

MINUTES

North Carolina Medical Board

March 18-19, 2015

**1203 Front Street
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board Meeting held March 18-19, 2015.

The March 18-19, 2015 meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. Cheryl L. Walker-McGill, MD, President, called the meeting to order. Board members in attendance were: Pascal O. Udekwu, MD, President-Elect; Eleanor E. Greene, MD, Secretary/Treasurer; Subhash C. Gumber, MD; Mr. Michael Arnold; Ms. H. Diane Meelheim, FNP-BC; Debra A. Bolick, MD; Timothy E. Lietz, MD; Barbara E. Walker, DO; Mr. A. Wayne Holloman; Bryant A. Murphy, MD and Ralph A. Walker.

Presidential Remarks

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

Minute Approval

Motion: A motion passed to approve the January 18-19, 2015 Board Minutes, the February 19, 2015 Hearing Minutes.

Announcements

1. Mr. Thom Mansfield, Chief Legal Officer, Legal Department, recognized Ms. Cindy Harrison on her ten year anniversary at the NCMB.
2. Subhash C. Gumber, MD, PhD, Board Member, gave a slide presentation on his recent trip to China and Malaysia.

PHYSICIANS HEALTH PROGRAM BOARD OF DIRECTORS (PHP BOD) REPORT

The PHP BOD includes three members of the NCMB: Dr. Greene, Dr. Bolick and Mr. Holloman. The PHP BOD met Wednesday, March 18, beginning at 6:00 p.m. Dr. Greene gave the following report:

- Implementation of the Office of State Auditor Recommendations. Review Committee. The Review Committee was formed as a means of due process for participants. Participants or pending participants can request a review of PHP staff recommendations. Three primary members have been identified who are independent of NCPHP and the Medical Board. At least one primary or alternate member must be a PA. The PA will be assigned to the Review Committee if the participant is a PA. Records Release. The records release process is going smoothly. So far, NCPHP has sent out four records and has two requests pending. Participants must sign an informed consent form before their records are released to them. The client's entire record will be released instead of the assessment summary. In addition, NCPHP will provide participants with all records that are sent (or will be sent) to the NCMB. Treatment Centers. NCPHP has developed criteria and a vetting process for the use of treatment centers. Each treatment center will be visited by NCPHP staff, an approved consultant, or another state PHP. NCPHP has established a set of criteria to supplement criteria already established by the Federation of State Health Programs. There were four site visits in 2014 (2 in NC, 1 in AL, 1 in GA). Reports of these site visits have been provided to the Medical Board as part of their oversight of NCPHP. Outpatient assessment

development. NCPHP has been working to develop outpatient assessment options for clients appropriate for that level of care. So far, they have been able to come up with some new outpatient facilities, but not any additional residential facilities.

- Financial Update. 2014 was challenging year financially due to mandates from the state audit, cash flow pressures and overall investment performance. Total assets were down \$290,000 from 2013. Operating reserves ended 2014 at 14.3 months. Cost containment continues to be staff's main priority. Total expenditures in 2014 were \$170, 819 under budget due to these efforts. Operating loss for 2014 was \$108,039 compared to an excess of \$220,953 for 2013.
- Staff Changes. Organizational chart - Kim Lamando will move to contract status at some point in 2015, Dr. Pendergast to focus more on the big picture and issues outside of the organization, Dr. Jordan to focus on the internal operations and ongoing clinical needs, and Cindy Clark to take over many of Kim Lamando's responsibilities. Bylaws changes – titles have been changed: "CEO instead of "CEO/Medical Director" Executive Director instead of Chief Operating Officer.
- Statute Update. The statute changes are underway in the legislature through the efforts of NCMB, NCPHP and NCMS. The changes are the result of recommendations by the state audit and include language addressing fair process (the development of the Review Committee) and the records release policy.
- Monitoring Contract Language Review. NCPHP has revised the language in the contracts to be in line with policy and procedure changes. NCPHP has included a hold harmless clause, statements about not providing medical/mental health treatment, medication policy changes, etc.
- NCMS/NCAPA Updates. NCPHP staff will meet with the NCMS this week. NCPHP will continue to provide yearly updates to the Medical Society. There is still an open Medical Society position on the PHP BOD. NCPHP recently met with the Health Committee for NCAPA. NCPHP is doing a presentation for NCAPA in April.

EXECUTIVE COMMITTEE REPORT

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

Open Session

1) Strategic Plan

a) Strategic Goals Update

The committee reviewed the updated Strategic Goals Task Tracker. Good progress has been made on all 2015 goals.

Committee Recommendation: Accept as information.

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

2) Financial Statements

a) Monthly Accounting

The Committee reviewed the compiled financial statements for December 2014 and January 2015. January is the third month of fiscal year 2015.

Committee Recommendation: Accept the financial statements as reported.

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

b) Investment Account Statements

The Committee reviewed the investment statements for January and February 2015.

Committee Recommendation: Accept as information.

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

c) Investment Policy Workgroup

The Investment Policy Workgroup is reviewing the Board's Investment Policy and the Board's investment advisor. The Workgroup gave an update on its efforts.

Committee Recommendation: Accept as information.

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

3) Old Business

a) Proposed CSRS Rules

The Board filed proposed rule 21 NCAC 32Y .0101 REPORTING CRITERIA in January with the Rules Review Commission, (Appendix A). The rule was published for comment. No comments were received. In addition, the Board held a public hearing at the NCMB offices on March 16. No one appeared to offer any comments. The proposed rule is now ready for final approval by the Board and then adoption by the Rules Review Commission in April. Assuming there is no objection before the Rules Review Commission, the rule will go into effect May 1, 2015.

Committee Recommendation: Adopt the proposed rule.

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

b) Task Tracker

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

Committee Recommendation: Accept as information.

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

4) New Business

a) NCMB Appointment to the Midwifery Joint Subcommittee

Due to retirement of one of the Board's representatives to the Midwifery Joint Subcommittee (MJS), there is a vacancy to be filled by the Board. The statutes governing the MJS and its bylaws require that the physician appointee be an OB-GYN in current practice who has had working experience with midwives.

Committee Recommendation: Nominate A. Vernon Stringer, MD to fill the vacant seat as one of the Board's physician appointees on the MJS, effective immediately.

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

b) Request to Add Questions to the Renewal Form

The Board has been asked to modify its annual renewal form to capture sliding fee scale (SFS) and the National Provider Identifier (NPI) information for every primary care physician and psychiatrist. It appears DHHS has grant money available to pay for the programming costs.

Committee Recommendation: Decline the request as collecting this information is not directly related to the Board's mission and there are concerns for potential unintended consequences.

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

POLICY COMMITTEE REPORT

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

1. New Business:

a. Position Statement Review

i. Laser Surgery (Appendix A)

03/2015 COMMITTEE DISCUSSION: There was a brief discussion about the implications of the FTC vs. Dental Board case on this position statement. Mr. Brosius indicated that there were several distinct differences between this position statement and the issues in the FTC case. There were no further comments regarding changes to the position statement.

03/2015 COMMITTEE RECOMMENDATION: No changes necessary. Note review of position statement.

03/2015 BOARD ACTION: Accept Committee recommendation.

1. New Business:
 - a. Position Statement Review
 - ii. Sale of Goods From Physician Offices (Appendix B)

03/2015 COMMITTEE DISCUSSION: Dr. Kirby indicated that the Board receives very few complaints regarding sale of goods. The Committee did not have any suggested changes.

