MINUTES

North Carolina Medical Board

March 20-22, 2013

1203 Front Street Raleigh, North Carolina

General Session Minutes of the North Carolina Medical Board Meeting held March 20-22, 2013.

The North Carolina Medical Board met March 20-22, 2013, at its office located at 1203 Front Street, Raleigh, NC. William A. Walker, MD, President, called the meeting to order. Board members in attendance were: Paul S. Camnitz, MD, President-Elect; Cheryl L. Walker-McGill, MD, Secretary/Treasurer; Janice E. Huff, MD; Thomas R. Hill, MD; Ms. Thelma Lennon; John B. Lewis, Jr., LLB; Eleanor E. Greene, MD; Subhash C. Gumber, MD; Mr. Michael Arnold; Ms. H. Diane Meelheim, FNP and Pascal O. Udekwu, MD.

Presidential Remarks

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

Minutes Approval

Motion: A motion passed to approve the January 16, 2013 Board Minutes and February 21, 2013 Hearing Minutes.

Announcements

- 1. Mr. Curt Ellis, Director, Investigation Department, recognized Mr. David Hedgecock on his five-year anniversary at the NCMB.
- 2. Mr. David Henderson, Executive Director, recognized Ms. Maureen Bedell on her five-year anniversary at the NCMB.
- 3. Ms. Joy Cooke, Director, Licensing Department, recognized Ms. Jane Paige on her five-year anniversary at the NCMB.
- 5. Dr. Edward Treadwell, President, Old North State Medical Society gave the Board an annual update.
- 6. Mr. Thom Mansfield, Director, Legal Department gave the Board a legislative update.

Board Retreat Review

The NC Medical Board met in open session to discuss the retreat held January 19, 2013 where Miriam Carver presented and led a retreat on the Policy Governance© model as a possible method for NCMB governance. All Board members attended.

A general discussion identified the following points:

- 1. The retreat was generally useful and allowed the Board members to review the current issues which led to the retreat and how the Policy Governance© model might serve as a governance structure for the NCMB.
- 2. The NCMB licenses and regulates the practice of medicine in NC and does not therefore fit into an easily defined category for board activity.
- 3. Because of the unique requirements of a state regulatory Board, Board members perform many functions which might be delegated to staff in other types of boards.

4. Several issues which led to the decision to have the retreat are now in process, including the adoption of an Employee Assistance Program, development of an Employee Manual, and ongoing resolution of accounting issues.

Conclusions:

- 1. While the Carver model of Policy Governance© seems to be a forward thinking and newer model for board governance, the model does not meet the needs of the NCMB.
- 2. The Board expressed appreciation for the staff efforts in investigating options and organizing the retreat, in particular Ms. Apperson and Ms. Bedell.
- 3. While the Board does not recommend adoption of the Carver model, the retreat provided a useful opportunity to review issues, identify unique characteristics of the NCMB, and acted as a useful starting point for further action.
- 4. Dr. Walker will summarize individual discussion items and present an outline of possible action items for comment by Board members. After a review by Board members, a final recommendation of action items will be sent to Mr. Henderson for staff implementation.

Board Discussion: Personnel Matter

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 and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The full Board discussed a personnel matter. The details of this discussion are maintained by the Director of Human Resources.

A motion passed to return to open session.

EXECUTIVE COMMITTEE REPORT

The Executive Committee of the North Carolina Medical Board was called to order at 2:00 pm, Thursday March 21, 2012, at the offices of the Board. Members present were: William A. Walker, MD, Chair; Paul S. Camnitz, MD, Cheryl Walker-McGill, MD, Eleanor E. Greene, MD, and Ms. Thelma C. Lennon.

1) Financial Statements

a) Monthly Accounting January 2013 and December 2012

The Committee reviewed the January 2013 and December 2012 compiled financial statements. January is the third month of fiscal year 2013.

Committee Recommendation: Accept the financial statements as reported.

Board Action: The Board accepted the Committee recommendation.

b) Statement of Cash Flows – fiscal year 2013

The Committee reviewed the Statement of Cash Flows for fiscal year 2013 thru January 2013.

Committee Recommendation: Accept the Statement of Cash Flows as reported.

Board Action: The Board accepted the Committee recommendation.

c) Investment Account Statements

The Committee reviewed the February and January 2013 investment account statements from Fifth Third Bank.

Committee Recommendation: Accept the investment account statements as reported. Invite representatives from Fifth Third Bank to attend the July Executive Committee meeting.

Board Action: The Board accepted the Committee recommendation.

2) Old Business

a) AIMAP Update

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

Committee Recommendations:

- Recommendation #1 (Create a formal governance manual for Board members): Staff to work with Drs. Huff and Walker-McGill to create a draft Board Governance Manual. Draft to be submitted to the Executive Committee and Board prior to the July Board meeting.
- Recommendation #2 (Provide formal training for Board members in governance and legal functions): Update - Mr. Mansfield provided hearing training at the January 2013 Board meeting. This presentation will be posted on the "Information" tab of the Board Book.
- Recommendation #8 (Consider formal strategic planning with surveys and interviews of stakeholders): At the July Board meeting, the Executive Committee and senior staff will meet to begin the strategic planning process. Once a plan is in place, it will be reviewed quarterly.
- Recommendation #9 (Set specific priorities with the ED; the ED should set specific targets and measures for departmental performance): Staff will present a list of proposed key performance indicators to the Executive Committee at the May Board meeting.
- Recommendation #10 (Examine the re-entry program to relieve staff and Office
 of Medical Director ("OMD") of their roles): Staff will study the feasibility of a rule
 that would assess a user fee for those licensees who are required to undergo a
 reentry program.
- Recommendation #13 (Continue monitoring the FSMB Uniform Application ("UA") for possible use or incorporation): Do not pursue auto-populating UA information into the NCMB application at this time. Continue to monitor.

Board Action: The Board accepted the Committee recommendations.

b) Task Tracker

The Committee reviewed outstanding items on the Task Tracker report.

Committee Recommendation: Accept the update as reported. Staff to prioritize adding an "Additions Tab" to the Board Meeting Book in an effort to have this in place prior to the May Board meeting.

Board Action: The Board accepted the Committee recommendation.

c) Internet Service Charge

The Committee discussed reimbursing Board members for home internet service and while away from home conducting Board business.

Committee Recommendation: Discontinue reimbursing Board members for home internet service. Reimburse Board members for internet service required to conduct Board business while away from home.

Board Action: The Board accepted the Committee recommendation.

d) Umbrella Board Proposals

The Committee discussed a bill filed in the Legislature to study consolidating independent boards into a large "umbrella" board.

Committee Recommendation: Accept as information.

Board Action: The Board accepted the Committee recommendation.

e) State Agency Audits

The Committee reviewed a letter from Beth A. Wood, CPA, State Auditor, setting forth procedures for obtaining audit services and the language that must be in an audit contract.

Committee Recommendation: Staff to follow the requirements set forth in the August 4, 2011, letter when soliciting bids for a new contract and when entering into a contract for auditing services.

Board Action: The Board accepted the Committee recommendation.

f) Fees Assessed for Collecting Fines

The Committee revisited the issue of whether to assess administrative costs whenever fines are collected. (In January 2010 the Board voted to waive the fee for administrative costs.)

Committee Recommendation: Accept as information.

Board Action: The Board accepted the Committee recommendation.

g) Property Update

The Committee discussed additional options related to locating a larger office building or expanding the current building space.

Committee Recommendation: Accept as information. The Executive Committee will continue this discussion in May including when it should list the Board's property for sale.

Board Action: The Board accepted the Committee recommendation.

3) New Business

a) Employee Assistance Program

The Committee reviewed proposals for an employee assistance program.

Committee Recommendation: Staff to contract with Frank Horton Associates to provide an employee assistance program for NCMB staff.

Board Action: The Board accepted the Committee recommendation.

POLICY COMMITTEE REPORT

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

1. Old Business

a. Social Media (APPENDIX A)

11/2012 Committee Discussion: The Committee discussed the potential need for guidance regarding licensee use of social media and other organizations that have commented on the benefits and pitfalls of this phenomenon.

11/2012 Committee Recommendation: The Committee recommended drafting a Position Statement addressing this issue based on Dr. Kirby's Forum article.

11/2012 Board Action: Accept the Committee Recommendation.

01/2013 Committee Discussion: Mr. Brosius provided the Committee with a proposed Position Statement. Suggestions were made regarding making the statement more concise. Mr. Brosius was asked to determine if the State Bar has any policy on social media for its licensees.

01/2013 Committee Recommendation: Table until March 2013 meeting to allow staff to further study.

01/2013 Board Action: Accept the Committee Recommendation.

03/2013 Committee Discussion: Mr. Brosius provided the Committee with a revised Position Statement. The Committee discussed circulating the proposed Position Statement to licensee. It was suggested that the Position Statement could be posted on the website and circulated through the Board's own social media channels. It was also suggested by the committee that a link be included to Dr. Kirby's article on the use of social media.

03/2013 Committee Recommendation: Accept Position Statement with the addition of a link to Dr. Kirby's article.

03/2013 Board Action: Accept the Committee Recommendation.

1. Old Business

- b. Position Statement Review
 - i. Drug Overdose Prevention (APPENDIX B)

01/2013 Committee Discussion: The Committee discussed its desire to broaden the Position Statement. There was also discussion regarding eliminating references to proprietary terms in the Position Statement. It was indicated that the Medical Society currently has an opioid task force and that they would provide the Medical Board with additional information.

01/2013 Committee Recommendation: Table issue for additional study.

01/2013 Board Action: Accept the Committee Recommendation.

03/2013 Committee Discussion: The Committee reviewed and discussed the Position Statement with approval.

03/2013 Committee Recommendation: Accept proposed changes to Position Statement.

03/2013 Board Action: Accept the Committee Recommendation.

1. Old Business:

b. Position Statement Review

ii. Policy for the Use of Controlled Substances for the Treatment of Pain (APPENDIX C)

01/2013 Committee Discussion: The Committee discussed directives from Dr. Walker regarding this Position Statement. It was reported that Dr. Hill and Dr. Camnitz were researching this issue.

01/2013 Committee Recommendation: Table issue to obtain a directive from Dr. Walker.

01/2013 Board Action: Accept the Committee Recommendation.

03/2013 Committee Discussion: Dr. Hill and Judge Lewis provided brief updates regarding plans to review and overhaul the Policy for the Use of Controlled Substances for the Treatment of Pain Position Statement. It is anticipated that the Board will take this matter up again after the annual meeting of the FSMB in April 2013 where it is anticipated that this issue will be addressed.

03/2013 Committee Recommendation: Table issue until after the Federation of State Medical Board's annual meeting.

03/2013 Board Action: Accept the Committee Recommendation.

2. New Business:

a. Position Statement Review (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.

2. New Business:

- a. Position Statement Review
 - i. The Treatment of Obesity (APPENDIX E)

03/2013 Committee Discussion: Dr. Kirby and Mr. Henderson explained the rationale for including a cautionary note regarding the use of hCG. A discussion ensued about whether the Board should focus so specifically on one treatment modality. It was suggested that the Position Statement broadly address the use of non-beneficial modalities with a specific reference to hCG to follow,

03/2013 Committee Recommendation: Accept proposed changes to Position Statement.

03/2013 Board Action: Refer back to the Policy Committee for further consideration.

2. New Business:

- a. Position Statement Review
 - ii. Contact with Patients before Prescribing (APPENDIX G)

03/2013 Committee Discussion: The Committee reviewed and discussed the insertion of language that included as an exception the prescribing of an opioid antagonist. The discussion proceeded and focused on the last paragraph of the Position Statement as perhaps being inconsistent with the Board's telemedicine Position Statement.

03/2013 Committee Recommendation: Table discussion until May in order to ensure that this Position Statement and that on telemedicine are in harmony.

03/2013 Board Action: Accept the Committee Recommendation. Dr. Walker will create an Ad Hoc Committee chaired by Dr. Huff to study telemedicine.

LICENSE COMMITTEE REPORT

Paul Camnitz, MD, Chair, Janice Huff, MD, Thelma Lennon, Pascal Udekwu, MD, Thomas Hill, MD, Scott Kirby, MD, Patrick Balestrieri, Carren Mackiewicz, Hari Gupta, Dena Konkel, Joy Cooke, Michelle Allen, Mary Rogers, Kim Chapin, Lisa Hackney, Nancy Hemphill and Michael Moulton, MD

Open Session

Old Business

1. Federation Credentials Verification Service ("FCVS") Language on Web Site – Public Affairs

Issue: Staff was requested to draft language for the web site with regard to using/not using FCVS for a license application. The main goal is to make applicants aware that if they do not have a completed FCVS profile it is not recommended that they start an application for an FCVS profile for their NC license.

9/2012 Board Action: Accept update that this task has been assigned to the public affairs department for editing the website. Public Affairs will provide an update at November meeting.

