Binion-Brown, Kareen
 Blackburn, Brittany
 Blanton, James
 Blocher-Steiner, Sarah
 Blocher-Steiner, Sarah
 Boan, Kristy
 Boucherle, Amy
 Bowen, Laraine
 Bowen, Laraine
 Bridger, Jennifer
 Bridges, Megan
 Brothers, Shaun
 Brown, Lynn
 Bullard, Christina
 Bunting, Elizabeth
 Burnette, Jennifer
 Burroughs, Larry
 Bushardt, Reamer
 Byrd, Graylan
 Byrd, James
 Caffrey, Erin
 Calhoun, Jill
 Campbell, Jonathan

Heter, Michael
 Mull, Courtney
 Heron, Kerrie-Anne
 Morris, John
 Troxler, David
 Beauchamp, Charles
 Mamedi, Ravinder
 Ezeigbo, Walter
 Roderick, Marilyn
 Lyles, Johnnie
 Liffrig, James
 Burnett, Brent
 Gwinn, Michael
 Reznik, Mark
 Brannon, Gregory
 Peterson, Drew
 Peterson, Drew
 Alejandro, Luis
 Nantais, Robert
 Taavoni, Shohreh
 Cruz, Nestor
 Perdue, Christy
 Williamson, Jeff
 Comadoll, James
 Hemby, Katherine
 Manuli, Steven
 Bouhoussein, Naim
 Durham Stephen

Fayetteville
 Marion
 Wilson
 Asheville
 Asheville
 Windsor
 Roanoke Rapids
 Winston Salem
 Whiteville
 Star
 Rockingham
 Summerfield
 Raleigh
 Raleigh
 Cary
 Raleigh
 Raleigh
 Greensboro
 Mint Hill
 Durham
 High Point
 Whiteville
 Winston Salem
 Salisbury
 Boone
 Elizabeth City
 Statesville
 Wilmington

Additional Supervisor List 03/01/15 – 04/30/15

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Camprubi-Soms, Mercedes	Miller, Brian	Greensboro
Camprubi-Soms, Mercedes	Opitz, Brian	Greensboro
Capps, Susan	Costner, James	Gastonia
Carducci, Daryl	Singh, Hardayal	Cary
Cardwell, Cassandra	Lutz, Charles	Gastonia
Carr, Stephen	Harris, James	Camp Lejeune
Carter, Alnissa	Rahn, Karyn	Raleigh
Carter, Laura	Morgan, Amy	Cbarlotte
Castelvecchi, Michelle	Brinkley, William	Salisbury
Castelvecchi, Michelle	Wimmer, Mark	Salisbury
Cellura, Cindy	Guinn, Nicole	Durham
Chambers, Detra	Lamothe, Traci	Charlotte

Chaney, Lindsey
 Chavis, Anthony
 Chavis, Robert
 Cheney, David
 Christine, Cybele
 Clark-Bruning, Jennifer
 Clayton, Jon
 Cohen, Jonathan
 Cook, Brian
 Costello, Kacie
 Coverdale, Linda
 Coverdale, Linda
 Coverdale, Linda
 Cowell, Christine
 Cowell, Christine
 Crain, Whitney
 Cutler, Robert
 Cutrell, Darrin
 Dana, Michael
 Daniele, Kimberly
 Davis, Ashley
 Davis, Martha
 Deeds, Ryan
 Deese, Vanessa
 DeYoung, Derek

Lietz, Timothy
 MacInnes, Deborah
 Augustine, Santhosh
 Gardner, Todd
 Buechler, Robbie
 Tafeen, Stuart
 Phipps, Angela
 Griggs, James
 Gardner, Todd
 Anquilo, Louie
 Butler, Jerome
 Lankford, Scott
 McGinnis, LaMar
 Liffrig, James
 Barnes, Daniel
 Blair, James
 Tignor, David
 Eller, Chrystal
 Dement, Joseph
 Reese, Kevin
 Pleasant, Henry
 Hall, William
 Jacobucci, Nicola
 Mezzullo, John
 Chiavetta, John