03/2015 COMMITTEE RECOMMENDATION: No changes necessary. Note review of position statement.

03/2015 BOARD ACTION: Accept Committee recommendation.

1. New Business:
 - a. Position Statement Review
 - iii. Contact with patients before prescribing (Appendix C)

03/2015 COMMITTEE DISCUSSION: Dr. Kirby explained the rationale behind including the suggested language. The Committee discussed whether the term “interim” should be defined or a definite time limit specified. It was generally agreed that the term “interim” was sufficient to give guidance to hospice physicians.

03/2015 COMMITTEE RECOMMENDATION: Add the term “interim” as suggested by Dr. Kirby.

03/2015 BOARD ACTION: Accept Committee recommendation.

2. Old Business:

- a. Physician Compounding (Appendix D)

01/2015 COMMITTEE DISCUSSION: Mr. Mansfield introduced the subject of physician compounding and discussed the potential options that the Board has at its disposal to regulate physician compounding. Mr. Mansfield also discussed the interplay between the Medical Board and the Board of Pharmacy in this area. Ms. Meredith updated the Committee on the legal requirements for physician compounding. Dr. Kirby discussed the federal agencies that are currently involved with physician compounding.

01/2015 COMMITTEE RECOMMENDATION: Submit the proposed Position Statement for public comment.

01/2015 BOARD ACTION: Accept the Committee recommendation.

03/2015 STAFF RECOMMENDATION: Table issue. Continue to receive comments.

03/2015 COMMITTEE RECOMMENDATION: Table issue.

03/2015 BOARD ACTION: Accept Committee recommendation.

2. Old Business:
 - b. Position Statement Review

i. HIV/HBV Infected Health Care Workers (Appendix E)

01/2015 COMMITTEE DISCUSSION: Dr. Kirby explained that the current position statement is consistent with interpretations by other state agencies; however the FSMB policy in this area includes a reference to Hepatitis C. Mr. Brosius indicated that he would like to confirm that the rules cited in the position statement are up to date.

01/2015 COMMITTEE RECOMMENDATION: Mr. Brosius will review the rules cited in the position statement and if they are not substantively significant, the Board's review of the position statement will be noted. Otherwise Mr. Brosius will bring the matter back to the Committee.

01/2015 BOARD ACTION: Accept the Committee recommendation.

03/2015 STAFF RECOMMENDATION: 10A NCAC 41A .0206 has been amended from the version that the Board currently has in its position statement. Those changes do not appear to be substantively significant although they do include a reference to Hepatitis C and other bloodborne pathogens. The changes to the rule are provided for the Committee's review. 10A NCAC 41A .0207 has not been amended. If the Committee agrees with staff's review then replace old rule with new rule in position statement and note the Board's review of the position statement.

03/2015 COMMITTEE DISCUSSION: Mr. Brosius reported on his findings after reviewing the rules referenced in the position statement.

03/2015 COMMITTEE RECOMMENDATION: Include updated rule in position statement.

03/2015 BOARD ACTION: Accept Committee recommendation.

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

1/2010 Committee Recommendation: (Loomis/Camnitz) Adopt a 4 year review schedule as presented. All reviews will be offered to the full Board for input. Additionally all reviews will be documented and will be reported to the full Board, even if no changes are made.

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

LICENSE COMMITTEE REPORT

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

Open Session

Old Business

1. Revised Telemedicine Cover Letter

Issue: The Board approved amending the "telemedicine cover letter" at the January 2015, meeting to include a paragraph referencing position statement and a statement that NCMB's

position statement may differ from other states. The revised letter (bookmarked) was approved by the License Chairperson and has been implemented.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation.

2. Report from the Ad Hoc Committee on Reentry to Practice

Issue: At the January 2015 meeting, the Board requested an Ad Hoc Committee be established to examine the NCMB's position on reentry. The Committee met and the report is bookmarked as part of this agenda. Additionally, the proposed revised regulatory rule, 21 NCAC 32B .1370, is included.

Committee Recommendation: Approve the report of the Ad Hoc Committee and revised reentry rule, 21 NCAC 32B .1370. Going forward, handle reentry in accordance with the Ad Hoc Committee report and revised reentry rule.

Board Action: Approve the report of the Ad Hoc Committee and revised reentry rule, 21 NCAC 32B .1370. Going forward, handle reentry in accordance with the Ad Hoc Committee report and revised reentry rule.

New Business

1. Proposal for Combined Undergraduate Training Program from DUMC, Department of Orthopedics

Issue: Dr. Benjamin Alman, Chair, Department of Orthopaedic Surgery at Duke has submitted a proposal to accept medical students into Duke's orthopaedic residency program at the end of their third year of medical school. These physicians would be required to have a resident training license prior to receiving a medical degree which is allowed under regulatory rule 21 NCAC 32B .1402 (a) (4) below, as long as they have completed a minimum of 130 weeks of medical education.

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

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

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

Committee Recommendation: Defer to Committee members.

Board Action: Table decision pending obtaining additional information as follows:

1. Duke's plan on when MD degrees will be conferred
2. Details of NYU 3 year program
3. Content of Duke's 2 year curriculum

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

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

Five 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.

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

A motion passed to return to open session.

ALLIED HEALTH COMMITTEE REPORT

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

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

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

A motion passed to return to open session.

Open Session Physician Assistants

Physician Assistant Rule Changes for final approval. M. Jimison discussed.

Issue:

PA Rule Changes include 21 NCAC 32S.0202 Qualifications and Requirements for License, 21 NCAC 32S.0216 Continuing Medical Education, 21 NCAC 32S.0201 Definitions, 21 NCAC 32S.0211 Agency, 21 NCAC 32S.0212 Prescriptive Authority, 21 NCAC 32S.0213 Physician Supervision of Physician Assistants, 21 NCAC 32S.0214 Supervising Physician, 21 NCAC 32S.0215 Responsibilities of Primary Supervising Physicians in Regard to Back-Up Supervising Physicians, 21 NCAC 32S.0217 Violations, 21 NCAC 32S.0224 Scope of Rules. The comment period ended on March 16, 2015 and there also was a Public Hearing on that date. There were no comments received regarding the proposed Rule amendments. The deadline for filing these amendments is Friday, March 20, 2015. If the Board approves the proposed changes, the proposed changes will be filed on Friday, March 20, 2015. They will then be on the April, 2015 Rules Review Commission's agenda and if all goes well, the proposed effective date will be May, 1, 2015.

Committee Recommendation:

Approve PA Rules as written for 21 NCAC 32S.0202 Qualifications and Requirements for License, 21 NCAC 32S.0216 Continuing Medical Education, 21 NCAC 32S.0201 Definitions, 21 NCAC 32S.0211 Agency, 21 NCAC 32S.0212 Prescriptive Authority, 21 NCAC 32S.0213 Physician Supervision of Physician Assistants, 21 NCAC 32S.0214 Supervising Physician, 21 NCAC 32S.0215 Responsibilities of Primary Supervising Physicians in Regard to Back-Up Supervising Physicians, 21 NCAC 32S.0217 Violations, 21 NCAC 32S.0224 Scope of Rules.