11/16/2012 Board Action: Accept as information. Revisit in January with update from Public Affairs.

1/18/2013 Board Action: Public Affairs to provide demonstration of new website at the March meeting. Staff to provide FCVS statistics regarding processing time.

3/20/13: Public Affairs provided a demonstration of the new website regarding using FCVS

Committee Recommendation: Accept as information.

Board Action: Accept as information.

2. Proposed Change to Pre-Approved Private Letter of Concern ("PLOC") Protocol - Legal

Issue: Included in the current list of pre-approved PLOC (Board Book Tab 350 #15) is a provision to send a "postgraduate training letter" to "all applicants who are still in or have not completed a residency" which states the following:

Congratulations on recently fulfilling the requirements for a full and unrestricted license to practice medicine in North Carolina. Your license has been issued and formal notification has been sent under separate cover. However, because you have not completed a postgraduate training program, the Board emphasizes its expectation that you will appropriately limit your practice to those areas where you are competent. Furthermore the Board would like to know if you terminate your residency position prematurely.

This pre-approved PLOC was initiated after the Board received a cluster of license applications from relative weak or poorly performing residents who were just finishing their first year of post graduate training. After license interviews with some of these applicants the Board became concerned these applicants were applying for a full and unrestricted license as a means to end what was otherwise an undistinguished medical education. Initially the plan was to send these inchoate physicians an informal and non-reportable letter of advice. However, when the concept of the letter of advice was rejected by the Board as an option for this (and several other similar) situations it was decided to use a pre-approved PLOC. Recently several Board members have become concerned the long term consequences of a potentially perpetually reportable PLOC may outweigh its benefits, and sending this cautionary warning to "all applicants who are still in or have not completed a residency" may be misapplied.

Recommendation:

a. Send a "postgraduate training letter" pre-approved PLOC only to those applicants who have not completed at least 2 years of postgraduate training. This would anticipate the

Board's already approved recommendation to change the PGT licensure prerequisite to require completion of a least 2 years postgraduate training.

b. The preapproved PLOC does <u>not</u> include the standard PLOC warning caveat: "The Board considers this to have been an investigation. Under certain circumstances, other credentialing, regulatory, or licensing boards may require that you report this investigation. A copy of this letter may be used for that purpose".

An additional paragraph could be included in the "postgraduate training letter" which specifically states the Board does <u>not</u> consider this to have been an investigation and the pre-approved PLOC is not reportable to any other credentialing, regulatory, or licensing board.

1/16/2013 Committee Recommendation: Send a "postgraduate training letter" ("PGT") preapproved PLOC only to those applicants who have not completed at least 2 years of postgraduate training. This would anticipate the Board's already approved recommendation to change the PGT licensure prerequisite to require completion of a least 2 years postgraduate training. OMD and Board Member to have the discretion whether to send a "PGT" letter to physicians who have completed less than 2 years of training. Committee to review preapproved PLOC list at the March meeting. Send sample letters of the PLOC's to the committee members.

1/16/2013 Board Action: Send a "postgraduate training letter" pre-approved PLOC only to those applicants who have not completed at least 2 years of postgraduate training. This would anticipate the Board's already approved recommendation to change the PGT licensure prerequisite to require completion of a least 2 years postgraduate training. OMD and Board Member to have the discretion whether to send a "PGT" letter to physicians who have completed less than 2 years of training. Committee to review preapproved PLOC list at the March meeting. Send sample letters of the PLOC's to the committee members.

Issue: Per committee's request a copy of all the PLOC's are provided for the committee's review.

Committee Recommendation: Amend January 2013 board action by removing the statement "OMD and Board Member to have the discretion whether to send a PGT letter to physicians who have completed less than 2 years of training". Refer PLOC issue back to the legal department to draft language that will give more transparency of the Board's definition of reporting PLOC's.

Board Action: Amend January 2013 board action by removing the statement "Office of the Medical Director (OMD) and Board Member to have the discretion whether to send a PGT letter to physicians who have completed less than 2 years of training". Refer PLOC issue back to the legal department to draft language that will give more transparency of the Board's definition of reporting PLOC's.

New Business

1. Administrators In Medicine Assessment Program ("AIMAP") Recommendation #13 – Universal Application (UA) - Gupta

Issue: One recommendation the AIMAP Team made was to continue monitoring the FSMB's Uniform application for possible use or incorporation. Hari has done further research as to what will be required for NCMB to implement usage of the UA and will give a report.

A. The Federation of State Medical Boards ("FSMB") UA for State Physician Licensure is a standard licensure application form that serves as the core of a state's license application without replacing unique state-level requirements.

- B. Physicians can fill out the UA online application once; they then use the application whenever they apply for licensure in states using the UA for the rest of their careers.
- C. The UA initiative has gained significant traction among state medical boards across the country.
 - 1. Currently, 19 medical boards have implemented the UA and 53 are engaged in the program at some level.
 - 2. To date, more than 32,000 physicians have successfully used the UA
 - 3. The UA also is available for Resident Applicants.
- D. The FSMB has implemented time-savings data-transfer capabilities between the UA and the Federation Credentials Verification Service (FCVS).
 - 1. Nearly all of the nation's 70 state medical boards accept FCVS, which provides physicians and PAs with a permanent, lifetime repository of primary-source verified credentials.
 - 2. Last year, FCVS was used for more than 50 percent of the approximately 63,000 licenses issued in the United States.
 - 3. When an FCVS user begins the UA application process, FCVS data auto-populates more than 70 percent of the core UA application a significant time savings for physicians.
 - 4. UA users, in turn, receive a similar benefit when they initiate an FCVS application, with common data elements auto-populating the FCVS application.
 - 5. When given the choice of a regular board application and the UA application, it is very likely applicants will choose the UA because of its added benefit of future license portability and time savings.
 - 6. As more states adopt the UA, the FSMB anticipates significant growth in the number of total UA submissions.

Committee Recommendation: Due to low volume of participants using the UA, it is recommended the NCMB wait to implement and continue to monitor. Hari Gupta will gather information on how many 2012 NC applicants have a UA application.

Board Action: Due to low volume of participants using the UA, it is recommended the NCMB wait to implement and continue to monitor. Hari Gupta will gather information on how many 2012 NC applicants have a UA application.

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

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

A motion passed to return to open session.

LICENSE INTERVIEW REPORT

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

Seven 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: Cheryl Walker-McGill, MD, Chairperson, Paul Camnitz, MD, and H. Diane Meelheim, FNP. Also present were Marcus Jimison, Lori King, CPCS, Quanta Williams, Jane Paige, Nancy Hemphill, Katharine Kovacs, Mike Borden, Amy Whited, Gregg Griggs and Detra Chambers.

OPEN SESSION

PHYSICIAN ASSISTANTS

1. Emergency Situations Related to Physician Assistants' Intent to Practice

Issue:

Policy Statement/Procedure approved November 16, 2007.

Purpose: To define emergency situations and establish a policy/procedure that will be followed regarding a Physician Assistant's Intent to Practice in an emergency situation. Committee discussed possible changes to current policy.

Committee Recommendation: Leave current Physician Assistant Emergency Policy as is with no changes.

Board Action: Leave current Physician Assistant Emergency Policy as is with no changes.

NC EMERGENCY MEDICAL SERVICES (EMS)

1. No items for discussion.

ANESTHESIOLOGIST ASSISTANTS

1. No items for discussion

NURSE PRACTITIONERS

1. No items for discussion

CLINICAL PHARMACIST PRACTITIONERS

1. Vaccine administration rule amendments

The issue: Change the pharmacists vaccinations rule, 21 NCAC 32U (Appendix H), to allow pharmacists to administer any Center for Disease Control (CDC) recommended vaccine on the adult immunization schedule and any CDC recommended vaccine for international travel. Also, allow pharmacists to administer the flu vaccine to patients aged 14-17.

Committee Recommendation: Discussed in depth. The committee recommended that Marcus Jimison, Board attorney, review and update the recommended changes. The updated revision will be addressed in May.

Board Action: Revisions will be addressed at the May meeting.

PERFUSIONISTS

1. Open session portion of the minutes of the January Perfusionist Advisory Committee (PAC) meeting

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

Committee Recommendation: Accept the report of the open session minutes as information

Board Action: Accept the report of the open session minutes as information

POLYSOMNOGRAPHIC TECHNOLOGISTS

1. No items for discussion

REVIEW (MALPRACTICE) COMMITTEE REPORT

Board Members present were: Janice Huff, MD (chair), Eleanor Greene, MD, John Lewis, and Diane Meelheim, NP. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD,

Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, Carol Puryear, Brian Blankenship and Marcus Jimison.

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

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

A motion passed to return to open session.

REVIEW (COMPLAINT) COMMITTEE REPORT

Board Members present were: Janice Huff, MD (chair), Eleanor Greene, MD, John Lewis, and Diane Meelheim, NP. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, Carol Puryear and Marcus Jimison.

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

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

A motion passed to return to open session.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

Board Members present were: Thomas Hill, MD (chair), Subhash Gumber, MD, Pascal Udekwu, MD, Cheryl Walker-McGill, MD and Michael Arnold. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, Carol Puryear, Thom Mansfield, Brian Blankenship, and Marcus Jimison

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

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

A motion passed to return to open session.

DISCIPLINARY (MALPRACTICE) COMMITTEE REPORT

Board Members present were: Thomas Hill, MD (chair), Subhash Gumber, MD, Pascal Udekwu, MD, Cheryl Walker-McGill, MD and Michael Arnold. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, Carol Puryear, Thom Mansfield, Brian Blankenship, and Marcus Jimison.

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

The Disciplinary (Malpractice) Committee reported on four 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.

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

A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT

Members present were: Thomas Hill, MD (Chair), Cheryl Walker-McGill, MD, Pascal Udekwu, MD, Subhash Gumber, MD, Mike Arnold

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

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not

considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Disciplinary (Investigative) Committee reported on thirty-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.

REVIEW (INVESTIGATIVE) COMMITTEE REPORT

Members present were: Dr. Janice Huff (Chair), Dr. Eleanor Green. Mr. John Lewis Ms Diane Meelheim. Also present were: Jenny Olmstead, Barbara Rodrigues, Sharon Squibb-Denslow, Therese Dembroski, David Allen, Lee Allen, David Hedgecock, Don Pittman, Robert Ayala, Loy Ingold, Bruce Jarvis, Rick Sims, Jerry Weaver Curtis Ellis, Todd Brosius, Thom Mansfield, Patrick Balestrieri, Marcus Jimison

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

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

A motion passed to return to open session.

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

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

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

A motion passed to return to open session.

FINES

The NCMB issues non-disciplinary administrative fines in certain cases. Please find this information under Appendix G.

ADJOURNMENT This meeting was adjourned at 12:30 p.m., March 22, 2013.
Cheryl L. Walker-McGill, MD Secretary/Treasurer

PROPOSED POSITION STATEMENT:

<u>Professional Use of Social Media</u>

The Board recognizes that social media has increasing relevance to professionals and supports its responsible use. However, health care practitioners are held to a higher standard than others with respect to social media, as they are in other areas of life. This is because health care professionals, unlike members of the lay public, are bound by ethical and professional obligations that extend well beyond the exam room.

The informality of social media sites may obscure the serious implications and long term consequences of certain types of postings. When licensees fail to carefully consider the implications of their online activities, it may be harmful to individual patients, the medical profession, and the individual licensee.

The Board believes the relationship between the patient and the healthcare provider should be considered sacred. Any act by a licensee that violates patient trust places the relationship with the patient at risk. Licensees must understand that the code of conduct that governs their face to face encounters with patients also extends to online activity. As such, licensees interacting with patients online must maintain appropriate boundaries in accordance with professional ethical guidelines, just as they would in any other context. In addition, licensees have an absolute obligation to maintain patient privacy.

The blurring of the line between a licensee's professional identity and private life represents an additional area of hazard. A licensee's publicly available online content directly reflects on his or her professionalism. It is advisable that licensees separate their professional and personal identities online (maintain separate email accounts for personal and professional use; establish a social media presence for professional purposes and one for personal use, etc.). Privacy, however, is never absolute, and considerations of professionalism should also extend to a licensee's personal accounts. Posting of material that demonstrates, or appears to demonstrate, behavior that might be considered unprofessional, inappropriate or unethical should be avoided. The online use of profanity, disparaging or discriminatory remarks about individual patients or types of patients is also unacceptable.

Licensees should also routinely monitor their own online presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate. Furthermore, when licensees view content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the licensee should report the matter to appropriate authorities.

UPDATED PROPOSED POSITION STATEMENT:

Professional Use of Social Media

The Board recognizes that social media has increasing relevance to professionals and supports its responsible use. However, health care practitioners are held to a higher standard than others with respect to social media because health care professionals, unlike members of the lay public, are bound by ethical and professional obligations that extend beyond the exam room.