Charlotte
 Butner
 Lumberton
 Statesville
 Asheville
 Greensboro
 Raleigh
 Charlotte
 Statesville
 Fort Mill
 Gastonia
 Concord
 Chartlotte
 Rockingham
 Pinehurst
 Surf City
 Concord
 Troy
 Asheville
 Wilmington
 Apex
 Sanford
 Jamestown
 Cary
 Raleigh

Additional Supervisor List 03/01/15 – 04/30/15

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Dixon, Joseph	Jackson, Barney	High Point
Dong, Fan	Italia, Hirenkumar	Greensboro
Dossenbach, Memory	McGeary, Scott	Cary
Dossenbach, Memory	Lopez, Fernando	Oxford
Doviak, Lorna	Farrington, Cecil	Salisbury
Driver, Phyllis	Mackinnon, Christopher	Benson
Du Sablon, Kristie	Taavoni, Shohreh	Durham
Dunlap, Margaret	Okwara, Benedict	Monroe
Durham Kelly	Reindl, Frederick	Swansboro
Dye, Jennifer	Fitch, Robert	Durham
Eagen, Caitlin	Connor, Patrick	Charlotte
Eddins, Marla	Gouzenne, Stacey	Monroe
Ellis, Leland	Jones, Gary	Winterville
Elswick, Tasha	Harrison, Matthew	Salisbury
Ensign, Todd	Brown, Robert	Randleman

Evans, Eric	Cotten, Aaron	Rocky Mount
Fedewa, Shaheen	Frank, Anthony	Jacksonville
Filzer, Sofia	Lee, Mitchell	Wilmington
Fisher, Susan	Rosenberg, Brett	Raleigh
Forcucci, Courtney	Miller, Brian	Greensboro
Fried, Susan	Christy, Ralph	Concord
Frye, Sara	Ziewacz, John	Concord
Fuchs, Megan	Park, Steven	Chapel Hill
Galloway, Ayanna	Moreira, Fernanda	Jamestown
Galluppi, Amanda	Isenhour, Christopher	Shalotte
Gardner, Mary Ellen	Joe, Randall	Asheville
Gehan, Kara	Schranz, Craig	Elizabeth City
Godfrey, Alexandra	Holder, David	Lexington
Godfrey, Emily	Foster, Matthew	Chapel Hill
Gold, Wayne	Owen, Clarence	Greensboro
Goldbach, Elizabeth	Hooper, Thomas	Wilson
Grant, Erich	Lacey, David	Winston Salem
Granzow, Paul	Pirro, Alfred	Rutherfordton
Gray, Erin	Beekman, James	Greensboro
Graybehl, Melissa	Fitzsimons, Nicholas	Charlotte
Green, Justin	Androssov, Andrei	Jacksonville
Greene, Denise	Golshayan, Ali-Reza	Hickory

Additional Supervisor List 03/01/15 – 04/30/15

PA-Cs

Name	Primary Supervisor	Practice City
Gregory, Richard	Anderson, Kent	Greenville
Gribble, Anita	Gessner, Martin	Morganton
Griffith, John	Perry, Robert	Jacksonville
Grinnell, Amanda	DeMatos, Pierre	Asheville
Groach, Keith	Merrill, Michael	Winston Salem
Gurley, Reginia	Gibbs, Carol	Durham
Haberski, Corynn	Cheesborough, John	Sanford
Hage, Suzanne	Rashid, Inam	Raleigh
Hale, Jessica	Burnett, John	New Bern
Hale, Jessica	Kiger, Tara	New Bern
Hambrecht, Carrie	Okwara, Benedict	Monroe
Handlery, Ashley	Adan, Victor	Franklin
Hanley, Brian	Burpee, Elizabeth	Marion
Harding-Bremner, Meredith	Curran, Diana	Hendersonville
Harp, Wayne	Trombley, Michael	Salisbury
Harper, John	Walker, Edwin	Oxford
Harrison, Roger	Dave, Nailesh	Lillington
Hartsfield, Erin	Updaw, Robert	Charlotte