Board Action:

Approve PA Rules as written for 21 NCAC 32S.0202 Qualifications and Requirements for License, 21 NCAC 32S.0216 Continuing Medical Education, 21 NCAC 32S.0201 Definitions, 21 NCAC 32S.0211 Agency, 21 NCAC 32S.0212 Prescriptive Authority, 21 NCAC 32S.0213 Physician Supervision of Physician Assistants, 21 NCAC 32S.0214 Supervising Physician, 21 NCAC 32S.0215 Responsibilities of Primary Supervising Physicians in Regard to Back-Up Supervising Physicians, 21 NCAC 32S.0217 Violations, 21 NCAC 32S.0224 Scope of Rules.

Open Session Emergency Medical Services

Naloxone Autoinjector - Addition to EMS Formulary. Dr. Winslow's memo, M. Jimison's memo and J. Campbell, ED Board of Pharmacy letter.

Issue:

Dr. Winslow is requesting that the NC Medical Board support expanding the scope of practice for Naloxone. Currently EMT Basics, Medical responders, law enforcement officers and other non-credentialed responders are allowed to give Naloxone only through the intranasal route. He would like the NC Medical Board to support the use of an auto injector, which administers Naloxone via the intramuscular route for EMT Basics, medical responders, law enforcement officers, and other non-credentialed responders. The auto injector currently FDA approved is the EZVIO product. This product administers 0.4 mg of Naloxone through a needle that automatically retracts after use. The product gives instructions through a speaker attached to the device. He is requesting the addition of the intramuscular route via auto injector. Dr. Winslow has had meetings with the State

Chapter of the National Association of EMS Physicians and the executive committee of the NC Association of EMS Administrators. In addition, he discussed the request with Doug Swanson, the Chair of the NC College of Emergency Physicians EMS Committee. They are all in agreement and support this request. Included are letters of support from the NC Harm Reduction Coalition, Community Care of NC, Project Lazarus, the Waynesville Police Department, and the Governor's Institute on Substance Abuse. Information from the manufacturer is also included. Use of Naloxone by any member of the 911 response system will still require oversight by the Medical Director of the EMS system. The system EMS medical directors are responsible for all prehospital care in their respective counties. The medical director will have to approve the auto injector training program, the procedure, and the protocol. The medical director will also have to agree to provide medical oversight of its use.

Committee Recommendation:

Approve the use of Naloxone administration via auto injector by EMT Basics, medical responders, law enforcement officers and other non-credentialed responders.

Board Action:

Approve the use of Naloxone administration via auto injector by EMT Basics, medical responders, law enforcement officers and other non-credentialed responders.

Pharmacists Dispensing Naloxone Pursuant to a Standing Order. M. Jimison's 03/04/15 Memo.

AHC discussed whether N.C. Gen. Stat. § 90-106.2 allows pharmacists to dispense Naloxone pursuant to a standing order from a physician. The committee approved the Legal Department's interpretation that the statute does authorize physicians to issue standing orders to pharmacists to dispense naloxone to at risk individuals and those persons the pharmacist believes may be able to assist an at risk person. Should a physician issue a standing order to a pharmacist to dispense naloxone consistent with this statute, the physician should clearly set out appropriate instructions and safeguards with regard to when the pharmacist should dispense the drug and to whom.

Committee Recommendation:

Approve the NCMB's Legal Department's interpretation that the statute does authorize physicians to issue standing orders to pharmacists to dispense naloxone to at risk individuals and those persons the pharmacist believes may be able to assist an at risk person.

Board Action:

Approve the NCMB's Legal Department's interpretation that the statute does authorize physicians to issue standing orders to pharmacists to dispense naloxone to at risk individuals and those persons the pharmacist believes may be able to assist an at risk person.

ANESTHESIOLOGIST ASSISTANTS

No items for discussion.

NURSE PRACTITIONERS

No items for discussion.

CLINICAL PHARMACIST PRACTITIONERS

No items for discussion.

PERFUSIONISTS

No items for discussion.

POLYSOMNOGRAPHIC TECHNOLOGISTS

No items for discussion.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

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

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

The Disciplinary (Complaints) Committee reported on thirty-one 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

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

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

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

A motion passed to return to open session.

INVESTIGATIVE INTERVIEW REPORT

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

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

A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT

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

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

The Disciplinary (Investigative) Committee reported on fifty-eight 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.

OPEN SESSION:

Reporting NCMB Disciplinary Action on Social Media

The Public Affairs Department provided the Disciplinary Committee an update that, consistent with the January 2015 Board Action, disciplinary actions are no longer being reported via social media, which includes Twitter and Facebook.

OUTREACH COMMITTEE

The Outreach Committee was called to order at 2:47 p.m. on Wednesday, March 18, 2015, at the offices of the Board. Committee Members present were Subhash Gumber, MD, Chairperson, Debra Bolick, MD, and Ralph A. Walker, JD, LLB

Old Business:

a. Analysis of NCMB public actions by county

History: The Outreach Committee has discussed the possibility of analyzing licensee population and NCMB Board Actions data to determine the rate of actions per capita. The Cecil G. Sheps Center for Health Services Research agreed in January to perform the analysis and prepare a report, if the Board can provide raw data. The NCMB's data manager has been out of the country but was able to generate a report the first week of March. Staff has provided the raw data to the Sheps Center.

Committee recommendation: Accept as information

Board action: Accept as information

b. NCMB Public Service announcement update

History: In 2014, the Board gave staff approval to move forward with plans for the NCMB's first video Public Service Announcement (PSA). The Public Affairs department has selected a videographer and is in the process of scouting locations to shoot the spot. The Public Affairs director will provide an update on the project.

Discussion: Committee members discussed whether the concept (Give Your Doctor a Check Up) has the potential to antagonize licensees or create the perception the Board is "drumming up business" (e.g. complaints). The Public Affairs director noted that the videographer has suggested shooting a video mockup that will enable the Board to see the concept on film and make a final decision about moving forward at that time. The Committee agreed that a mockup would help the Board decide whether to move forward with this concept. The Board also discussed other opportunities for public outreach, such as

participating some way in National Doctor's Day. The NC Medical Society, for example, hosts an "Ask a Doctor a Question" day. Committee members liked the idea of having Board Members participate in something similar.

Committee recommendation: Have Public Affairs department proceed with plans to shoot a video mockup of the working PSA concept; if possible present an alternative concept for Board consideration. Have the Public Affairs director contact the NCMS Communications team to learn more about their "Ask a Doctor" day.

Board action: Accept Public Affairs director's suggestion during Committee report to postpone the PSA for now and instead have Public Affairs staff develop a still photo campaign designed to promote Look up a Licensee and the NCMB as North Carolina's trusted resource for information about licensed physicians and physician assistants. Public Affairs will promote this on the website, via social media and other communications channels, assess response from the public and profession and report back to the Board.

c. Recent Outreach and update on ongoing Outreach activities

Dr. Gumber presented to the Durham-Orange County Medical Society on Feb. 11 and will report on that talk and discuss some of the questions and suggestions made by attendees; Dr. Camnitz, the Board's Immediate Past President, presented to the ECU Brody School of Medicine on March 17, with Ms. Brinkley as staff support. Ms. Brinkley will give an update on ongoing Outreach efforts to medical schools and residency programs.

For information, discussion

Committee recommendation: Table discussion until May 2015 meeting due to lack of time.