The informality of social media sites may obscure the serious implications and long term consequences of certain types of postings. The Board encourages its licensees to consider the implications of their online activities including, but not limited to, the following:

- Licensees must understand that the code of conduct that governs their face to face encounters with patients also extends to online activity. As such, licensees interacting with patients online must maintain appropriate boundaries in accordance with professional ethical guidelines, just as they would in any other context.
- Licensees have an absolute obligation to maintain patient privacy and must refrain from posting identifiable patient information online.
- A licensee's publicly available online content directly reflects on his or her professionalism. It is advisable that licensees separate their professional and personal identities online (maintain separate email accounts for personal and professional use; establish a social media presence for professional purposes and one for personal use, etc.).
- Because privacy is never absolute, considerations of professionalism should also extend
 to a licensee's personal accounts. Posting of material that demonstrates, or appears to
 demonstrate, behavior that might be considered unprofessional, inappropriate or
 unethical should be avoided.
- The online use of profanity, disparaging or discriminatory remarks about individual patients or types of patients is unacceptable.
- Licensees should routinely monitor their own online presence to ensure that the personal and professional information on their own sites is accurate and appropriate.

The Board also endorses the Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice adopted by the Federation of State Medical Boards which can be accessed at http://www.fsmb.org/pdf/pub-social-media-guidelines.pdf. Further discussion of this issue by the Board's Medical Director can be found at http://www.ncmedboard.org/articles/detail/practicing_medicine_in_the_facebook_age_maintaining_professionalism_online.

CURRENT POSITION STATEMENT:

Drug overdose prevention

The Board is concerned about the three-fold rise in overdose deaths over the past decade in the State of North Carolina as a result of both prescription and non-prescription drugs. The Board has reviewed, and is encouraged by, the efforts of Project Lazarus, a pilot program in Wilkes County that is attempting to reduce the number of drug overdoses by making the drug naloxone* and an educational program on its use available to those persons at risk of suffering a drug overdose.

The prevention of drug overdoses is consistent with the Board's statutory mission to protect the people of North Carolina. The Board therefore encourages its licensees to cooperate with programs like Project Lazarus in their efforts to make naloxone available to persons at risk of suffering opioid drug overdose.

* Naloxone is the antidote used in emergency medical settings to reverse respiratory depression due to opioid toxicity.

(Adopted September 2008)

PROPOSED POSITION STATEMENT:

Drug overdose prevention

The Board is concerned about the three-fold rise in overdose deaths over the past decade in the State of North Carolina as a result of both prescription and non-prescription drugs. The Board has reviewed, and is encouraged by, the efforts of Project Lazarus, a pilot program in Wilkes County programs that is are attempting to reduce the number of drug overdoses by making the drug naloxone* and an educational program on its use available to those persons at risk of suffering a drug overdose making available or prescribing an opioid antagonist such as naloxone to someone in a position to assist a person at risk of an opiate-related overdose.

The prevention of drug overdoses is consistent with the Board's statutory mission to protect the people of North Carolina. The Board therefore encourages its licensees to cooperate with programs like Project Lazarus in their efforts to make naloxone opioid antagonists available to persons at risk of suffering an opioid drug opiate-related overdose.

* Naloxone is the antidote used in emergency medical settings to reverse respiratory depression due to opioid toxicity.

(Adopted September 2008)

CURRENT POSITION STATEMENT:

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

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

Section I: Preamble

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

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

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

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

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

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

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

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

Section II: Guidelines

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

Evaluation of the Patient —A medical history and physical examination must be obtained, evaluated, and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.

Treatment Plan —The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

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

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

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

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

Consultation —The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those patients with pain who are at risk for medication misuse, abuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.

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

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

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

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

Section III: Definitions

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

Acute Pain —Acute pain is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited.

Addiction —Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction. Chronic Pain —Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years. Pain —An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Physical Dependence —Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

Pseudoaddiction —The iatrogenic syndrome resulting from the misinterpretation of relief seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief seeking behaviors resolve upon institution of effective analgesic therapy. Substance Abuse —Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed. Tolerance —Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

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

			LAST REVISED/				
POSITION STATEMENT	ADOPTED	SCHEDULED FOR REVIEW	REVIEWED/ ADOPTED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED
Drug Overdose Prevention	Sep-08	Jan-13	Sep-08				
Policy for the Use of Controlled Substances for the Treatment of Pain	Sep-96	Jan-13	Sep-08	Jul-05			
The Treatment of Obesity	Oct-87	Mar-13	Nov-10	Jan-05	Mar-96		
Contact With Patients Before Prescribing	Nav. 00	Man 40	11.40	F=1- 04			
Medical Record	Nov-99	Mar-13	Jul-10	Feb-01			
Documentation	May-94		May-09	May-96			
Retention of Medical Records	May-98		May-09				
Capital Punishment	Jan-07		Jul-09				
Departures from or							
Closings of Medical Professional Obligations	Jan-00		Jul-09	Aug-03			
pertaining to incompetence, impairment, and unethical conduct of healthcare providers	Nov-98		Mar-10	Nov-98			
Unethical Agreements in Complaint Settlements	Nov-93		Mar-10	May-96			
What Are the Position Statements of the Board and To Whom Do They	Nav. 00		May 40	Nov. 00			
Apply? Telemedicine	Nov-99 May-10		May-10 May-10	Nov-99			
	iviay-10		iviay-10				
Guidelines for Avoiding Misunderstandings During Physical Examinations Access to Physician	May-91		Jul-10	Oct-02	Feb-01	Jan-01	May-96
Records	Nov-93		Sep-10	Aug-03	Mar-02	Sep-97	May-96
Medical Supervisor- Trainee Relationship	Apr-04		Nov-10	Apr-04			
Advertising and Publicity	Nov-99		Nov-10	Sep-05	Mar-01		
Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life	0-4-00		lan 44	·			
Care HIV/HBV Infected Health	Oct-99		Jan-11	Oct-99			
Care Workers	Nov-92		Jan-11	Jan-05	May-96		
Writing of Prescriptions	May-91		Mar-11	Mar-05	Jul-02	Mar-02	May-96
Laser Surgery	Jul-99		Mar-11	Jul-05	Aug-02	Mar-02	Jan-00
Office-Based Procedures Sale of Goods From	Sep-00		May-11	Jan-03			
Physician Offices Competence and Reentry	Mar-01		May-11	Mar-06			
to the Active Practice of Medicine	Jul-06		Jul-11	Jul-06			
Prescribing Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular Reference to Substances or Preparations with Anabolic							
Properties Referral Fees and Fee	May-98		Sept-11	Nov-05	Jan-01	Jul-98	
Splitting Fees and Fee	Nov-93		Jan-12	Jul-06	May-96		

Self- Treatment and Treatment of Family Members and Others With Whom Significant Emotional Relationships Exist	May-91	Mar-12	Sep-05	Mar-02	May-00	May 96
Availability of Physicians to Their Patients	Jul-93	May-12	Nov-11	Jul-06	Oct-03	Jan-01
Sexual Exploitation of Patients	May-91	May-12	Sep-06	Jan-01	Apr-96	
Care of the Patient Undergoing Surgery or			·			
Other Invasive Procedure	Sep-91	Jul-12	Sep-06	Mar-01		
The Physician-Patient Relationship	Jul-95	Jul-12	Sep-06	Aug-03	Mar-02	Jan-00
The Retired Physician	Jan-97	Jul-12	Sep-06			
Physician Supervision of Other Licensed Health Care Practitioners	Jul-07	Sep-12	Jul-07			
Medical Testimony	Mar-08	Sep-12	Mar-08			
Advance Directives and Patient Autonomy	Jul-93	Nov-12	Mar-08	May-96		
End-of-Life Responsibilities and Palliative Care	Oct-99	Jan-13	Mar-08	May-07		

CURRENT POSITION STATEMENT:

The treatment of obesity

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

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

(Adopted [as The Use of Anorectics in Treatment of Obesity] October 1987) (Amended March 1996, January 2005 [retitled]) (Reviewed November 2010)

PROPOSED CHANGES:

The treatment of obesity

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

The treatment of obesity should be based on sound scientific evidence and principles. <u>Treatment modalities and prescription medications that have not been proven to have beneficial effects should not be used.</u> For example, it is the Board's position that the use of hCG for the treatment of obesity is not appropriate.

Adequate medical documentation must be kept so that progress as well as the success or failure of any modality is easily ascertained.

(Adopted [as The Use of Anorectics in Treatment of Obesity] October 1987) (Amended March 1996, January 2005 [retitled]) (Reviewed November 2010)

CURRENT POSITION STATEMENT:

Contact with patients before prescribing

It is the position of the North Carolina Medical Board that prescribing drugs to an individual the prescriber has not personally examined is inappropriate except as noted in the paragraphs below. Before prescribing a drug, a licensee should make an informed medical judgment based on the circumstances of the situation and on his or her training and experience. Ordinarily, this will require that the licensee personally perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan, a part of which might be a prescription. This process must be documented appropriately.

Prescribing for a patient whom the licensee has not personally examined may be suitable under certain circumstances. These may include admission orders for a newly hospitalized patient, prescribing for a patient of another licensee for whom the prescriber is taking call, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment. Established patients may not require a new history and physical examination for each new prescription, depending on good medical practice.

Prescribing for an individual whom the licensee has not met or personally examined may also be suitable when that individual is the partner of a patient whom the licensee is treating for gonorrhea or chlamydia. Partner management of patients with gonorrhea or chlamydia should include the following items:

- a) Signed prescriptions of oral antibiotics of the appropriate quantity and strength sufficient to provide curative treatment for each partner named by the infected patient. Notation on the prescription should include the statement: "Expedited partner therapy."
- b) Signed prescriptions to named partners should be accompanied by written material that states that clinical evaluation is desirable; that prescriptions for medication or related compounds to which the partner is allergic should not be accepted; and that lists common medication side effects and the appropriate response to them.
- c) Prescriptions and accompanying written material should be given to the licensee's patient for distribution to named partners.
- d) The licensee should keep appropriate documentation of partner management. Documentation should include the names of partners and a copy of the prescriptions issued or an equivalent statement.

It is the position of the Board that prescribing drugs to individuals the licensee has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is inappropriate and unprofessional.

(Adopted November 1999) (Amended February 2001, November 2009) (Reviewed July 2010)

PROPOSED CHANGES:

Contact with patients before prescribing

It is the position of the North Carolina Medical Board that prescribing drugs to an individual the prescriber has not personally examined is inappropriate except as noted in the paragraphs below. Before prescribing a drug, a licensee should make an informed medical judgment based on the circumstances of the situation and on his or her training and experience. Ordinarily, this will require that the licensee personally perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan, a part of which might be a prescription. This process must be documented appropriately.

Prescribing for a patient whom the licensee has not personally examined may be suitable under certain circumstances. These may include admission orders for a newly hospitalized patient, prescribing for a patient of another licensee for whom the prescriber is taking call, er continuing medication on a short-term basis for a new patient prior to the patient's first appointment, or prescribing an opioid antagonist to someone in a position to assist a person at risk of an opiate-related overdose. Established patients may not require a new history and physical examination for each new prescription, depending on good medical practice.

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- Prescriptions and accompanying written material should be given to the licensee's patient for distribution to named partners.
- The licensee should keep appropriate documentation of partner management.
 Documentation should include the names of partners and a copy of the prescriptions issued or an equivalent statement.

It is the position of the Board that prescribing drugs to individuals the licensee has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is inappropriate and unprofessional.

(Adopted November 1999) (Amended February 2001, November 2009) (Reviewed July 2010)

FINES

The NCMB issues non-disciplinary administrative fines in certain cases.