Hartsfield, Erin	Huber, Kenneth	Charlotte
Hawkins, William	Enochs, Paul	Cary
Hawkins, William	Tyner, Michael	Cary
Healey, Kathleen	Griffin, Stephanie	Greenville
Healy, Crystal	Feraru, Elaine	High Point
Herron, Alyssa	Liffrig, James	Whispering Pines
Herzig, Jamie	Van Cleeff, Martin	Cary
Hess, Ashley	Darst, Marc	Charlotte
Hines, Kelsey	Mitchell, Thomas	Asheville
Hinnenkamp, Angela	Lackey, Steven	Hendersonville
Hoeffner, Molly	Tedesco, Mark	Shelby
Hogan, Justin	Singleton, Gina	Clyde
Hollo, Mark	Swisher, Aaron	Hildebran
Holt, Christa	Updaw, Robert	Charlotte
Holt, Christa	Sachdev, Gaurav	Charlotte
Hoover, Ryan	Gupta, Manoj	Smithfield
Howard, Lindsey	Wiercisiewski, David	Charlotte
Hudgins, Victoria	Golshayan, Ali-Reza	Hickory
Huggins, Charles	Parker, James	Lumberton

Additional Supervisor List 03/01/15 – 04/30/15

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Hunter, Sara	Nordin, John	Jacksonville
Hurley, Patrick	Liffrig, James	Rockingham
Hutchison, Julie	Collins, Timothy	Winston Salem
Icard, Terry	Banaszak, Renee	Greenville
Ives, Billy	Lang, Christine	Ft Bragg
Jackson, Laurena	Broadwell, Richard	Goldsboro
Jacobs, Daniel	McBride, Robert	Charlotte
James, Brittany	Mikhail, Ashraf	Jacksonville
Jarahizadeh, Reza	Jamison, Cynthia	Charlotte
Jensen, Larry	Silver, Jeffrey	Tarboro
Johanson, Leigh	Mull, Courtney	Marion
Johnson, Kevin	Riddle, Donald	Kinston
Johnson, Sarah	Garris, Jeffrey	Arden
Johnson, Sharon	Tang, Grace	Raleigh
Johnson, Sharon	Kwark, Soon	Raleigh
Jones, Meagan	Burney, Heather	Charlotte
Kearney, Christopher	Perry, Joseph	Clemmons
Keeler, Nancy	Kalish, Michael	High Point
Kelly, Allie	Orr, Richard	High Point
Kelly, Allie	Kalish, Michael	High Point
Kelly, Amy	Holland, George	Southport

Kenyon, Kyle	Finch, George	Forest City
Kern, Jeffrey	Liffrig, James	Whispering Pines
King, Ashley	Marino, James	Pinehurst
Kirsch, Jeffrey	Gunadasa, Koshilie	Denver
Koren, Heather	Taavoni, Shohreh	Durham
Kreshon, Mary	Berger, William	Winston Salem
Kukuruda, Julie	Kimball, Robert	Statesville
Kunz, Erin	Guinn, Nicole	Durham
Kurth-Bowen, Cornelia	Mead, Robert	Hickory
Kuwamoto, Roderick	Conner, Dana	Murphy
Labore, Francis	Uhren, Robert	Marion
Lackore, Melinda	Schaffer, Richard	Monroe
Lamb, Douglas	Simpson, Jerry	Kenansville
Lambert, Korie	Vargas, Ricardo	Locust
Lane, Douglas	Schulze, Steven	Durham
Lang, Ashley	Simmons, Benjamin	Salisbury