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

New Business:

a. Board Member use of Twitter

In light of the NCMB's recent discussions regarding Board use of social media, including Twitter, the Outreach Committee and the NCMB Public Affairs staff would like Board Members who are not currently using Twitter to sign up for an account. The Public Affairs director has emailed the Board to encourage Board Members to do this. Board Members need not actively tweet their own content to participate; It is recommended that Board Members follow other government and public sector agencies and professional groups in the health care sector, including other regulatory boards, to gain a better understanding of how Twitter works and the types of content distributed, to inform further discussion and decisions regarding the NCMB's use of Twitter.

Staff recommendation: Encourage Board Members to sign up for Twitter, follow a wide variety of health care and professional organizations that are active on Twitter.

Discussion: The Public Affairs director provided an update on the execution of the January Board action that directed staff to cease distributing information about NCMB public actions via Twitter and notify followers that this information is available via the Board's website. The Public Affairs staff tweeted this message once in January and once in February. According to analytic data available through Twitter, the initial tweet received a high level of engagement and several "click throughs" to the NCMB website. The followup tweet performed significantly less well and received just a single click through. Based on this, the Public Affairs director indicated that the staff has sufficiently carried out the Board's January action. It was suggested that, to avoid confusion regarding the Board's current policy regarding distribution of public actions via social media, that the NCMB also cease any posts related to public actions on Facebook.

Committee recommendation: Encourage Board Members who are not active on social media to register for accounts on Facebook and Twitter for the purpose of learning more about how various organizations communicate on these platforms.

In addition, direct staff to modify Facebook posting strategy to be consistent with the Board's January action regarding Twitter.

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

ADJOURNMENT

This meeting was adjourned at 6:00 p.m., March 19, 2015.

Eleanor E. Greene, MD
Secretary/Treasurer

The Department of Health and Human Services (“Department”) may report to the North Carolina Medical Board (“Board”) information regarding the prescribing practices of those physicians and physician assistants (“prescribers”) whose prescribing:

- (1) Falls within the top one percent of those prescribing 100 milligrams of morphine equivalents (“MME”) per patient per day, or
- (2) Falls within the top one percent of those prescribing 100 MME’s per patient per day in combination with any benzodiazepine and who are within the top one percent of all controlled substance prescribers by volume.

In addition, the Department may report to the Board information regarding prescribers who have had two or more patient deaths in the preceding twelve months due to opioid poisoning.

The Department may submit these reports to the Board upon request and may include the information described in N.C. Gen. Stat. Section 90-113.73(b).

The reports and communications between the Department and the Board shall remain confidential pursuant to N.C. Gen. Stat. Sections 90-16 and 90-113.74.

North Carolina Medical Board
Policy Committee Meeting
Wednesday, March 18, 2015

1. New Business:
 - a. Position Statement Review
 - i. Laser Surgery (Appendix A)

03/2015 COMMITTEE DISCUSSION: There was a brief discussion about the implications of the FTC vs. Dental Board case on this position statement. Mr. Brosius indicated that there were several distinct differences between this position statement and the issues in the FTC case. There were no further comments regarding changes to the position statement.

03/2015 COMMITTEE RECOMMENDATION: No changes necessary. Note review of position statement.

03/2015 BOARD ACTION: Accept Committee recommendation.

1. New Business:
 - a. Position Statement Review
 - ii. Sale of Goods From Physician Offices (Appendix B)

03/2015 COMMITTEE DISCUSSION: Dr. Kirby indicated that the Board receives very few complaints regarding sale of goods. The Committee did not have any suggested changes.

03/2015 COMMITTEE RECOMMENDATION: No changes necessary. Note review of position statement.

03/2015 BOARD ACTION: Accept Committee recommendation.

1. New Business:
 - a. Position Statement Review
 - iii. Contact with patients before prescribing (Appendix C)

03/2015 COMMITTEE DISCUSSION: Dr. Kirby explained the rationale behind including the suggested language. The Committee discussed whether the term "interim" should be defined or a definite time limit specified. It was generally agreed that the term "interim" was sufficient to give guidance to hospice physicians.

03/2015 COMMITTEE RECOMMENDATION: Add the term "interim" as suggested by Dr. Kirby.

03/2015 BOARD ACTION: Accept Committee recommendation.

2. Old Business:
 - a. Physician Compounding (Appendix D)

01/2015 COMMITTEE DISCUSSION: Mr. Mansfield introduced the subject of physician compounding and discussed the potential options that the Board has at its disposal to regulate

physician compounding. Mr. Mansfield also discussed the interplay between the Medical Board and the Board of Pharmacy in this area. Ms. Meredith updated the Committee on the legal requirements for physician compounding. Dr. Kirby discussed the federal agencies that are currently involved with physician compounding.

01/2015 COMMITTEE RECOMMENDATION: Submit the proposed Position Statement for public comment.

01/2015 BOARD ACTION: Accept the Committee recommendation.

03/2015 STAFF RECOMMENDATION: Table issue. Continue to receive comments.

03/2015 COMMITTEE RECOMMENDATION: Table issue.

03/2015 BOARD ACTION: Accept Committee recommendation.

2. Old Business:

b. Position Statement Review

i. HIV/HBV Infected Health Care Workers (Appendix E)

03/2015 STAFF RECOMMENDATION: 10A NCAC 41A .0206 has been amended from the version that the Board currently has in its position statement. Those changes do not appear to be substantively significant although they do include a reference to Hepatitis C and other bloodborne pathogens. The changes to the rule are provided for the Committee's review. 10A NCAC 41A .0207 has not been amended. If the Committee agrees with staff's review then replace old rule with new rule in position statement and note the Board's review of the position statement.

03/2015 COMMITTEE DISCUSSION: Mr. Brosius reported on his findings after reviewing the rules referenced in the position statement.

03/2015 COMMITTEE RECOMMENDATION: Include updated rule in position statement.

03/2015 BOARD ACTION: Accept Committee recommendation.

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

1/2010 Committee Recommendation: (Loomis/Camnitz) Adopt a 4 year review schedule as presented. All reviews will be offered to the full Board for input. Additionally all reviews will be documented and will be reported to the full Board, even if no changes are made.

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

CURRENT POSITION STATEMENT:

Laser Surgery

It is the position of the North Carolina Medical Board that the revision, destruction, incision, or other structural alteration of human tissue using laser technology is surgery.* Laser surgery should be performed only by a physician or by a licensed health care practitioner working within his or her professional scope of practice and with appropriate medical training functioning under the supervision, preferably on-site, of a physician or by those categories of practitioners currently licensed by this state to perform surgical services. **

Licensees should use only devices approved by the U.S. Food and Drug Administration unless functioning under protocols approved by institutional review boards. As with all new procedures, it is the licensee's responsibility to obtain adequate training and to make documentation of this training available to the North Carolina Medical Board on request.

Laser Hair and Tattoo Removal **

Lasers are employed in certain hair and tattoo-removal procedures, as are various devices that (1) manipulate and/or pulse light causing it to penetrate human tissue and (2) are classified as "prescription" by the U.S. Food and Drug Administration. Hair and tattoo-removal procedures using such technologies should be performed only by a physician or by an individual designated as having adequate training and experience by a physician who bears full responsibility for the procedure. Additionally, electrologists who are licensed as laser hair practitioners may perform laser hair removal (but not tattoo removal) under the supervision of a physician.

The physician who provides medical supervision is expected to provide adequate oversight of licensed and non-licensed personnel both before and after the procedure is performed. The Board believes that the guidelines set forth in this Position Statement are applicable to every licensee of the Board involved in laser hair and tattoo removal.