Name	Reason Code	Amt Paid	
Kumar, Amrendra	Error/omission on license application or annual renewal	\$	500.00
Baehler, Elizabeth	Error/omission on license application or annual renewal	\$	500.00
Battle, Steven	Error/omission on license application or annual renewal	\$	500.00
Boulware, Jason	Error/omission on license application or annual renewal	\$	500.00
Bridges, Charles	Error/omission on license application or annual renewal	\$	1,000.00
Casey, Nalini	Error/omission on license application or annual renewal	\$	500.00
Christine, Cybele	Error/omission on license application or annual renewal	\$	500.00
Darido, Elias	Practiced without valid NC license	\$	500.00
Gebler, Laurence W.	Error/omission on license application or annual renewal	\$	500.00
Goel, Vineet	Error/omission on license application or annual renewal	\$	500.00
Gugino, Laverne	Error/omission on license application or annual renewal	\$	1,000.00
Gupta, Prag	Failure to report DWI	\$	1,000.00
Haake, Dana	Error/omission on license application or annual renewal	\$	1,000.00
Hatchett,John	CME Audit	\$	500.00
Hawkins, Michael M.	Error/omission on license application or annual renewal	\$	500.00
Hendrix, Ronnie	Error/omission on license application or annual renewal	\$	500.00
Hooper, Arthur R.	Error/omission on license application or annual renewal	\$	500.00
Kroeger, Kevin	Error/omission on license application or annual renewal	\$	1,000.00
Landreneau, Rodney	Error/omission on license application or annual renewal	\$	1,500.00
Lewallen, Linda	Error/omission on license application or annual renewal	\$	1,500.00

Loken, Karla	Error/omission on license application or annual renewal	\$ 500.00
Long, Paul	Practiced without valid NC license	\$ 350.00
Lutz, Robert Brian	Error/omission on license application or annual renewal	\$ 500.00
Ma, Linglei	Error/omission on license application or annual renewal	\$ 500.00
Macke, Ryan	Error/omission on license application or annual renewal	\$ 500.00
Mallete, Julius	CME Audit	\$ 500.00
Martin, Andrew	Error/omission on license application or annual renewal	\$ 500.00
Moye, Matthew	Error/omission on license application or annual renewal	\$ 1,000.00
Newhall, Philip Mayes	Error/omission on license application or annual renewal	\$ 500.00
Osborne, Isaac John T.	Error/omission on license application or annual renewal	\$ 500.00
Patel, Bimal	Error/omission on license application or annual renewal	\$ 500.00
Peer, Peter	Error/omission on license application or annual renewal	\$ 1,000.00
Poon, Tak Min Benjamin	Error/omission on license application or annual renewal	\$ 500.00
Porter, Christina	Error/omission on license application or annual renewal	\$ 500.00
Rogalski, Matthew	Error/omission on license application or annual renewal	\$ 1,000.00
Scott, Jerald	Error/omission on license application or annual renewal	\$ 500.00
Snipes, Garrett	Error/omission on license application or annual renewal	\$ 500.00
Subramani, Govindaraju	Error/omission on license application or annual renewal	\$ 1,000.00
Theiss, Paul Daniel	Error/omission on license application or annual renewal	\$ 250.00
Vegari, David	Error/omission on license application or annual renewal	\$ 500.00
Walden, Jeffrey	Error/omission on license application or annual renewal	\$ 500.00
Westendorff, Rebecca	Error/omission on license application or annual renewal	\$ 500.00

UBCHAPTER 32U - PHARMACISTS VACCINATIONS SECTION .0100 - PHARMACISTS VACCINATIONS

21 NCAC 32U .0101 ADMINISTRATION OF VACCINES BY PHARMACISTS

- (a) Purpose. The purpose of this Rule is to provide standards for pharmacists engaged in the administration of influenza, pneumococcal and zoster vaccines as authorized in G.S. 90-85.3(r) of the North Carolina Pharmacy Practice Act.
- (b) Definitions. The following words and terms, when used in this Rule, have the following meanings, unless the context indicates otherwise.
 - (1) "ACPE" means Accreditation Council for Pharmacy Education.
 - (2) "Administer" means the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or other means by:
 - (A) a pharmacist, an authorized agent under the pharmacist's supervision, or other person authorized by law; or
 - (B) the patient at the direction of a physician or pharmacist.
 - (3) "Antibody" means a protein in the blood that is produced in response to stimulation by a specific antigen. Antibodies help destroy the antigen that produced them. Antibodies against an antigen usually equate to immunity to that antigen.
 - (4) "Antigen" means a substance recognized by the body as being foreign; it results in the production of specific antibodies directed against it.
 - (5) "Board" means the North Carolina Board of Pharmacy.
 - (6) "Confidential record" means any health-related record that contains information that identifies an individual and that is maintained by a pharmacy or pharmacist such as a patient medication record, prescription drug order, or medication order.
 - (7) "Immunization" means the act of inducing antibody formation, thus leading to immunity.
 - (8) "Medical Practice Act" means G.S. 90-1, et seq.
 - (9) "Physician" means a currently licensed M.D. or D.O. with the North Carolina Medical Board who is responsible for the on-going, continuous supervision of the pharmacist pursuant to written protocols between the pharmacist and the physician.
 - (10) "Vaccination" means the act of administering any antigen in order to induce immunity; is not synonymous with immunization since vaccination does not imply success.
 - (11) "Vaccine" means a specially prepared antigen, which upon administration to a person may result in immunity.
 - (12) "Written Protocol" means a physician's written order, standing medical order, or other order or protocol. A written protocol must be prepared, signed and dated by the physician and pharmacist and contain the following:
 - (A) the name of the individual physician authorized to prescribe drugs and responsible for authorizing the written protocol;
 - (B) the name of the individual pharmacist authorized to administer vaccines;
 - (C) the immunizations or vaccinations that may be administered by the pharmacist;
 - (D) procedures to follow, including any drugs required by the pharmacist for treatment of the patient, in the event of an emergency or severe adverse reaction following vaccine administration;
 - (E) the reporting requirements by the pharmacist to the physician issuing the written protocol, including content and time frame;
 - (F) locations at which the pharmacist may administer immunizations or vaccinations; and
 - (G) the requirement for annual review of the protocols by the physician and pharmacist.

- (c) Policies and Procedures.
 - (1) Pharmacists must follow a written protocol as specified in Subparagraph (b)(12) of this Rule for administration of influenza, pneumococcal and zoster vaccines and the treatment of severe adverse events following administration.
 - (2) The pharmacist administering vaccines must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.
 - (3) The pharmacist or pharmacist's agent must give the appropriate, most current vaccine information regarding the purpose, risks, benefits, and contraindications of the vaccine to the patient or legal representative with each dose of vaccine. The pharmacist must ensure that the patient or legal representative is available and has read, or has had read to him or her, the information provided and has had his or her questions answered prior to administering the vaccine.
 - (4) The pharmacist must report adverse events to the primary care provider as identified by the patient.
 - (5) The pharmacist shall not administer vaccines to patients under 18 years of age.
 - (6) The pharmacist shall not administer the pneumococcal or zoster vaccines to a patient unless the pharmacist first consults with the patient's primary care provider. The pharmacist shall document in the patient's profile the primary care provider's order to administer the pneumococcal or zoster vaccines. If the patient does not have a primary care provider, the pharmacist shall not administer the pneumococcal or zoster vaccines to the patient.
 - (7) The pharmacist shall report all vaccines administered to the patient's primary care provider and report all vaccines administered to all entities as required by law, including any State registries which may be implemented in the future.
- (d) Pharmacist requirements. Pharmacists who enter into a written protocol with a physician to administer vaccines shall:
 - hold a current provider level cardiopulmonary resuscitation (CPR) certification issued by the American Heart Association or the American Red Cross or an equivalent certification organization;
 - (2) successfully complete a certificate program in the administration of vaccines accredited by the Centers for Disease Control, the ACPE or a health authority or professional body approved by the Board as having a certificate program similar to the programs accredited by either the Centers for Disease Control or the ACPE:
 - (3) maintain documentation of:
 - (A) completion of the initial course specified in Subparagraph (2) of this Paragraph;
 - (B) three hours of continuing education every two years beginning January 1, 2006, which are designed to maintain competency in the disease states, drugs, and administration of vaccines;
 - (C) current certification specified in Subparagraph (1) of this Paragraph;
 - (D) original written physician protocol;
 - (E) annual review and revision of original written protocol with physician;
 - (F) any problems or complications reported; and
 - (G) items specified in Paragraph (g) of this Rule.

A pharmacist who, because of physical disability, is unable to obtain a current provider level CPR certification may administer vaccines in the presence of a pharmacy technician or pharmacist who holds a current provider level CPR certification.

- (e) Supervising Physician responsibilities. Pharmacists who administer vaccines shall enter into a written protocol with a supervising physician who agrees to meet the following requirements:
 - (1) be responsible for the formulation or approval and periodic review of the physician's order, standing medical order, standing delegation order, or other order or written protocol and periodically review the order or protocol and the services provided to a patient under the order or protocol;

- (2) be accessible to the pharmacist administering the vaccines or be available through direct telecommunication for consultation, assistance, direction, and provide back-up coverage;
- (3) review written protocol with pharmacist at least annually and revise if necessary; and
- (4) receive a periodic status report on the patient, including any problem or complication encountered.
- (f) Drugs. The following requirements pertain to drugs administered by a pharmacist:
 - (1) Drugs administered by a pharmacist under the provisions of this Rule shall be in the legal possession of:
 - (A) a pharmacy, which shall be the pharmacy responsible for drug accountability, including the maintenance of records of administration of the immunization or vaccination; or
 - (B) a physician, who shall be responsible for drug accountability, including the maintenance of records of administration of the immunization or vaccination:
 - (2) Drugs shall be transported and stored at the proper temperatures indicated for each drug;
 - (3) Pharmacists, while engaged in the administration of vaccines under written protocol, shall have in their custody and control the vaccines identified in the written protocol and any other drugs listed in the written protocol to treat adverse reactions; and
 - (4) After administering vaccines at a location other than a pharmacy, the pharmacist shall return all unused prescription medications to the pharmacy or physician responsible for the drugs.
- (g) Record Keeping and Reporting.
 - (1) A pharmacist who administers any vaccine shall maintain the following information, readily retrievable, in the pharmacy records regarding each administration:
 - (A) The name, address, and date of birth of the patient;
 - (B) The date of the administration;
 - (C) The administration site of injection (e.g., right arm, left leg, right upper arm);
 - (D) Route of administration of the vaccine;
 - (E) The name, manufacturer, lot number, and expiration date of the vaccine;
 - (F) Dose administered;
 - (G) The name and address of the patient's primary health care provider, as identified by the patient; and
 - (H) The name or identifiable initials of the administering pharmacist.
 - (2) A pharmacist who administers vaccines shall document the annual review with the physician of written protocol in the records of the pharmacy that is in possession of the vaccines administered.
- (h) Confidentiality.
 - (1) The pharmacist shall comply with the privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996 and any rules adopted pursuant to this act.
 - (2) The pharmacist shall comply with any other confidentiality provisions of federal or state laws.

History Note: Authority G.S. 90-85.3(r);

Emergency Adoption Eff. September 10, 2004;

Temporary Adoption Eff. December 29, 2004;

Eff. November 1, 2005;

Amended Eff. February 1, 2008;

Emergency Amendment Eff. October 9, 2009;

Temporary Amendment Eff. December 29, 2009;

Temporary Amendment Expired on October 12, 2010.

Amended Eff. March 1, 2012.

PHYSICIANS PRESENTED AT THE MARCH 2013 BOARD MEETING

Adnan, Tehmina Aitchison, Paul Morgan Akbarov, Alec Alcauskas, Megan Christine Al-Khoudari, Amer Allende, Jenys Alman, Benjamin Aaron Al-Quran, Samer Zakariyya Alter, Scott Michael Altun, Ersan	MD MD MD MD MD MD MD MD
Alvis, Jeffrey Stephen Anderson, Jay Michael	MD MD
Anderson, Melissa Nedelka Anderson, Paul Sidney	MD MD
Androssov, Andrei Antall, Peter Matthew	MD MD
Aouthmany, Ahmad Moustafa Asiyanbola, Bolanle Adenihun Abeni Atkinson, Charles Jasper	MD MD MD
Austin, Charles Adrian Avery, Carolyn Sears	MD MD
Ayalew, Tariku Damte Baboolal, Hemanth Adhar	MD MD
Baehler, Elizabeth Ann Bailey-Dorton, Chasse Margot	MD MD
Barahona, Leah Fennell Barnes, Brad Patrick	MD MD
Barrett, Brian Bayazid, Saeb	MD MD
Bengali, Rayomand Rusi Berkman, Scott Alan	MD MD
Berryman, Kathryn Elizabeth Bialobrzeski, Lynda Bridges Bjorklund, Ashley Rebekah Balsam	MD MD
Bleyer, Peter Michael Bodle, Jeffrey David Boggan, Joel Curtis	MD MD MD
Bolen, Sarah Kathryn Bolin, Eric Daniel Bonk, John-Adam Boyer, Jessica Beierle	MD MD MD
Brar, Samrit Singh Bronitsky, Carl	MD MD