Additional Supervisor List 03/01/15 – 04/30/15

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Lawrence, Leo	Giometti, Jon	Hickory
Lawson, Sara	Lane, Robert	Hertford
Lee, Heather	Shah, Mital	Franklin
Lee, Laurie	Archinal, Ginette	Elon
Lee, Young	Paracha, Muhammad	Fayetteville
Leedy, David	Farland, Andrew	Winston Salem
Liepins, Andrew	Fogartie, James	Raleigh
Liepins, Andrew	Benevides, Marc	Cary
Lindholm, Mollie	Ludlow, Donald	Shallotte
Linn, Ann	Milas, Zvonimir	Charlotts
Little, Jennifer	Appel, James	Charlotte
Lloyd, Brittany	Smith, Lenwood	Greenville
Lockett, Amy	Whitmer, Gilbert	Fayetteville
Logan, Rickmon	Sicilia, Carlos	Gastonia
Logan, Rickmon	Zickler, Robert	Gastonia
Logan, Rickmon	Kochupura, Paul	Gastonia
Long, Genevieve	Hoppenot, Regis	Greenville,
Lynn, Brielle	Durham Stephen	Wilmington
Lyon, Christopher	Zivony, Daniel	Asheville
Machaj, Veronica	Barker, Timothy	Mooreville
Mann, Brian	Liffrig, James	Whispering Pines
Mansfield, Zed	Fowler, William	Marion
Marcum, Stacy	Cooper, Emily	Wadesboro
Martin, Amelia	Taavoni, Shohreh	Durham

Martin, Ashley	Lancaster, David	Charlotte
Martin, Maida	Marlette, Marnie	High Point
Mathews, Hannah	LeCroy, Charles	Asheville
Mattera, Paul	Utecht, Michael	Roxboro
McAllister, Amy	Olson, Ronald	Durham
McDonald, Ryan	Parks, Jennifer	Winston Salem
McElhinney, John	Lescault, Eric	Southport
McGuire, Terri	Blumling, Brandi	Garner
McGuirt, Brittney	Huber, Kenneth	Charlotte
McLamb, Michael	Fofaria, Rajat	Raleigh
McLaren, Christopher	Liffrig, James	Whispering Pines
McPhee, Erin	Robicheaux, Greg	Gastonia
Mehta, Ravin	Warren-Ulanch, Julia	Raleigh

Additional Supervisor List 03/01/15 – 04/30/15

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Melvin, Jacquetta	Feldman, Kristen	Raleigh
Meng, Hao	Crenshaw, Brian	Greensboro
Miller, Catherine	Rauck, Richard	Clemmons
Miller, Meagan	Jones, Samuel	Chapel Hill
Miller, Ryan	Sun, Yun	High Point
Mitchell, Cynthia	Batts, Mark	Lenoir
Moellenkamp, Ryan	Adan, Victor	Franklin
Molina, Albert	Whitmer, Gilbert	Fayetteville
Moneymaker, Jason	Waibel, Brett	Greenville
Monroe, Brian	Murray, Warren	New Bern
Monroe, Brian	Wilkins, Kenneth	New Bern
Moss, Shira	Frey, Sascha	Raleigh
Mueller-Brady, Sandy	Holland, George	Surf City
Mvula, Madeleine	Kalish, Michael	High Point
Nathan, Kim	Chai, Seungjean	Charlotte
Nelson, Anastasia	Schranz, Craig	Elizabeth City
Nelson, Patricia	Adams, Harry	Grimesland
Nelson, Patricia	Irons, Thomas	Grimesland
Nicholson, Todd	Liffrig, James	Whispering Pines
Nicolaisen Degnan, Lynn	Milano, Peter	Raleigh
Norris, Keri	North, Stephen	Spruce Pine
Norton, Elizabeth	Isaacs, George	Wake Forest
O'Connor, Brian	Kochupura, Paul	Gastonia
O'Connor, Brian	Sicilia, Carlos	Gastonia
O'Connor, Brian	Zickler, Robert	Gastonia
O'Gorman, Natasha	Zickler, Robert	Gastonia
Oliveri, Tia	Brown, Robert	Randleman