It is the position of the Board that good medical practice requires that each patient be examined by a physician, physician assistant or nurse practitioner licensed or approved by this Board prior to receiving the first laser hair and tattoo removal treatment and at other times as medically indicated. The examination should include a history and a focused physical examination. Where prescription medication such as topical anesthetics are used, the Board expects physicians to follow the guidelines set forth in the Board's Position Statement titled "Contact with Patients Before Prescribing." When medication is prescribed or dispensed in connection with laser hair or tattoo removal, the supervising physician shall assure the patient receives thorough instructions on the safe use or application of said medication.

The responsible supervising physician should be on site or readily available to the person actually performing the procedure. What constitutes "readily available" will depend on a variety of factors. Those factors include the specific types of procedures and equipment used; the level of training of the persons performing the procedure; the level and type of licensure, if any, of the persons performing the procedure; the use of topical anesthetics; the quality of written protocols for the performance of the procedure; the frequency, quality and type of ongoing education of those performing the procedures; and any other quality assurance measures in place. In all

cases, the Board expects the physician to be able to respond quickly to patient emergencies and questions by those performing the procedures.

*Definition of surgery as adopted by the NCMB, November 1998: Surgery, which involves the revision, destruction, incision, or structural alteration of human tissue performed using a variety of methods and instruments, is a discipline that includes the operative and non-operative care of individuals in need of such intervention, and demands pre-operative assessment, judgment, technical skills, post-operative management, and follow up.

** For more information regarding the involvement of unlicensed persons in laser hair and tattoo removal, see the Board's [Guidance Document with FAQs](#).

(Adopted July 1999) (Amended January 2000; March 2002; August 2002; July 2005, March 2012) (Reviewed March 2011)

CURRENT POSITION STATEMENT:

Sale of goods from physician offices

Inherent in the in-office sale of products is a perceived conflict of interest. On this issue, it is the position of the North Carolina Medical Board that the following instructions should guide the conduct of physicians or licensees.

Sale of practice-related items such as ointments, creams and lotions by Dermatologists, splints and appliances by Orthopedists, spectacles by Ophthalmologists, etc., may be acceptable only after the patient has been told those or similar items can be obtained locally from other sources. Any charge made should be reasonable.

Due to the potential for patient exploitation, the Medical Board opposes licensees participating in exclusive distributorships and/or personal branding, or persuading patients to become dealers or distributors of profit making goods or services.

Licensees should not sell any non health-related goods from their offices or other treatment settings. (This does not preclude selling of such low cost items on an occasional basis for the benefit of charitable or community organizations, provided the licensee receives no share of the proceeds, and patients are not pressured to purchase.)

All decisions regarding sales of items by the physician or his/her staff from the physician's office or other place where health care services are provided, must always be guided by what is in the patient's best interest.

(Adopted March 2001) (Amended March 2006) (Reviewed May 2011)

Memorandum

To: Policy Committee

From: Scott G. Kirby, M.D.

Re: Contact with patients before prescribing

Date: March 3, 2015

The current (recently revised) position statement on “Contact with patients before prescribing” states: “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, medication orders or prescriptions, including pain management, from a hospice physician for a patient admitted to a certified hospice program, prescribing for a patient of another licensee for whom the prescriber is taking call, continuing medication on a short-term basis for a new patient prior to the patient’s first appointment, an appropriate prescription in a telemedicine encounter where the threshold information to make an accurate diagnosis has been obtained, or prescribing an opiate antagonist to someone in a position to assist a person at risk of an opiate-related overdose”.

Based on various comments and questions I have received and a current NCMB case there is a concern the "hospice exception" may be misinterpreted to permit ongoing long-term prescribing to hospice patients without any contact by the hospice physician with the patient at any time. The clear intent and context of the revision was to allow temporary or holding orders to insure continuity of care; for instance to hospice patients admitted over the weekend, etc. There is, however a remote possibility this exception could be misapplied and misused.

Recommendation: Add the term "temporary, interim, or short term" to the hospice exception such that it would read "interim [or temporary or short term] medication orders or prescriptions, including pain management, from a hospice physician for a patient admitted to a certified hospice program”

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 examined to the extent necessary for an accurate diagnosis 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 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,

medication orders or prescriptions, including pain management, from a hospice physician for a patient admitted to a certified hospice program, prescribing for a patient of another licensee for whom the prescriber is taking call, continuing medication on a short-term basis for a new patient prior to the patient's first appointment, an appropriate prescription in a telemedicine encounter where the threshold information to make an accurate diagnosis has been obtained, or prescribing an opiate 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.

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:

- 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."
- 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.
- 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: Nov 1, 1999) (Modified: February 2001; November 2009, May 2013, November 2014)

Memorandum

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

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

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

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

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

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

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

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

CURRENT POSITION STATEMENT:

HIV/HBV infected health care workers

The North Carolina Medical Board supports and adopts the following rules of the North Carolina Department of Health and Human Services regarding infection control in health care settings and HIV/HBV infected health care workers.

10A NCAC 41A .0206: Infection control - health care settings

(a) The following definitions shall apply throughout this Rule:

(1) "Health care organization" means hospital; clinic; physician, dentist, podiatrist, optometrist, or chiropractic office; home health agency; nursing home; local health department; community health center; mental health agency; hospice; ambulatory surgical center; urgent care center; emergency room; or any other health care provider that provides clinical care.

(2) "Invasive procedure" means entry into tissues, cavities, or organs or repair of traumatic injuries. The term includes the use of needles to puncture skin, vaginal and cesarean deliveries, surgery, and dental procedures during which bleeding occurs or the potential for bleeding exists.

(b) Health care workers, emergency responders, and funeral service personnel shall follow blood and body fluid precautions with all patients.

(c) Health care workers who have exudative lesions or weeping dermatitis shall refrain from handling patient care equipment and devices used in performing invasive procedures and from all direct patient care that involves the potential for contact of the patient, equipment, or devices with the lesion or dermatitis until the condition resolves.

(d) All equipment used to puncture skin, mucous membranes, or other tissues in medical, dental, or other settings must be disposed of in accordance with 10A NCAC 36B after use or sterilized prior to reuse.

(e) In order to prevent transmission of HIV and hepatitis B from health care workers to patients, each health care organization that performs invasive procedures shall implement a written infection control policy. The health care organization shall ensure that health care workers in its employ or who have staff privileges are trained in the principles of infection control and the practices required by the policy; require and monitor compliance with the policy; and update the policy as needed to prevent transmission of HIV and hepatitis B from health care workers to patients. The health care organization shall designate a staff member to direct these activities.

The designated staff member in each health care organization shall complete a course in infection control approved by the Department. The course shall address:

- (1) Epidemiologic principles of infectious disease;
 - (2) Principles and practice of asepsis;
 - (3) Sterilization, disinfection, and sanitation;
 - (4) Universal blood and body fluid precautions;
 - (5) Engineering controls to reduce the risk of sharp injuries;
 - (6) Disposal of sharps; and
 - (7) Techniques that reduce the risk of sharp injuries to health care workers.
- (f) The infection control policy required by this Rule shall address the following components that are necessary to prevent transmission of HIV and hepatitis B from infected health care workers to patients:
- (1) Sterilization and disinfection, including a schedule for maintenance and microbiologic monitoring of equipment; the policy shall require documentation of maintenance and monitoring;
 - (2) Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules;
 - (3) Accessibility of infection control devices and supplies;
 - (4) Procedures to be followed in implementing 10A NCAC 41A .0202(4) and .0203(b)(4) when a health care provider or a patient has an exposure to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV or hepatitis B.