Brown, Nakeshia Lavelle	MD
Bumgarner, Joseph McNeill	MD
Burke, Christopher John	MD
Burkhart, Rebecca Elizabeth	MD
Butler, Joshua Stephen	MD
Butts, Christine Joyce	MD
Cabrera, Fernando Jose	MD
Calendine, Chad Logan	MD
Campbell, Elaine Lao	DO
Campbell, Kirk Andrew	DO
Carignan, Martin Joel	MD
Carrasquillo, Jose Rene	MD
Caruso, Garson Mark	MD
Case, Steven Lee	MD
Chaknis, Manuel John	MD
Chalasani, Nagamala	MD
Chalk, Kristen Brooke Merritt	MD
Channappa, Chaitra	MD
Chase, Stephanie Ann	MD
Chaum, Edward	MD
Chen, Xiao-Lan	MD
Chin, Steven Suey-Ming	MD
Choudhry, Imran Khalid	MD
Christo, Michael Matthew	MD
Clark, Tameta Rosette	MD
Cobert, Barton Lewis	MD
Coca, Bhavani Lakshmi	MD
Coleman, Nathaniel James	MD
Collins, John Ronald	MD
Convery, Patricia Ann	MD
Conway, Anikke Milica	MD
Cooper, Jennifer Mickle	MD
Coppola, Michael Patrick	MD
Covington, Nancy Lynn	MD
Coward, Robert Matthew	MD
Cramer, Anne Randolph	MD
Crawford, Natalie Minns	MD
Creekmore, Tina Lynn	MD
Cunanan, Richard	DO
Davidson, Brittany Anne	MD
Dawson, Daniel Paul	MD
Deibel, Philip Thiem	MD
DePetrillo, John Charles	MD
DeRoche, Amy Baxi	MD
DeRoche, Tom Carlo	MD
Desadier, Jason Michael	DO
Desai, Mehul Bhalchandra	MD
Desai, Sudhen Bihari	MD

Desai, Tapan	DO
DeSantis, Douglas	MD
Dodson, Stanton Forrest	MD
Dolgner, Stephen James	MD
Driggs, Shane Cash	MD
Duncan, Jared Ellsworth	MD
Durant, Christopher Darrel	DO
•	MD
Durheim, Michael Thomas	
Durmer, Jeffrey Scott	MD
Ebrahim, Hassan Mahmoud	MD
Eder, Anne Frattali	MD
Efird, Lydia Madaris	MD
Elliott, Michael David	MD
Ely, Amanda Lee	MD
Evans, Michael Allen	MD
Farro, Kouros	MD
Fergusson, Kevin Wimberley	MD
•	MD
Ferry, Pamela Griffin	
Finch, Michael Alan	MD
Finet, Jose Emanuel	MD
Flemmings, Michelle Andrea	MD
Flores-Santiago, Ismael	MD
Ford, James Cody	MD
Franklin, John David	MD
French, Jonathan Peter	MD
French, Marshall Levon	MD
Friedman, Daniel Joseph	MD
Fuentes, Edwin Laserna	DO
•	
Gandolfi, Brad Michael	MD
Gaught, Amber Marie Huffman	MD
Gerancher, John Charles	MD
Ghazinoor, Shaya	MD
Gibbons, George Edward	MD
Gilliland, J. David	MD
Gilstrap, Daniel Lee	MD
Giordano, Jennifer Marie	DO
Goldfarb, Howell Rodney	MD
Gould, Philip Ralph	MD
Goyer, Peter Francis	MD
•	MD
Greene, Magdelena	
Groat, Brian James	MD
Gross, Steven Christopher	MD
Grove, Kelly Renee	DO
Grow, James Foster	MD
Guerard, Emily Jean	MD
Haberlin, William James	MD
Hall, Margaret Sandbank	MD
Harknett, Kathleen Marie Wright	MD

Harmer, Luke Stephen	MD
Harrington, Melisa Gale	MD
Hartman, Nicholas Dwight	MD
Hawkins, Michael Mills	MD
Hedderich, Ronald Louis	MD
Heibult, Tamara Sue	MD
Higginson, Amanda Irmen	MD
Hinds, Esther Elouise	MD
Hollingsworth, John Zeigler	MD
Hucks, George Edward	MD
Hughes, Ronson	MD
Hymes, Leonard	MD
Ibrahim, Mumtaz Ahmed	MD
Ikeme, Arinze Okwudili	MD
Iseman, Christine Marie	MD
Jaggers, Terri Lynn	MD
Jawa, Pankaj	MD
Jimenez, Santiago	MD
John, Vishak Johny	MD
Jones, Jamande Amin	MD
Jones, Joel Michael	DO
Joyner, Kasey Aldoris	MD
Ju, Andrew Wenhua	MD
Kamineni, Padma	MD
Kapfer, Stephanie Anne	MD
Kappus, Matthew Robert	MD
Katcher, Kelly Renee	MD
Katsnelson, Michael Joseph	MD
Kelly, Anne Christine	MD
Kelly, Kevin Joseph	MD
Kim, Edward Sanghyun	MD
Kimball, Jon Potter	MD
King, James Centre	MD
Kirby, Amelia Jeanne	MD
Kissam, Barbara Elizabeth	MD
Klazynski, Brian Christopher	MD
Korrapati, Vineet	MD
Kotecha, Narendra Mohan	MD
Kraft, Bryan David	MD
Kragel, Crysten Brinkley	MD
Kramer, Michael Kevin	MD
Kruska, Lindsay Anne	MD
Kumari, Anita	MD
Lampen, Rhonda Rene	MD
Landa, Israel	MD
Landreneau, Rodney Jerome	MD
Lederer, Joan Alice	MD
Lee, Eric Todd	DO

Legault, Gary Laurent	MD
Levengood, Julie Victoria	MD
Levy, Jerrold Henry	MD
Lewallen, Linda Lorraine	MD
Ligler, Adam George	MD
Lindberg, Paige Erika	MD
Livingston, Timothy Scott	MD
Locklear, Ginger Nichole	MD
Lomazoff, Igor	MD
Love, Lawren Ann	MD
Lucas, Jay Luke	MD
Ludlow, David Humpherys	MD
Luo, Nancy Yuan	MD
Makadiya, Apurva	MD
Malhi, Summia Yaqub	MD
Malik, Noman Ahmed	MD
Maloof, Paul Bryan	MD
Mangano, Andrew Peter	DO
•	MD
Mann, David Benjamin Manson, Paul Vincent	MD
	MD
Marcus, Bradley Jess	MD
Martin, Karlyn Appa	MD
Martin, Karlyn Anne	MD
Mason, Jocelyn Fairashta	MD
Mayes, Nicholas Dean	MD
McCormick, Charles Patrick	DO
McGinley, Kathleen Frances	MD
McKellar, Mariah Mann	MD
McNeely, David Eugene	
McPherson, Jessica Anne	MD
Mehta, Ragini B.	MD
Merritt, Gina Michelle	DO
Methyen, George Duncan	DO
Milas, Zvonimir Luka	MD
Miller, Jared Wesley	DO
Miller, Miles Nathan	MD
Miller, Rachel Simpson	MD
Miller, Robyn Renee	MD
Minder, Camille Michael	MD
Mir, Sabina Ahmed	MD
Mohapatra, Basanta Kumar	MD
Mohiuddin, Syed Ghouse	MD
Moore, Edgar Charles	DO
Moore, Michael Christopher	DO
Mooring, Vicky	MD
Moulder, Janelle Katie	MD
Mukubwa, Colin Tumwine	MD
Mullins, James T. Jeffrey	MD

Munger Clary, Heidi Marie	MD
Murthy, Hemant Sreenivasa	MD
Myers, Justin Guy	DO
Nadolsky, Spencer Alan	DO
Narsinghani, Umesh	MD
Neilans, Luke Archer	MD
Newhall, Philip Mayes	MD
Newton, Steven Julian	MD
Nicholas, Matilda Wray	MD
Nieto, Maria De La Luz	MD
Norton, Dustin Lee	MD
Occhino, Christopher Michael	MD
Oettinger, Matthew David	MD
Oh, Daniel Seoyjong	MD
Olivares, Maria	MD
O'Neal, Shelley Elaine	MD
Onyeagoro, Sandra Ulunma	MD
Oommen, Bindhu	MD
Paduchowski, Kevin Alan	MD
Pagidipati, Neha Jadeja	MD
Parikh, Kishan Shirish	MD
Parrent, Tanner Jackson	MD
Patel, Bimal	MD
Patel, Jigar Hemant	MD
Patel, Michelle Dilipkumar	MD
Patel, Raj Vinod	MD
Pattishall, Steven Ross	MD
Pennington, Norman E.	MD
Pensabene, Joseph Frank	MD
Pollock, Morris Arthur	MD
Polomsky, Matej	MD
Porter, Christina Elaine-Lang	DO
Pouagare, Ersie	MD
Prewitt, Rajalla Elika	MD
Proud, Christina Vivienne	MD
Provost, Meredith	MD
Ramage, Jack Ira	MD
Rankin, Matthew Hall	MD
Remmouche, Ilhem	MD
Reynolds, Dwight Cooper	MD
Richardson, Tracey Miller	MD
Rico, Mary Joyce	MD
Roach, Michael Judson	MD
Robbins, Justin	MD
Roberts, Jason Mark	MD
Rose, Tracy Lynn	MD
Ross, Mitchell Neal	MD
Saladin, Elizabeth Jane	MD
•	

Salava, Jonathon Kyle	MD
Santiago Vergara, Diana Liliana	MD
Scannell, Brian Patrick	MD
Scarpinato, Leonard Joseph	DO
Schinlever, Michael Edward	MD
Schweitzer, Karl Martin	MD
Shepherd, Amanda Kay	MD
Sherrill, Scott Anderson	MD
Shipp, Michelle Marie Reid	DO
Short, MacKenzie Erin	MD
Sieren, Leah Marie	MD
Sigmon, Lee Brinkley	MD
Simmonds, Dale St. Patrick	MD
Singh, Amit	DO
Slavin, Eric Thomas	MD
Smith, Eric Davis	MD
Smith, Justin William	MD
Smith, Melanie Crowe	MD
Smith, Michael Brent	MD
Sonnefeld, Christian Andrew	MD
Sorrels, Christopher William	MD
Spector, Andrew Robert	MD
Spicer, Leigh McRae	MD
Sridaran, Mohan	DO
Stanford, Joseph Barney	MD
Stanton, Oliver James	MD
Stevens, John Golden	MD
Stevens, Robert Lewis	MD
Summers, Lisa Ann	MD
Sundeen, James Thomas	MD
Sutherland, Glen Edward	MD
Sze, Edward Yung	MD
Ta, Dat Thanh	MD
Tate, Harold Austin	MD
Test, Sharon Rtl Md	MD
Todoric, Krista Michelle	MD
Toussaint, Rull James	MD
Tran, Bryant Winston	MD
Trinh, Vinh	DO
Trinidad, Salvador Bernard	MD
Tummons, Rebecca Concetta	MD
Tuscano, Daymen Shea	MD
Valentini, Jalane Cecilia	DO
Vin-Parikh, Anita Prakash	MD
Wagner, Gerhardt Stefan	MD
Wagstaff, Jennifer Kay	MD
Walker, Jeffrey Allen	MD
Wallace, Lesley Ann	MD

Watson, Joshua Ray	DO
Watterson, Adam Wesley	MD
Weisberg, Lynne Beth Willing	MD
Wells, Lanashia Seville	MD
Wells, Melissa Ann	MD
Wilhoit, Susan Elizabeth	MD
Wilkinson, Indy McFall	MD
Williams, Alyssa Ann	MD
Wilson, Jason Wayne	MD
Wood, Jeyhan Suzan	MD
Yacobozzi, Margaret	MD
Yassa, Nabil Amin	MD
Zaugg, John Karl	MD
Zickerman, Melissa McKay	MD
Zimmerman, William Britt	DO

Nurse Practitioner & Clinical Pharmacist Practitioner Approvals Issued March 2013