O'Neill, Sarah
 Ormand, Maggi
 Overton, LeVon
 Park, Tammara
 Parker, Emily
 Parkhurst, Julia
 Patane, Jeffrey
 Patel, Shanila
 Pessetti, Staci
 Phelps, Cathy

McDonell, Anne
 Cannon, Daniel
 Heter, Michael
 Seward, Daniel
 Covington, Mary
 Collura, Christina
 Moore, Modjulie
 Okwara, Benedict
 Flom, Jonathan
 Wray, Walter

Charlotte
 Asheville
 Raleigh
 Salisbury
 Chapel Hill
 Huntersville
 Roanoke Rapids
 Monroe
 Fayetteville
 Winston Salem

Additional Supervisor List 03/01/15 – 04/30/15

PA-Cs

Name	Primary Supervisor	Practice City
Pineiro, Miguel	Adan, Victor	Franklin
Pisciotta, Nicole	Miller, Brian	Greensboro
Pitonzo, David	Scholer, Andrea	High Point
Potter, Margaret	O'Brien, Patrick	Raleigh
Poulard, Robert	Gupta, Manoj	Smithfield
Pratt, Ashley	Cromer, John	Wilmington
Pysell, Timothy	Dunaway, Howard	Charlotte
Quiles, Carmen	Patel, Divyang	Spring Lake
Quintero, Tammi	Guerrini, James	Winston Salem
Raby, Bernadette	Gilbert, Mark	Murphy
Rader, Joanna	LeCroy, Charles	Asheville
Raines, Lora	Saxonhouse, Sherry	Charlotte
Raines, Lora	Singh, Jaspal	Charlotte
Ramirez, Claudia	Anderson, Joseph	Asheville
Ramos, Theresa	Bitner, Matthew	Henderson
Ramsey, Brittany	Teppara, Nikhil	High Point
Randolph, Mark	Matacale, Vaughn	Greenville
Rashid, Mariam	Lahoud, Chawki	Raleigh
Rendall, David	Blazing, Michael	Durham
Richert, Kelly	Horton, Jeffrey	Asheville
Ricker, Melissa	Fernandez, Gonzalo	Garner
Rigsbee, William	Burkett, Jessica	Jacksonville
Riley, Raymond	Brown, Robert	Asheboro
Risinger, April	Wilkins, Ezra	Raleigh
Rocha, Gabriel	Redden, Kelly	Monroe
Rook, Jessica	Norris, John	Charlotte
Ruoff, Teresita	Nfor, Tonga	Fayetteville
Rushton, Samantha	Jain, Ashokkumar	Fayetteville
Rushton, Samantha	Dalvi, Gauri	Fayetteville
Sabo, Jessica	Olson, Ronald	Durham

Sampson, Dawn	Rosen, Robert	Leland
Sanders, Kristina	Carr, Sandra	Fayetteville
Sanford, Frances	Opitz, Brian	Greensboro
Sawka, Sara	Utecht, Michael	Roxboro
Scheib, Aaron	Overton, Dolphin	Smithfield
Schwarz, John	Kader, Ronald	Pinehurst
Sellers, William	Johns, Ann	Tabor City