History Note: Authority G.S. 130A 144; 130A 145; Eff. October 1, 1992; Amended Eff. December 1, 2003; July 1, 1994; January 4, 1994.

10A NCAC 41A .0207: HIV and hepatitis B infected health care workers

- (a) The following definitions shall apply throughout this Rule:
- (1) "Surgical or obstetrical procedures" means vaginal deliveries or surgical entry into tissues, cavities, or organs. The term does not include phlebotomy; administration of intramuscular, intradermal, or subcutaneous injections; needle biopsies; needle aspirations; lumbar punctures; angiographic procedures; endoscopic and bronchoscopic procedures; or placing or maintaining peripheral or central intravascular lines.
 - (2) "Dental procedure" means any dental procedure involving manipulation, cutting, or removal of oral or perioral tissues, including tooth structure during which bleeding occurs or the potential for bleeding exists. The term does not include the brushing of teeth.
- (b) All health care workers who perform surgical or obstetrical procedures or dental procedures and who know themselves to be infected with HIV or hepatitis B shall notify the State Health Director. Health care workers who assist in these procedures in a manner that may result in

exposure of patients to their blood and who know themselves to be infected with HIV or hepatitis B shall also notify the State Health Director. The notification shall be made in writing to the Chief, Communicable Disease Control Branch, 1902 Mail Service Center, Raleigh, NC 27699-1902..

(c) The State Health Director shall investigate the practice of any infected health care worker and the risk of transmission to patients. The investigation may include review of medical and work records and consultation with health care professionals who may have information necessary to evaluate the clinical condition or practice of the infected health care worker. The attending physician of the infected health care worker shall be consulted. The State Health Director shall protect the confidentiality of the infected health care worker and may disclose the worker's infection status only when essential to the conduct of the investigation or periodic reviews pursuant to Paragraph (h) of this Rule. When the health care worker's infection status is disclosed, the State Health Director shall give instructions regarding the requirement for protecting confidentiality.

(d) If the State Health Director determines that there may be a significant risk of transmission of HIV or hepatitis B to patients, the State Health Director shall appoint an expert panel to evaluate the risk of transmission to patients, and review the practice, skills, and clinical condition of the infected health care worker, as well as the nature of the surgical or obstetrical procedures or dental procedures performed and operative and infection control techniques used. Each expert panel shall include an infectious disease specialist, an infection control expert, a person who practices the same occupational specialty as the infected health care worker and, if the health care worker is a licensed professional, a representative of the appropriate licensure board. The panel may include other experts. The State Health Director shall consider for appointment recommendations from health care organizations and local societies of health care professionals.

(e) The expert panel shall review information collected by the State Health Director and may request that the State Health Director obtain additional information as needed. The State Health Director shall not reveal to the panel the identity of the infected health care worker. The infected health care worker and the health care worker's attending physician shall be given an opportunity to present information to the panel. The panel shall make recommendations to the State Health Director that address the following:

- (1) Restrictions that are necessary to prevent transmission from the infected health care worker to patients;
- (2) Identification of patients that have been exposed to a significant risk of transmission of HIV or hepatitis B; and

(3) Periodic review of the clinical condition and practice of the infected health care worker.

(f) If, prior to receipt of the recommendations of the expert panel, the State Health Director determines that immediate practice restrictions are necessary to prevent an imminent threat to the public health, the State Health Director shall issue an isolation order pursuant to G.S. 130A 145. The isolation order shall require cessation or modification of some or all surgical or obstetrical procedures or dental procedures to the extent necessary to prevent an imminent threat to the public health. This isolation order shall remain in effect until an isolation order is issued pursuant to Paragraph (g) of this Rule or until the State Health Director determines the imminent threat to the public health no longer exists.

(g) After consideration of the recommendations of the expert panel, the State Health Director shall issue an isolation order pursuant to G.S. 130A 145. The isolation order shall require any health care worker who is allowed to continue performing surgical or obstetrical procedures or dental procedures to, within a time period specified by the State Health Director, successfully complete a course in infection control procedures approved by the Department of Health and Human Services, General Communicable Disease Control Branch, in accordance with 10A NCAC 41A .0206(e). The isolation order shall require practice restrictions, such as cessation or modification of some or all surgical or obstetrical procedures or dental procedures, to the extent necessary to prevent a significant risk of transmission of HIV or hepatitis B to patients. The isolation order shall prohibit the performance of procedures that cannot be modified to avoid a significant risk of transmission. If the State Health Director determines that there has been a significant risk of transmission of HIV or hepatitis B to a patient, the State Health Director shall notify the patient or assist the health care worker to notify the patient.

(h) The State Health Director shall request the assistance of one or more health care professionals to obtain information needed to periodically review the clinical condition and practice of the infected health care worker who performs or assists in surgical or obstetrical procedures or dental procedures.

(i) An infected health care worker who has been evaluated by the State Health Director shall notify the State Health Director prior to a change in practice involving surgical or obstetrical procedures or dental procedures. The infected health care worker shall not make the proposed change without approval from the State Health Director. If the State Health Director makes a determination in accordance with Paragraph (c) of this Rule that there is a significant risk of transmission of HIV or hepatitis B to patients, the State Health Director shall appoint an expert panel in accordance with Paragraph (d) of this Rule. Otherwise, the State Health Director shall notify the health care worker that he or she may make the proposed change in practice.

(j) If practice restrictions are imposed on a licensed health care worker, a copy of the isolation order shall be provided to the appropriate licensure board. The State Health Director shall report violations of the isolation order to the appropriate licensure board. The licensure board shall report to the State Health Director any information about the infected health care worker that may be relevant to the risk of transmission of HIV or hepatitis B to patients.

History Note: Authority G.S. 130A 144; 130A 145; Eff. October 1, 1992; Amended Eff. April 1, 2003.

(Adopted November 1992) (Amended May 1996; January 2005) (Reviewed January 2011)

10A NCAC 41A .0206 with changes:

10A NCAC 41A .0206 INFECTION PREVENTION – HEALTH CARE SETTINGS

(a) The following definitions apply throughout this Rule:

- (1) "Health care organization" means a hospital; clinic; physician, dentist, podiatrist, optometrist, or chiropractic office; home care agency; nursing home; local health department; community health center; mental health facility; hospice; ambulatory surgical facility; urgent care center; emergency room; Emergency Medical Service (EMS) agency; pharmacies where a health practitioner offers clinical services; or any other organization that provides clinical care.
- (2) "Invasive procedure" means entry into tissues, cavities, or organs or repair of traumatic injuries. The term includes the use of needles to puncture skin, vaginal and cesarean deliveries, surgery, and dental procedures during which bleeding occurs or the potential for bleeding exists.
- (3) "Non-contiguous" means not physically connected.