List of Initial Applicants

NP	NAME	PRIMARY SUPERVISOR	PRACTICE CITY
INF	BAHTA PARKER, MITCHELL	DOHENY, WILLIAM	MOORESVILLE
	BROWN, ELIZABETH	WAGGONER, KATHRYN	MURPHY
	DAVIS, JENNIFER	BRAR, PREETINDER	CHARLOTTE
	EFREMOV, MAXIM	PEAK, EDWIN	HICKORY
	GRIFFIN, SHELIA	JONES, KAREN	CHARLOTTE
	KING, RACHEL	COOPER, RANDOLPH	RALEIGH
	KING, KELLI	WOODS, JONATHAN	WILMINGTON
	KIRK, MELANIE	BARNES, DANIEL	PINEHURST
	KRAYNAK, DIANE	WEAVER, DONALD	CHARLOTTE
	LEAHY, KRISTIN	MOYA, FERNANDO	WILMINGTON
	PONDER, BELINDA	BEYEA, ANNETTE	FLAT ROCK
	RACEY, JEANNINE	ELLIS, CHARLES	FAYETTEVILLE
	WILBANKS, CHRISTY	REHMAN, KHAWAJA	MOORESVILLE
	ZIMMERMAN, SARAH	COOK, DAVID	ASHEVILLE
	BOWLES, JENNIFER	MARSHALL, DIANE	CHAPEL HILL
	BRANDIN, RACHEL	WILLIAMSON, JEFF	WINSTON SALEM
	CALHOUN, AMANDA	YOUNG, RICHARD	OCEAN ISLE BEACH
	CAPOBIANCO, KELLY	POLLOCK, HOKE	WILMINGTON
	CARROLL, STACEY	ROBOTTOM, BRADLEY	RALEIGH
	CLEARY, JENNIFER	SCHROEDER, KARL	OTEEN
	COLLIER, LORIE	AL-HAIDARY, ANWAR	WILSON
	CROUSE, BLAIR	GRISSO, GREG	ASHEBORO
	CUMMINGS, ELIZABETH	MAY, LISA	ASHEVILLE
	DECONTO, COURTNEY	COVINGTON, CONNELL	RALEIGH
	FINCANNON, TAWNY	CURRAN, DIANA	ASHEVILLE
	HODGIN, ELIZABETH	BREWINGTON, SARAH	SOUTHERN PINES
	JOHNSON, SUNSHINE	EDMUNDS, JOHN	LENOIR
	KRUSINSKI, ASHLEY	JONES, KAREN	CHARLOTTE
	LUTZ, JENNIFER	STOUDMIRE, JONATHAN	MATTHEWS
	MATRONE, ANDREW	TAAVONI, SHOHREH	DURHAM
	MAYNARD, JENNIFER	MORTON, TERRENCE	GARNER
	MOORE, CANDACE	STEWART, JOHN	JACKSONVILLE
	PATEL, AVANEE	JONES, KAREN	STATESVILLE
	PRICE, VERONICA	SMITH, MICHAEL	GREENVILLE
	RIOS, JANNINE	STOUDMIRE, JONATHAN	MATTHEWS
	SALES, MARJORIE	WILLIAMS, BARRY	WINSTON SALEM
	SHIPMAN, VICKI	MACGUIRE, OSBORNE	HICKORY
	SIMMONS, TERRIKA	ALEJANDRO, LUIS	GREENSBORO
	STEEPLETON, BRENDA	SCHMIDT, BRIAN	CONCORD
	43		March 20-22, 2013

TERZIS, DEBORAH TAYLOR, GERALD CHARLOTTE WANTUCH, KAREN CASP, WILLIAM **SPINDALE** VYBIRAL, TOMAS BALL, LISA **ELKIN** BASS, ANNE LOGAN BURKETT, DONNA **GREENSBORO** BENTON, JENNIFER JONES, KAREN **MONROE** BILINSKI, KRISTEN BARNES, DANIEL **PINEHURST** SAKACH, VALERIE BOSTIAN, ASHLEY **KANNAPOLIS** BROWN, CYNTHIA ROS, JOSE **JACKSONVILLE BUCHANAN, DONALD** MCCALEB, JANE **ROANOKE RAPIDS** COSGROVE, ALI VAN TRIGT, PETER GREENSBORO DEES, SARAH SHEPHERD, BILLIE **ASHEVILLE** EAST, ADAM JENNINGS, WILLIAM WINSTON SALEM **EDWARDS, BETHANY BURGERT, JESSICA BALTIMORE ELKINS, DONNAY** BOSKEN, DONALD **THOMASVILLE** ERSKINE, KELLY TAPPER, DAVID **EDEN** GIBBONS, HILARY CALVO, BENJAMIN **CHAPEL HILL** ROMZICK, TERESA **FOREST CITY** HILL, AMANDA EVANS, ROBERT WINSTON-SALEM KELLY, ERIN RUFF, KRISTIE **BLACK MOUNTAIN** BARKER, ROBERT SOUTHER, SOMMER WIMMER, JOHN **GREENSBORO** SPAIN, KETTY KANN, JOEL RALEIGH STONE, AMANDA GREENSPAN, LINDA **BURGAW** SWANSON, KIMBERLY GRAFFAGNINO, CARMELO **DURHAM** WELLS, COLBY IGHADE, ANDREW CHARLOTTE

NP ADDITIONAL SUPERVISOR LIST

ANDERSON, TAKELA KAPLAN, DAVID **GREENSBORO** ANDERSON, TAKELA JONES, ENRICO **GREENSBORO** ANEN, IJEOMA OGAN, OKORONKWO **RALEIGH** AYCOTH, EMMA BOSKEN, DONALD **THOMASVILLE** BALUHA, KATHLEEN CURRAN, DIANA **HENDERSONVILLE** BATES, RICHARD PIERCE, JOSEPH WINSTON-SALEM BENNETT, LUTRICIA CARSON, JOHN **GASTONI** BENTON, JENNIFER STELMACH, SUZANNE **JACKSONVILLE BOWEN, LEIGH ANNE** BITNER, MATTHEW **HENDERSON** BRADY, VERONICA PRELI, ROBERT WINSTON SALEM **BUCHANAN, DALE** MCLAUGHLIN, DANIEL **MARION** CAIN, VANESSA RUDYK, MARY WILMINGTON CARTER, ALISSA SHAW, KATHRYN CHARLOTTE WINSTON SALEM CHATTEN, CARMEN FARRIS, KATHERINE CLEMENTS, KIMBERLY ZIMMER, STEPHEN **DENVER** COADY, ANITA TRIPP, HENRY WINSTON SALEM COBB, JEAN BROWN, JENNIFER **ELIZABETH CITY** HEINE, ROBERT COOPER, ALICE **DURHAM** COUSINS, MELISSA **GUERRINI, JAMES CLEMMONS** DAILEY, VIRGINIA SHAW, ANDREW **SPARTA**

44 March 20-22, 2013

BOONE

WARREN, BRENT

DAILEY, VIRGINIA

DARST, MARGARET BARRETT, KATHERINE **RALEIGH** DAVIS, AMANDA KOURI, BRIAN WINSTON SALEM DAVIS, RACHELL GEBSKA-WOJDYNSKA, MAGDALENA RALEIGH GREENSPAN, LINDA **BURGAW** DENSON, REBECCA DORNEY, JEWEL MORTON, TERRENCE **WEST GARNER** DORSEY, KIMBERLY MORTON, TERRENCE RALEIGH **DUNLAP, DARLENE** CHAI, SEUNGJEAN CHARLOTTE ECKARD, BETTINA LEE, JANETTE **NEWTON** FARMER, NEDA VOULGAROPOULOS, MENELAOS STONY POINT PARSONS, STEPHEN FILOSA, DOREEN RALEIGH FOY, PAULINE KANN, JOEL **DURHAM** GILMER, CASI CHILDREY, NEFERTITI **FAYETTEVILLE GRAYER, JENNIFER** WIMMER, JOHN GREENSBORO GREER, TARA ROSEN, ROBERT WINSTON SALEM HANCOCK, JONATHAN LEE, KENNETH **GREENVILLE** HANNA, NICOLE WHITNEY, ROY SPANTANBURG HARKEY, KRISTEN PATON, BEVERLEY CHARLOTTE HARRIS, CORY SHIELDS, DOUGLAS SPRUCE PINE HAYES, HELEN LORD, CHRISTOPHER CHARLOTTE HROBAK, MANDY FISHER, DAVID CHARLOTTE HULIHAN, DEIRDRE CUTZU, DANA **ASHEVILLE** IBRAHIM, SADOU MCGHEE, JAMES WILMINGTON JACOBS, SUSANNE MARCOM, PAUL **DURHAM** KALINOWSKI, KATHERINE KIMMICK, GRETCHEN DURHAM KELLY, AMY JACOBSEN, CHAD CHARLOTTE KRAMER, MINDA PEREZ-FIERY, DENISE **GREENSBORO** LAND, STEPHANIE TACKMAN, ANTHONY **RALEIGH** LEE-VUE, ALLISON PARISH, KENNETH **HICKORY NEWTON** LUM, KAREN LEE, JANETTE LUNDRIGAN, CAROL **GUERRINI, JAMES** CARY MARRETT, HANNA **NEW BERN** GREEN, PHILIP MCKELLAR, SONDRA HOLLAND, GEORGE HAMPSTEAD MILLER, LACY MONROE, YVONNE **DURHAM** MONROE, KATHRYN LEE, MITCHELL WILMINGTON MURPHY, ELISABETH CUTZU, DANA ASHEVILLE NOEVERE, ERIC HINES, MARCONO **ALLIANCE** NOVCHICH, AUDREY TABE, WILSON GOLDSBORO SCARBOROUGH, TAMMY YOUNG, THOMAS RALEIGH SETTLEMYRE, ROBIN WILCZYNSKI, STEPHEN ROXBORO SHARPE, DAPHNE SMITH, JOHN **ASHEBORO** SMALLWOOD, TANYA HOOK, MATTHEW **RALEIGH** SMITH, SHERRY QADIR, MISBAH KINSTON TAYLOR, MELISSA MAUNEY, NOLAN **MORGANTON** THOMPSON, WANDA MONACO, JULIE HILLSBOROUGH TUBAUGH, LEIGH SHAW, KATHRYN CHARLOTTE WELLS, MATTHEW WAGUESPACK, LORRAINE **FAYETTEVILLE**

WALKER, TWILLA SHORE, CATHY **STATESVILLE** WARREN, JONATHAN JOLLIS, JAMES RALEIGH WAY, PETER EARWOOD, MARY **FORT GORDON** WEKONY, MELINDA **GUERRINI, JAMES** KERNERSVILLE WILLIAMS, JEFFREY HATCHER, DANIEL MORGANTON WILSON, CARRIEDELLE ROWE, JOHN ASHEVILLE WOOD, TERESA ELBEERY, JOSEPH GREENVILLE WOODRUFF, SARAH MILLER, STEPHEN DURHAM WOODS, AMANDA ROJAS, MARIO WINSTON SALEM YERCHECK, BEVERLY PATEL, JAYESH **GREENVILLE** ABIOLA, DEBORAH TOKUNBOH, JULIUS CHARLOTTE ALLEN-HELMS, ANGELA KALTER, ZANE **MARION** AMOS, KATHLEEN GRAHAM, CHARLES **DUBLIN** ANDERSON, HEATHER WINEGARDNER, LINDA HUNTERSVILLE AVILES, CESAR IANNITTI, DAVID CHARLOTTE BALMER, AUBREY PATEL, MAHENDRABHAI **FRANKLIN** BECK, SAMUEL VAN DUUREN, ANTON SYLVA BERNHARDT, LINDA VOLLMER, KELLY **GREENSBORO** BOGARDUS, MELINDA FASANELLO, RICHARD BOONE CARR, KRISTINA HUBBARD, LAURA N WILKESBORO CARRIZOSA, NATHALIE OESTERHELD, JAVIER CHARLOTTE COFFIN, ABIGAIL HOCKER, MICHAEL DURHAM COGDILL, TAMMY COPELAN, EDWARD CHARLOTTE CHINA GROVE CURRAN, MARY ALYCE ADAMS, LYDIA DIXON, LORI STRINGFIELD, BARRY HIGH POINT EDWARDS, KELLY ELSTON, SCOTT **DURHAM** FORSTHOEFEL, ANN SPRATT, SUSAN DURHAM GHIANNI, CLAUDINA HILLMAN, JASON ROCKVILLE GOODWYN, CHARLOTTE ALHOSAINI, HASSAN GREENVILLE **GRANT, HEATHER** CURL, KENNETH NORTH WILKESBORO HALL, MELISSA MILLER, MICHAEL DURHAM HINSON, CHRISTY RIBEIRO, DONALD **GREENVILLE** HODGES, ALEXIS SANCHEZ, JOHN **NAGS HEAD** HOONHOUT, JANE WAYCASTER, RONALD LEXINGTON HUDSON, AMY WEIGEL, FREDERICK ASHEVILLE HUNTER, S. JANE VILLARET, DOUGLAS CHARLOTTE HYATT, LESLIE CANUPP, TONY **MONROE** JAMES II, MELVIN LILLQUIST, PATRICIA JACKSONVILLE JOHNSON, KATHRYN GREENBERG, GARY RALEIGH JONES, KAREN BRUCE-MENSAH, KOFI ZEBULON KAYE-SACK, JULIE CARY GRANA, LISA KENNY, JULIA MORTON, TERRENCE RALEIGH **KERNERSVILLE** KLINK, JALEEN HARRIS, PAMELA LUCAS, KATHERINE LENFESTEY, ROBERT **DURHAM** MANOLE, FRANK WESLEY, ROBERT RALEIGH PATEL, YOGIN MARKS, MICHAEL KINSTON