Additional Supervisor List 03/01/15 – 04/30/15

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Shaheen, Kristen	Feaster, Ray	Charlotte
Shamblin, Allison	Pirro, Alfred	Rutherfordton
Shekari, Arezu	Aziz, Saqib	Smithfield
Shilkitus, William	Liffrig, James	Whispering Pines
Shoaf, John	Edmisten, Timothy	Boone
Sikes, Michael	Rodgers-Morales, Patrice	Stanley
Skropeta, Michael	Suprock, Mark	Huntersville
Slater, Kathryn	Williams, Jonathan	Burlington
Slater, Kathryn	Peterson, Drew	Raleigh
Smith, Carrie	Hamstead, Steven	Grifton
Smith, Carrie	Barrow, Roy	Grifton
Smith, Gregory	Ferguson, Robert	Fayetteville
Smith, Harold	Drimalla, Richard	Gastonia
Snegosky, Lisa	Butler, Robert	Asheboro
Sorrentino, Brian	Reed, Charles	Hickory
Spangler, Sherard	Campbell, Edward	Mooreville
Squittieri, Keri	Shafran, Kerry	Cornelius
Stark, Krista	Blitstein, Bryan	Huntersville
Stark, Krista	Weilbach, Heidi	Charlotte
Stepp, Jamie	Ratliff, Melissa	Charlotte
Stepp, Jamie	Parker, Augustus	Charlotte
Stepp, Jamie	King, Victoria	Charlotte
Stepp, Jamie	Swad, Samuel	Charlotte
Stepp, Jamie	Brown, Malgorzata	Charlotte
Stratton, Elizabeth	Crimaldi, Anthony	Charlotte
Strunk, Rebecca	Vallat, Val	Charlotte
Sudyk, Erica	Portenier, Dana	Durham
Swedberg, Aaron	Gopali, Santosh	Matthews
Taylor, Chris	Daw, Jeffrey	Raleigh
Taylor, Jacob	Fishburne, Cary	Huntersville
Thomas, Carissa	Sicilia, Carlos	Gastonia
Thomas, Carissa	Zickler, Robert	Gastonia
Thomas, Carissa	Kochupura, Paul	Gastonia

Thomas, Julie	Liffrig, James	Robckingham
Thomas, Robert	Liffrig, James	Rockingham
Thomason, Melissa	Henderson, David	Charlotte
Thompson, Erin	Mitchell, Michael	Winston salem

Additional Supervisor List 03/01/15 – 04/30/15

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Trinh, Kimberly	Dickson, Christopher	Greensboro
Tucker, Rebecca	Kann, Joel	Knightdale
Tumbleson, Catherine	Grubb, Stephen	Tabor City
Underhill, Bailey	Kirk, David	Raleigh
Underhill, Bailey	Frey, Sascha	Raleigh
Urban, Clarissa	Graham, Mark	Cary
Varghese, Samantha	Singh, Jaspal	Charlotte
Vernon, Ricky	Stopyra, Jason	Dobson
Vita, Botond	Li, Zhongyu	Winston Salem
Vita, Botond	Wiesler, Ethan	Winston Salem
Walker, Taja	Kann, Joel	Cary
Walls, Linda	Kelley, John	Raleigh
Waninger, Megan	Nguyen, Tuong	Charlotte
Waninger, Megan	Nguyen, Thao	Charlotte
Ward, Muryel	Reyes, Rodolfo	Dunn
Waters, Shannon	Batts, Mark	Lenoir
Weinberger, Frankie	Jenkins, Henry	Asheville
Welch, Allison	Williams, Derek	Winston Salem
Werner, Devorah	Brown, Robert	Randleman
Wharton, Lisa	Taavoni, Shohreh	Durham
White, Dale	Perry, Robert	Jacksonville
White, Dale	Tran-Phu, Lan	Fayetteville
White-Joseph, Sheneque	Snyder, Christopher	Charlotte
White-Joseph, Sheneque	Shepherd, Jack	Charlotte
Wiegand, Rebecca	Ely, Stephen	Asheville
Wilkins, Thomas	Liffrig, James	Whispering Pines
Williams, Barbara	Brown, Cynthia	Asheville
Williams, Kathryn	Wachter, Adam	Durham
Williams, Rufus	Mizelle, Eric	Raleigh
Wilson, Aubrey	Rivadeneira, Alfredo	Chapel Hill
Winkley, Beth	Patel, Manish	Charlotte
Wright, Andrea	Harrelson, Anna	Asheville
Wuerthele, Megan	Solic, John	Raleigh
Wuest, John	Daly, Claudia	Greenville
Young, Brenda	Andersen, Susan	Waxhaw
Young, Brittany	Verrill, Matthew	Waxhaw