(b) In order to prevent transmission of HIV, hepatitis B, hepatitis C and other bloodborne pathogens each health care organization that performs invasive procedures shall implement a written infection control policy. The health care organization shall ensure that health care workers in its employ or who have staff privileges are trained in the principles of infection control and the practices required by the policy; require and monitor compliance with the policy; and update the policy as needed to prevent transmission of HIV, hepatitis B, hepatitis C and other bloodborne pathogens. The health care organization shall designate one on-site staff member for each noncontiguous facility to direct these activities. The designated staff member in each health care facility shall complete a course in infection control approved by the Department. The Department shall approve a course that addresses:

- (1) Epidemiologic principles of infectious disease;
- (2) Principles and practice of asepsis;
- (3) Sterilization, disinfection, and sanitation;
- (4) Universal blood and body fluid precautions;
- (5) Safe injection practices;

- (6) Engineering controls to reduce the risk of sharp injuries;
 - (7) Disposal of sharps; and
 - (8) Techniques that reduce the risk of sharp injuries to health care workers.
- (c) The infection control policy required by this Rule shall address the following components that are necessary to prevent transmission of HIV, hepatitis B, hepatitis C and other bloodborne pathogens:
- (1) Sterilization and disinfection, including a schedule for maintenance and microbiologic monitoring of equipment; the policy shall require documentation of maintenance and monitoring;
 - (2) Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules;
 - (3) Accessibility of infection control devices and supplies; and
 - (4) Procedures to be followed in implementing 10A NCAC 41A .0202(4) and .0203(b)(4) when a health care provider or a patient has an exposure to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV or hepatitis B.
- (d) Health care workers and emergency responders shall, with all patients, follow Centers for Disease Control and Prevention Guidelines on blood and body fluid precautions incorporated by reference in 10A NCAC 41A .0201.
- (e) Health care workers who have exudative lesions or weeping dermatitis shall refrain from handling patient care equipment and devices used in performing invasive procedures and from all direct patient care that involves the potential for contact of the patient, equipment, or devices with the lesion or dermatitis until the condition resolves.
- (f) All equipment used to puncture skin, mucous membranes, or other tissues in medical, dental, or other settings must be disposed of in accordance with 15A NCAC 13B .1200 after use or sterilized prior to reuse.

History Note: Authority G.S. 130A-144; 130A-145; 130A-147; Eff. October 1, 1992; Amended Eff. January 1, 2010; December 1, 2003; July 1, 1994; January 4, 1994.

3. Position Statement Review tracking chart:

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.

POSITION STATEMENT	ADOPTED	SCHEDULED FOR REVIEW	LAST REVISED/ REVIEWED/ ADOPTED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED
HIV/HBV Infected Health Care Workers	Nov-92	Jan-15	Jan-11	Jan-05	May-96		
Laser Surgery	Jul-99	Mar-15	Mar-11	Jul-05	Aug-02	Mar-02	Jan-00
Sale of Goods From Physician Offices	Mar-01	Mar-15	May-11	Mar-06			
Office-Based Procedures	Sep-00	May-15	May-11	Jan-03			
Competence and Reentry to the Active Practice of Medicine	Jul-06	May-15	Jul-11	Jul-06			
Prescribing Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular Reference to Substances or Preparations with Anabolic Properties	May-98		Sept-11	Nov-05	Jan-01	Jul-98	
Referral Fees and Fee Splitting	Nov-93		Jan-12	Jul-06	May-96		
Self- Treatment and Treatment of Family Members and Others With Whom Significant Emotional Relationships Exist	May-91		Mar-12	Sep-05	Mar-02	May-00	May 96
Availability of Physicians to Their Patients	Jul-93		May-12	Nov-11	Jul-06	Oct-03	Jan-01
Sexual Exploitation of Patients	May-91		May-12	Sep-06	Jan-01	Apr-96	
Care of the Patient Undergoing Surgery or Other Invasive Procedure	Sep-91		Jul-12	Sep-06	Mar-01		
The Physician-Patient Relationship	Jul-95		Jul-12	Sep-06	Aug-03	Mar-02	Jan-00
The Retired Physician	Jan-97		Jul-12	Sep-06			
Physician Supervision of Other Licensed Health Care Practitioners	Jul-07		Sep-12	Jul-07			
Medical Testimony	Mar-08		Sep-12	Mar-08			
Advance Directives and Patient Autonomy	Jul-93		Nov-12	Mar-08	May-96		
End-of-Life Responsibilities and Palliative Care	Oct-99		Jan-13	Mar-08	May-07		
Drug Overdose Prevention	Sep-08		Mar-13	Sep-08			
Professional Use of Social Media	Mar-13		Mar-13				
The Treatment of Obesity	Oct-87		May-13	Nov-10	Jan-05	Mar-96	
Contact With Patients Before Prescribing	Nov-99		May-13	Jul-10	Feb-01		
Medical Record	May-94		May-13	May-09	May-96		

Documentation							
Retention of Medical Records	May-98		Jul-13	May-09			
Capital Punishment	Jan-07		Jul-13	Jul-09			
Professional Obligations pertaining to incompetence, impairment, and unethical conduct of healthcare providers	Nov-98		Sept-13	Mar-10	Nov-98		
Unethical Agreements in Complaint Settlements	Nov-93		Sept-13	Mar-10	May-96		
Guidelines for Avoiding Misunderstandings During Physical Examinations	May-91		Jan-14	Jul-10	Oct-02	Feb-01	Jan-01
Departures from or Closings of Medical	Jan-00		May-13	Jul-09	Aug-03		
Policy for the Use of Controlled Substances for the Treatment of Pain	Sep-96		May-14	Jan-13	Sep-08	Jul-05	
Access to Physician Records	Nov-93		May-14	Sep-10	Aug-03	Mar-02	Sep-97
Medical Supervisor-Trainee Relationship	Apr-04		Jul-14	Nov-10	Apr-04		
Advertising and Publicity	Nov-99		Aug-14	Nov-10	Sep-05	Mar-01	
Telemedicine	May-10		Nov-14	May-10			
Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life Care	Oct-99		Nov-14	Jan-11	Oct-99		
Writing of Prescriptions	May-91		Jan-15	Mar-11	Mar-05	Jul-02	Mar-02

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

Abdalla, Maisa Ismail	MD
Adams, Brandi Necoy	MD
Adams, James Melvin	MD
Agoncillo, Jose Rodriguez	MD
Ahmad, Tabassum	MD
Ai, Jing	MD
Alan, Carol Brown	MD
Alex, John Emery	MD
Alexander, Krista Ruth	MD
Alexander, Richard Lowell	MD
Almquist, Susan Elizabeth	MD
Ambler, Richard Brian	MD
Amhaz, Hassan Haissam	MD
Anderson, Heather Kim	MD
Anderton, Toby Lee	MD
Andrade, Steven Anthony	MD
Ange, Jessica Royd	MD
Aryal, Govinda	MD
Averneni, Madhavi	MD
Avery, Martin David	MD
Ayers, Derek Cheston	DO
Bai, Peng	DO
Baird, Richard Taylor	MD
Baldino, Kimberly Theresa	MD
Baldwin, Matthew Francis	MD
Baluch, Daniel Alexander	MD
Baran, Alp Sinan	MD
Barnard, Karen	MD
Barzin, Amir Homayoun	DO
Batalo, Michael Steven	MD
Bazylewicz, Michael Peter	MD
Bean, Ethan Alan	MD
Bendfeldt, Carlos Fernando	MD
Benoit-Wilson, Michele	MD
Bhatia, Vinay Kumar	MD
Bhattarai, Manoj	MD
Bialas, Rebecca Wertman	MD
Bialas, Ryan Christopher	MD
Bodenheimer, Nicholas Barret	DO