MARTIN, NANNETTE WILLIAMS, ROBERT WILMINGTON MINN, JAMIE HARRIS, BRIAN CLAYTON KAPOOR, SUSHMA MINTZ-SMITH, RASHONDA BALTIMORE MONTGOMERY, KIMBERLY YOUNG, KISHA MINT HILL MORAN, KELLY TEIGLAND, CHRIS CHARLOTTE MORRISON, CYNTHIA PATEL, HIREN ASHEVILLE MULLINS, MARGARET BOONE SPARKS, MARGARET MURRAY, SARAH MILLER, STEPHEN DURHAM NASPINSKY KINSER, MICHAELENE TAYLOR, MELISSA GREENSBORO NESTEL, KELLY LOKESH, ANITHA WINSTON-SALEM NIXON, TRACI **BUCHANAN, SONYA** CHARLOTTE NOLAN, TIMOTHY BERRY, BRUCE **HENDERSONVILLE** PETTUS, KESHIA VOLKMER, DONALD **SALISBURY** PHARR, AMY PISTONE, DANIEL WILMINGTON PHARR, AMY NJAPA, ANTHONY WILMINGTON PHILLIPS, CHRISTY BULLARD, TRACY **HOPE MILLS** PICKENS, MOLLY GARRETT, VALERIE **ASHEVILLE** POE, ANN IGLESIAS, DANA SILER CITY PRATT, MICHELLE VOLKMER, DONALD **SALISBURY** RODGERS, TERI MELENDEZ, KAREN BELMONT SCATES, TIARE SHELDON, SCOTT LEXINGTON SCOTT, MARGARET READLING, RANDY **GREENSBORO** SHARPE, LESLIE DEVRIES, ABIGAIL **SNOW CAMP** SHATLEY, REBECCA WONSICK, MELINDA **JEFFERSON** SHIELDS, STACEY ROMAN, SANZIANA DURHAM SHIRLEY, SHELBY WATSON, MICHAEL RALEIGH SMITH, KIM CUSI, ANTONIO **JACKSONVILLE** STOWE, CHRYSTIE JONES, COLIN COLERAIN STRAND, BRENDA WHALLEY, JOHN MORGANTON SWIFT, TAMI OGG, NICOLE WEAVERVILLE VALDIVIEZO, AUXILIADORA VINCENT, MARK MATTHEWS WRIGHT, CATHERINE IGLESIAS, DANA SILER CITY ALAWODE, FLORENCE CRAFT, PATRICK BALTIMORE ALMOND, RACHEL PINO, JOSEPH WILMINGTON ARNETTE, TOMMIE BROOKS, CLYDE **GREENVILLE** ASARE, ELIZABETH KLIESCH, JOHN CHARLOTTE BAKER, WALTER COWARD, HOLLY CHAPEL HILL BARRIER, MISTY CLEMENTS, THAD BALTIMORE GARUBA, ABDUL BENEL, SABINA MATTHEWS BRADY, AMY GARRETT, VALERIE **ASHEVILLE** BRASIC, DEBORAH PUTCHA, RADHA WILMINGTON BROGDON, ANDREA ALEJANDRO, LUIS **GREENSBORO BUCHANAN, DALE** BODIE, BARRY MARION **BURKE, TAMMY** DIMKPA, OKECHUKWU KANNAPOLIS **BUTLER, MICHELLE BUCHANAN, SONYA** CHARLOTTE CAPOBIANCO, KELLY BLACKSTONE, THOMAS WILMINGTON

CARPENTER, DIXIE WILLIAMS, BOBBILI **FAYETTEVILLE** CHATTEN, CARMEN BEESE, STEPHEN KERNERSVILLE CLARK, MARY ROBINSON, MICHAEL **TARBORO** COMPEGGIE, CINDY FOREHAND, MARY WILMINGTON COOGAN, JUDITH BROOKS, CLYDE **GREENVILLE** COOMBS, LUCY NICHOLS, MARK RALEIGH COUSINS, MELISSA CAMPBELL, STEPHEN **ASHEBORO** CRAIN, KIMBERLY GARMAN, STEVE **ELIZABETH CITY** DEANGELO, NICOLE CASTOR, DAVID BALTIMORE DESRONVIL, KATHIA HARDEN, WILLIAM **ROCKY MOUNT** DONOHOE, LINDA SUTTON, LESLIE **RALEIGH** EDWARDS, CHARLES MURRAY, MICHAEL **MARION** ENGLAND, WENDY CLONINGER, KENNETH SHELBY **FULLER, SUSAN** BADGER, MICHAEL OAK RIDGE GODWIN, DELAYNE WINNEBERGER, THEODORE WILMINGTON GRABANIA, PATRICIA **BUSHER, JANICE GREENVILLE** HAAS, MARILYN **HULKOWER, STEPHEN** ASHEVILLE HALL, CHRISTY MCELVEEN, JOHN RALEIGH HANES, CYNTHIA MENARD, MARY **CHAPEL HILL** HAYNES, CHRISTOPHER AMIN, SAAD HIGH POINT HENSLEY, RONDA SHEPHERD, BILLIE **ASHEVILLE** HILL, DORIS LE-BLISS, MARY CHARLOTTE HOLLINS, TABITHA GUERRINI, JAMES **CLEMMONS** HOWARD, SANDY **BUCKNER**, DONALD CLYDF **HUBBELL**, SARA MILLER, STEPHEN **MORRISVILLE** JACKSON, SUSAN VERGHESE, KUMARI **SMITHFIELD** JAMES, JANET FISHER, RONALD SYLVA JANSEN, KATHRYN SHARAWY, EHAB HUNTERSVILLE KENNEDY, MICHAEL LAWRENCE, MARY MOREHEAD CITY KERR, JULIA BARNES, DANIEL **PINEHURST** CHODRI, TANVIR **ASHEBORO** KOOSHKI, ADELEH LARREUR, AMY BIANCO, SALVATORE CHARLOTTE LOCKLEAR, MELISSA MERGY, JAMES **FAYETTEVILLE** LOOKABILL, PATRICIA **BURKE, JAMES LEXINGTON** LOVETTE, MELISSA WHITE, LENA CHARLOTTE MANLEY, EDDIE EDOSOMWAN-EIGBE, EMMANUEL CHARLOTTE MASSEY, MONICA KRABILL, LAWRENCE WILSON MASTRIDGE, BENJAMIN GRADDY, LOGAN DURHAM **JACKSONVILLE** MCKENNA-MARTIN, ERIN GARRETT, JAMES MILLS, KATHY WALL, JAMES CONCORD NOOE, MARY ANN GROVER, ARUN WINSTON SALEM OSBORNE, ADRIANE SOBERANO, ARLENE CHAPEL HILL WINSTON-SALEM OZOH, MARY HANSEN, ROGER MCENANEY, KEVIN **WAKE FOREST** PARRISH, COLLEEN PATERSON, TRACY BROOKS, CLYDE GREENVILLE WINSTON-SALEM POTTER, ANN SPILLMANN, CELIA

POUNDS, BUNNY BROOKS, CLYDE **GREENVILLE** POWELL, VICTORIA LICHTMAN, STEVEN CHAPEL HILL PRICE, MARVA RICHARDSON, CRIS **ASHEBORO** REYNOLDS, SHARON ROPER, GARY **ANDREWS** SEIGEL, ROBERT MATHEW, RANO WILMINGTON SPRAGINS, FRIEDA FARRAT, JORGE DUNN STEWART, SANDI CROWLEY, MCKAY GREENSBORON TILLMAN, JANET BROOKS, CLYDE **GREENVILLE** TYSON, TAMELY SUTTON, SIDNEY **ELIZABETH CITY** TYSON, TIFFANY HARRELL, SAMPSON DURHAM WASHINGTON, FELICIA **BUCHANAN, SONYA** CHARLOTTE WELCH, RUSSELL LAWSON, JAMES **GREENSBORO** WHITE, TANASHA WILLIAMS, ANDREA CHARLOTTE WILLIS, DAWN MILLER, STEPHEN **DURHAM**

CLINICAL PHARMACIST PRACTITIONERS

Chow, Eric
Crisp, Ginny Diana
Huie, Cathy Huffman
Johnson, James William
Kam, Teresa Chia-yuh
Lewis, Kimberly Pershun
Parrish, Julianna Fine
Smith, Patria Shiree
Williamson, John Christopher
Woodall, Tasha Renae

Anesthesiologist Assistant, Perfusionist & Provisional Perfusionist Licenses Issued March 2013

Perfusionists:

None

Anesthesiologist Assistants:

None

Initial PA Applicants Licensed 01/01/13 - 02/28/13

PA-Cs

Name

Allen, Brittany Kristina	02/21/2013
Allen, Sarah Alexandria	02/13/2013
Baker, Zachary Harlan	02/04/2013
Barrett, Erin Renae	01/28/2013
Beam, Matthew Brankley	02/07/2013
Bombach, Kelly Lynn	01/15/2013
Bordeaux, Justin Wayne	01/30/2013
Buscema, Michael John	02/19/2013
Butler, Kristin Nicole	01/18/2013
Camp, Jamie Yates	01/14/2013
Chew, Tanya	02/13/2013
Clark, James Ray	01/16/2013
Conde, Juleidy	01/09/2013
Crowgey, Elizabeth Aimee	01/15/2013
Du Sablon, Kristie Michelle	02/14/2013
Eck Kile, Lindsey Marie	02/11/2013
Emery, David Scott	02/12/2013
Endsley, Meghan Jean	02/18/2013
Flecha, Ismael	02/13/2013
Gammons, Vanessa Lynn	01/15/2013
Gerould, Jeanette	02/27/2013
Gibbons, Jory Elizabeth	01/16/2013
Goodman, Hannah Greer	01/17/2013
Graham, Whitney	01/30/2013
Grey, Richard Kyle	02/11/2013
Grochowski, Darci Lynn	02/18/2013
Gullage, John Charles	02/04/2013
Hall, Carrie Jean	01/18/2013
Hannah, Elizabeth Williams	01/18/2013
Hansen, Jason Conway	01/09/2013
Harris, Nicole Evette	02/04/2013
Holbrook, Jaime Anne	02/07/2013
Howell, Crystal Marie	01/16/2013
Huffman, Ruth Hinkle	01/18/2013
Jaster, Kristal	01/18/2013
Jernigan, Kelly Elizabeth	01/14/2013
Kauer, Lauren Steele	01/02/2013
Kearney, Christopher Patrick	02/04/2013
Kemp, Christopher Charles	01/29/2013

Kirsch, Jeffrey Robert	02/05/2013
LaBerge, Meagan Boles	02/14/2013
Laisure, John Rolland	01/18/2013
Lawrence, Leo Paul	02/05/2013
Lee Penrose, Heather Michelle	02/05/2013
Lee, Laura Ann	02/19/2013
Levasseur, Karen Lynne	02/13/2013
Levins, Tiffany Renee	02/05/2013
Long, Genevieve A	02/20/2013
Loquist, Cameron Ashley	02/13/2013
Lytton, Andrew Ryan	01/18/2013
Manion, Nicole Elizabeth	01/18/2013
McCann, Raquel Alexis	01/18/2013
Medina, Ashley Marie Clark	02/13/2013
Muri, Dena Joy	02/13/2013
Murray, Amanda	02/01/2013
Neely, Micole Denae	02/05/2013
Neitzke, Kristin Ann	01/02/2013
Nguyen, Xuan Thanh	02/11/2013
Noelsaint, Wilfrida	02/19/2013
Pieringer, Christina Marie	01/31/2013
Potter, Margaret Faye	01/14/2013
Potter, Sarah Michelle	02/13/2013
Quigg, Megan Elizabeth	01/24/2013
Regan, Daniel Nealon	02/13/2013
Russ, Joshua Daniel	01/16/2013
Sanders, David	01/09/2013
Schambach, Joy Elizabeth	01/03/2013
Schlaff, David Alan	02/07/2013
Schlicher, Anna Elise	02/01/2013
Schnoll, Michelle	02/04/2013
Scully, Casey Keegan	02/04/2013
Smith, Laura Elizabeth	01/18/2013
•	01/16/2013
Spradlin, Donald Bruce	02/13/2013
Starace, Katherine Marie	02/13/2013
Strasser, Lauren	
Stridh, Patrik Erik	01/18/2013
Testellen, Ellen	02/25/2013
Thomas, Carrie Harrell	02/15/2013
Thompson, Kathleen Julia	02/08/2013
Tiller, Chad Ethan	01/02/2013
Van Althuis, Karis Annette	01/15/2013
Vedar, Pol Martin Dimasuhid	02/07/2013
Vega, Kirstyn Lee	01/02/2013
Wharton, Lisa Virginia	02/01/2013
Wickersham, Jennifer Lynn	02/11/2013

Williams, Allison Nicole	01/04/2013
Williams, James Ray	02/13/2013
Wright, Meredith Lynn	01/25/2013
Zufall, Eric	01/08/2013

PA-Cs Reactivations/Reinstatements/Re-Entries

Name

Barron, William Evans	01/09/2013
Childers, Shannon Outen	01/08/2013
Hooper, Arthur Ross	02/01/2013
LaBonte, Edwina Louise	01/29/2013
Young, Maureen Valentine	02/08/2013