Young, Chassidy Kwiatkowski, Timothy Raleigh
Additional Supervisor List 03/01/15 – 04/30/15

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Young, Richard	Orton, Jonathan	Yadkinville
Zelaski, Delphine	Gennosa, Thomas	Robersonville
Zimmerman, Andrew	Clifford, Philip	Durham

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Ten Basic Responsibilities of Nonprofit Boards (Ingram)
As Applicable to the North Carolina Physicians Health Program

1. **Determine the Organization's Mission and Purpose**

NCPHP Board members and staff convened for a facilitated retreat in Greensboro in August 2011, primarily for the purpose of reviewing the existing mission statement at that time. From that retreat, the current NCPHP mission statement was developed:

Improving the health and wellness of medical professionals with compassion, support, accountability, and advocacy.

The Board has scheduled a strategic planning retreat for June 2015 to review the mission, vision and values of the organization, and to refine processes for dealing with existing and future opportunities and challenges faced by the organization.

2. **Select the Executive Director**

The Chair and Vice-Chair met with NCPHP staff in December 2014 to review roles and job descriptions of senior staff at that time, and to plan for the transition to new staff roles that was forecast at that time; the transition did occur in early 2015. Review of job duties and descriptions is ongoing and will be further discussed at the June retreat.

3. **Support the Executive and Review his/her performance**

The Board of Directors and in particular the Executive Committee have provided considerable support to NCPHP staff over the last four years. Review of CEO performance has been ongoing and will again be formally undertaken in December 2015.

4. **Ensure Effective Organizational Planning**

The Board of Directors generally delegates operational day to day planning to the NCPHP staff. However, the Board has been involved to a much greater degree in decision-making regarding the implementation of major changes within the organization as a result of the state audit. NCPHP must now shift its focus to forward planning, and the June retreat will be the first step in that process.

5. **Ensure Adequate Financial Resources**

The Board of Directors has directed the NCPHP Finance Committee to closely monitor the financial health of the organization during a time of ongoing deficit spending. The Finance Committee receives detailed monthly reports from NCPHP staff. The NCPHP BOD also receives a detailed report at each of its meetings from the Finance Committee and NCPHP staff.

6. **Manage Resources Effectively**

The Board of Directors has worked closely with NCPHP staff over the last two years to monitor increasing demands on resources that have occurred as a result of the implementation of recommendations from the state audit. NCPHP has benefitted greatly from the interim funding provided by the NCMB since late 2014. The NCPHP Board of Directors has been kept closely apprised of the progress of proposed legislation in the 2014 and 2015 legislative sessions, and has also been apprised in detail about use of resources in general and staffing in particular.

7. **Determine and Monitor the Organization's Programs and Services**

As per the attached summary grid, the majority of the audit implementation tasks are completed or underway. One area of Board of Directors involvement has been review of existing policies and procedures and approval of new policies and procedures as they are developed. This will be an agenda item at the July 2015 BOD meeting. The NCPHP Bylaws were modified in 2014 and 2015 to accommodate required changes regarding Compliance Committee membership, staff titles and job description, and the newly developed Review Committee.

8. **Enhance the Organization's Public Image**

Ongoing through continued presentations and regular contact with major stakeholders including the NCMB, NCMS and others. NCPHP staff has also developed and implemented two participant surveys in the last year including a post-treatment survey and post-monitoring survey. Stakeholder perceptions of NCPHP will be a topic of discussion at the planned June retreat.

9. **Assess its Own Performance**

The Board is undertaking a self-assessment tool; results will be reviewed at the July 2015 BOD meeting.

10. **Ensure Legal and Ethical Integrity**

This continues to be a prioritized fiduciary responsibility of the Board of Directors; multiple issues raised by the Office of the State Auditor have been addressed as noted in the summary grid as attached. NCPHP is confident that the process of the audit has established and documented the continued integrity of the organization.