North Carolina Medical Board PA Licenses Approved March 2013

Additional Supervisor List -01/01/13 - 02/28/13

PA-Cs

Name	Primary Supervisor	Practice City
Abernethy, Erin	Glenn, David	Brevard
Abraham, Mufiyda	Garrett, James	Jacksonville
Adams, Jason	Ferguson, Robert	Fayetteville
Adams, Tiffanie	Gurcanlar, Nihan	Charlotte
Adams, Tiffanie	Dimkpa, Okechukwu	Kannapolis
Albright, Whitney	Rice, James	Southern Pines
Alexander, Robert	Watson, Kevin	Salisbury
Alfano, Brian	Kaleab, Birhane	Asheville
Alfano, Brian	Farley, David	Asheville
Alfano, Brian	Castillo, Elizabeth	Asheville
Alfano, Brian	Mason, Matthew	Asheville
Allen, Brittany	Taavoni, Shohreh	Durham
Allen, Sarah	Thomason, Michael	Charlotte
Alsaedi, Tamim	Tobin, H.	Fayetteville
Ambroise, Marie-Jacques	Ordonez, Esperanza	Raleigh
Arble, Allison	Leung, Eugene	Clayton
Bagley, Jack	Thomas, John	Wilmington
Baker, Emily	Foster, James	Charlotte
Baker, Zachary	Reyes, Rodolfo	Lillington
Banks, Sharyce	Oriaku, Obinna	Charlotte
Barrett, Erin	Van Trigt, Peter	Greensboro
Battle, Lydia	James, Felice	Charlotte
Battle, Lydia	Pinckney, Joseph	Charlotte
Beam, Matthew	Oweida, Sami	Matthews
Beard, Christina	Sloan, Douglas	Fayetteville
Belfi, Brian	Mullins, Timothy	High point
Biddix, Kirsten	Wiener, Dana	Durham
Bishop, Candace	Shaw, Kathryn	Charlotte
Bissette, Branigan	Tripp, Joseph	Ahoskie
Bivans, Abigail	Rodriguez, Fabian	Southern Pines
Blake, Sarah	Reichow, Karen	Wilmington
Blocher-Steiner, Sarah	Duggal, Sonia	Lumberton
Bombach, Kelly	Reyes, Rodolfo	Lillington
Bonner, Brittani	Vu, Khanh	Henderson
Bordeaux, Justin	Minior, Daniel	Rocky Mount
Bowman, Angela	Dixon, David	Mt. Airy

Branstetter, Annie Alley, William Winston Salem Greer, Stephen Winston Salem Branstetter, Annie Bresnahan, James Durrani, Shakeel Asheboro Bridger, Jennifer Tayloe, David Goldsboro Briggs, Steven Kliesch, John Charlotte Brown, Amber Roberson, Lewis Shelby Brown, Nancy Scott, Gregory Salisbury Browne, Richard Park-Idler, Suji Benson Bryan, Daniel Guerrini, James Clemmons Buchanan, Faith Shea, Thomas Chapel Hill Buchkovich, Jennie Rao, Siddhartha Raleigh Burke, Dalissia Foster, James Charlotte Burns, Tricia Sharp, Lindsey Raleigh Burns, Tricia Ng, Peter Raleigh Buscema, Michael Jones, Carroll Charlotte Butler, Kristin Lewis, Marvin Lillington Buzard, Corina Cabral, Gonzalo Wilson Caban, Ami Fishburne, Cary Huntersville Cagle, Margaret Jones, Tony Canton Humayun, Dabiruddin Cakerice, Kimberly Raleigh Card, Katherine Anonick, Patrick Concord Carr, Marie Olajide, Oludamilola Raleigh Carr, Marie Speca, JoEllen Raleigh Carr, Marie Crane, Jeffrey Raleigh Carr, Marie Boles, Jeremiah Raleigh Carroll, Patrick Bradley, Raymond New Bern Carter, Tori Michalec, Jennifer Indial Trail Carter, Tori Puri, Reema Indian Trail Castleberry, Gordon Bitner, Matthew Henderson Chan, Gerald Lee, Melvin Garner Welshofer, John Chan, Kate Charlotte Chervil, Sheila Jones, Karen Charlotte Cheshire, John Martin, Mark Kings MT Chew, Tanya Wells, Roxie Stedman Childers, Shannon Lagos, Jaime Spindale Clancy, Kerry Fondinka, Godfrey Favetteville Clark, Debra Card, John Winston Salem Clark, James Kiger, Tara New Bern Clarke, Theresa Tobin, H. Fayetteville Collins, Ann Corey, John Pittsboro Collins, Emma Brabham, Vance Greensboro Phillips, Thomas Conde, Juleidy Matthews Cook, Joseph Bradley, Betty Randleman Cooper, Lana Briggs, John Lillington Cothran, Ashley Reyes, Rodolfo Lillington

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Concord

Schwartz, Garry

Coverdale, Linda

Craver, Amelia Shields, Thomas
Crenshaw, Tosheen Garmon-Brown, Ophelia
Cross, Harry Wadley, Robert

Dubuisson, Julie

Wadley, Robert Raleigh Crowgey, Elizabeth Wefald, Franklin Smithfield Czuchra, Dennis Patel, Yogin Kinston Dammen, Peter Miller, Brian Greensboro Daniel-Yount, Julie Ozimek, Christopher Greenville Daun, Caline Flaherty, Stephen Fayetteville Day, Jerry Anderson, Jeffery Havelock Dayvault, Philip Erdin, Robert Concord Dean, Barbara Haizlip, Thomas Linville

Winston Salem

Winston Salem

Huntersville

Delabastide, Dayne Lee, Melvin Clayton DeLong, Carrie Hartman, Joel Winston Salem Dempsey, Karoline Menon, Padman Elizabeth City Dewar, John Guerrini, James Greensboro Dick, Ian Bitner, Matthew Henderson Dobler, Matthew Ohl, Matthew Charlotte Dong, Fan Smith, Roberts Durham Dong, Fan Park-Idler, Suji Youngsville Donnelly, William Anderson, Jeffery Havelock Dorry, Angela Carlson, Marie Durham Du Sablon, Kristie Boutilier, Susan Greenville

Duncan, Jacqueline Mull, Courtney Marion Duval, Julie Whitehouse, James Asheville Dyer, Eric Foster, Mark Southport Dyer, Eric Zub, David Southport Edmisten, Brooke Allred, James Greensboro Ehrman, Kevin Shields, Thomas Winston Salem

Spillmann, Celia

Elliott, Lawrence Kopynec, Bohdan Candor
Emery, David Sloan, Douglas Raeford
Ensign, Todd Lacroix, Christopher Engelhard
Ensign, Todd Moran, Louis Trenton

Ensign, Todd Hines, Marcono Morehead City Everhart, Michael Pulliam, Thomas North Wilkesboro

Fagan, Ericka Vesa, Allin Statesville Fagan, Paul Muniz, Felix Charlotte Farwell, Susan Lachance, Lynda Forest City Faulkner, John McCaleb, Jane **Enfield** Felts, Dana Bartelt, Perry Statesville Ferguson, Carly Arter, James Gastonia Ferguson, Carly Letts, Dustin Gastonia Ferguson, Carly Andreou, Costa Gastonia Ferguson, Carly Shedd, Omer Gastonia Ferguson, Carly Sutton, Laddeus Gastonia Ferguson, Carly Russo, Patrick Gastonia

Ferguson, Carly Arn, Anthony Gastonia Finley, Lauren Masere, Constant Cameron Finney, Andrew De Perczel, John Hickory Fletcher, Chelsea Garimella, Rama Raleigh Fletcher, Chelsea Shah, Sidharth Raleigh Fletcher, Chelsea Emery, Daryl Raleigh Flynn, Cheryl Viar, Jeffrey Columbus Ford, Amy Barnhill, Jessica Durham Bush, Andrew Fowler, Hyman Sanford Fowler, Kristin Cuciniello, Jodi Lincolnton Fowler, Kristin Sykes, Paul Lincolnton Fraune, Theresa Morris, Krista Charlotte Futh, Stephen Rodriguez, Luis Ahoskie Gaines, Thomas Califf, James **Burlington** Galavotti, Marisa Sander, Margie Durham Galgano, Christopher Goodwin, Joel Raleigh Galli, Martha Carr, James Holly Springs Galloway, Ayanna Jones, Karen Charlotte Gammons, Vanessa Winn, Dana King Raeford Garcia, Kari Laurence, William Garrison, Brianna Thomason, Robert Winston Salem Gates, Sharvn Chang, John Durham Geiple, Joshua Miller, Brian Greensboro Georger, Andrea Alley, William Winston Salem Giarrizzi, Mark Giarrizzi, Dana Charlotte Gindoff, Alan Steinweg, Kenneth Greenville Giordano, Joseph O'Connor, Maeve Charlotte Giordano, Joseph Nixon, Deborah Charlotte Glasgow, Cheryl Tegeler, Debra Winston Salem Gonzalez, Eugenio Myers, John Kenansville Gooch, Scott Bitner, Matthew Henderson Goodman, Hannah Greer, Stephen Lexington Goodman, Hannah Alley, William Winston Salem Graham, Marisa Rowe, John Asheville Graham, Marisa Diznoff, Emily Barnardsville Graham, Whitney Kon, Neal Winston Salem Griffin, Brian Bardhan, Pooja Lexington Griffith, John Gootman, Aaron Fayetteville Eckrich, Michael Charlotte Grochowski, Darci Grochowski, Darci Gilman, Andrew Charlotte Gunter, Jane Anquilo, Louie **Belmont** Haas, Emily Pridgen, James Whiteville Haas, Kelli Keagy, Blair Chapel Hill Hall, Carrie Moore, Donald Madison

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Madison

Marion

Wong, Francis

Burpee, Elizabeth

Hall, Carrie

Hamilton, Brianne

Hamrick, Susan Vanderkwaak, Timothy Asheville Hanley, Brian Mull, Courtney Marion Hannah, Elizabeth Skahill, Steven Williamston Hansen, Jason Calhoun, Rebecca Fayetteville Hardy, Bailey Feinson, Theodore Raleigh Harper, John Patel, Kirtida Mebane Harper, John Wade, Eugene Mebane Harper, John Sowles, Krichna Mebane Harper, John Murray, Laura Mebane Harris, Michael Guerrini, James Clemmons Hart, David Hart, John Knightdale Haskin, Ashley Morton, Terrence Durham Sebold, Edwin Heckman, Eric Charlotte Hicks, Cullen Vickery, David Asheville Hill, Keith Hays, Edward Rutherfordton Hodgkiss, Oliver Meisel, Dean Wilmington Holzhauer, Rachel Clary, Greg Charlotte Hooper, David Atassi, Inad Fayetteville Hoover, Ryan Park-Idler, Suji Youngsville Howell, Crystal Leung, Eugene Raleigh Hoyt, Anita Vesa, Allin Statesville Huffman, Ruth Isaacs, George Wilson Huie, Phillip Shields, Thomas Winston Salem Hunt, Hal Rowson, Jonathan Laurinburg

Irons, Amanda Voellinger, David Charlotte Jaster, Kristal Lewis, Marvin Lillington Jaster, Kristal Masere, Constant Lillington Jenkins, Walter Gray, Lee Durham Jennings, Tracelynn Roman, Sanziana Durham Jensen, Larry Robinson, Michael Tarboro Jernigan, Kelly Housman, Tamara Raleigh Johanson, Erik Mull, Courtney Marion Johnson, Jimmy Greenberg, Gary Raleigh Johnson, Theresa Ellis, Charles Fayetteville Johnson, Yavonne Sincox, Francis Shelby Jonas, Deborah Buchanan, Sonya Charlotte Jumpa, Teri Rogers, Garrett Goldsboro Karimi, Najeeb Preik, Curtis Charlotte Kauer, Lauren Homesley, Howard Charlotte Kauer, Lauren Barron, Jerry Charlotte Keel, Emily Bunn, Barry **Tarboro** Keeler, Nancy Jacobucci, Nicola Thomasville Kernicky, Ashley Ohl, Matthew Charlotte Kerr, Michelle Branner, Christopher Charlotte

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Durham

Durham

Olson, Denise

Gunter, William

Kessler, Michele

Kessler, Michele

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O'Connor, James

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Peverall, Elizabeth

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Artis, Karlus
Marsh, Stephen
Rougeou, Glendon
Dell'Aria, Joseph
Gaspari, Michael
Shelton, Phyllis
Greer, Stephen
Hiestand, Brian

Alley, William Gilbert, Richard Mull, Courtney Buzzanell, Charles

Kon, Neal

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Greenville

Raleigh Asheboro Winston Salem Greensboro

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Lexington
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Winston Salem Elon Marion Asheville

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Walton, Charles Boston, James Whiteville

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Westbrook, James

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Taavoni, Shohreh

Tran-Phu, Lan Majure, David Smith, Michael Parsons, James Shaw, Kathryn Brubeck, Ellen Melton, Gwenesta

Robinson, Michael Ahmed, Maqsood Miller, Brian Morgan, Joel

Smith, Myron Karegeannes, James Park-Idler, Suji Ainsworth, Deborah Schutt, Melissa Carr, James

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Tripp, Joseph Markovic-Plese, Silva

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