Bools, Lindsay Marie	MD
Bowers, Edith Villette	MD
Bracey, John White	MD
Braden, Buck Andrew	DO
Brannan, Patrick Shea	MD
Breitbart, Eric Adam	MD
Brogan, Joseph Donald	MD
Brondon, Philip John	MD
Brown, Darin Carlton	MD
Brown, Michael David	MD
Bruno, Kelly Amanda	MD
Bur, Kevin Peter	DO
Burns, Rodney Wayne	MD
Burris, Michael Brian	MD
Byrnes, John Edward	MD
Byrum, Graham Vance	MD
Caldwell, Adam William	MD
Caldwell, Marie Masse	MD
Cameron, John David	MD
Campo, Christopher Michael	MD
Carter, Thomas Lloyd	MD
Casey, Terence Thomas	MD
Causey, Anh Kim	MD
Cetnar, Lauren Elizabeth	MD
Chen, Kai	MD
Cheng, Fong-Kuei Frank	MD
Clark, Bradley Walton	MD
Cleaveland, Nathaniel Arthur	DO
Colfer, Orion Joseph	MD
Conterato, Anna Jaclyn	MD
Cook, Christopher Edward	DO
Corbett, William Christopher	MD
Corbett, William Christopher	MD
Craig, Christopher Patrick	DO
Craig, David Austin	MD
Cudykier, Idan	MD
Dallas, Jennifer Lauren	MD
Davis, Benjamin Lee	MD
Daws, Snow Brenner	MD
De Perczel, John Leslie	MD
Denwood, Caroline Lea	MD
Desai, Ankita Sharad	MD
Dessouki, Ahmed Hassan	MD
Diebolt, Erik Stuart	DO

Dixon, Daniel Keith	MD
Dobrzynski, David Mark	MD
Dokmeci, Osman Caner	MD
Domnitz-Gebet, Avi Elizabeth	DO
Doyle, David	MD
Drake, Jessica Maloney	MD
D'Souza, Logan Simon	MD
Du, Ngoc My	DO
Dwamena, Natasha Abena	MD
Eckhouse, Shaina Rose	MD
Edwards, Benjamin Joseph	MD
Egan, Charles Leonard	DO
Egan, Kendall Martel	MD
Elliott Range, Danielle	MD
Evans, Kathleen Erin	DO
Faust, Katherine Celeste	MD
Finch, Elizabeth Anne	MD
Fischer, Timothy Lee	DO
Fox, Gregory	DO
Freeman, Jonathan Christopher	MD
Gardner, Lars Benjamin	DO
Garlick, Jeremy Peter	MD
Geer, Kamini	MD
Gelinas, Deborah Faith	MD
Gentry, Shari Lynn	MD
George, William Robert	MD
Gillespie, Dorothy Lee	MD
Gooding, Zane Stephen	DO
Goodman, Rebecca Lynn	MD
Goyal, Manish	MD
Grass, Jessica Lynn	MD
Gray, Angela Lorraine	MD
Gray, Gregory Charles	MD
Greenberg, Lawrence Bruce	MD
Greene, John Walker	MD
Greenslit, Mark Leif	MD
Greer, Anthony Blaise	MD
Groat, Christopher Lanier	MD
Gross, Jeffrey Glenn	MD
Gunter, Prentis Richard	MD
Gupta, Gaorav P	MD
Haddix, Whitney Ivy	MD
Halford, Jonathan Jacob	MD

Hamilton, Cheryl Lee	MD
Hamilton, Heidi Hendricker	MD
Hampton, Katarzyna Anna	MD
Hang, Anna Xuzi	MD
Harman, Debra Lynn	MD
Harris, Robert Thomas	MD
Hastings, Kelly Lawson	MD
Hedelius, Richard Ulf David	DO
Heller, Adam Lee	MD
Henning, Michelle	DO
Hernandez, Hermes Xavier	MD
Herndon, Steve Everett	MD
Hoffman, Timothy Michael	MD
Hooste, Mark Ephraim	MD
Huang, Wenyan	MD
Hubler, Kyle James	DO
Hughes, Joshua Ryan	MD
Hull, Michael Edward	MD
Huun, Mark Albert	MD
Irungu, Thomas Kimani	MD
Jackson, Aaron Michael	MD
Jagannath, Supriya Banad	MD
Jenkins, Travis Clarke	MD
Jetton, Robert Larry	MD
Johnson, Brian Robert	DO
Johnson, Carrie Elizabeth	MD
Johnson, Melissa Divan	MD
Johnson, Tonya Lynne	MD
Jones, Enrico Guy	MD
Jones, James	MD
Jovanovich, Elizabeth Nora	MD
Kaderli, Brian James	MD
Kalinowski, Alison Kay	MD
Kazior, Michael Raymond	MD
Kazior, Michael Raymond	MD
Kessel, James White	MD
Khani, Mohummed Radwan	MD
Kissi, Harry Amoako	MD
Knowles, Martyn	MD
Krizek, Susan Marie	MD
Kuriacose, Reena	MD
Kuruvilla, Oscar Casa	MD
Kuruvilla, Oscar Casa	MD
Kuruvilla, Oscar Casa	MD

Kuruvilla, Oscar Casa	MD
Lagergren, Stephen Jonas	MD
Landesman, Barbara Anne	MD
Landry, Chenita Marie	MD
Lapidus, Robert Louis	MD
Lapis, Peter	MD
Larson, Kip Leroy	MD
Lavien, Garjae Dayan	MD
Lawson, Simone Lorraine	MD
Leap, Keith Edwin	MD
Lefler, Brice Nielsen	MD
Leftin, Howard Irwin	MD
Li, Sandy Junjun	MD
Lippard, Lauren Orlando	DO
Liszka, Paul Victor	MD
Louie, Michelle Yee	MD
Loveless, Howard William	MD
Luk, Francis Cheuk Yin	MD
Lykes, John Bryan	MD
Madhav, Venkatesh Vasantha	MD
Malik, Sachin Basiq	MD
Margeta, Milica	MD
Mark, James Ryan	MD
Martin, Ralitza Tocheva	MD
Matthews, Shannon Marie	MD
Mattioli, Federico Luis Maria	MD
McDaniel, Matthew Ramseur	MD
McEntire, Shane Paul	MD
McKinless, Christopher Blake	DO
McLean, Camille Patrice	MD
Medbery, Clinton Amos	MD
Meline, Lewis John	MD
Merritt, Matthew Justin	DO
Michel, David Pierre Abraham	MD
Miller, Justin Britt	MD
Miller, Stacey Harrelson	MD
Mills, William Robert	MD
Misenheimer, Jacob Albert	MD
Mitchell, John Albert	MD
Mogabgab, Edward Roddy	MD
Mogili, Sujatha	MD
Mohan, Arjun	MD
Molnar, John Thomas	MD
Moore, Brian Fredrick	MD

Moore, Ellen Jane	MD
Morcott, Scott Mackay	MD
Morgan, Robert George	MD
Morgan, Robert George	MD
Mowzoon, Nima	MD
Mu, Xiao Chun	MD
Mukherjee, Nisha	MD
Mulugeta, Yemisrach	MD
Murphy, Thomas James	MD
Natili, Angelia Smith	MD
Navejar, Somya Mutyala	DO
Ndubuizu, Kelechi Nneka	MD
Obeng-Gyasi, Samilia	MD
Oh, Laura	MD
Otis, Scott Michael	MD
Parashar, Kalind	MD
Parsons, Linn Haynes	MD
Pasdar-Shirazi, Co-May Dang	MD
Patel, Narendra Mafabhai	MD
Patel, Purvak	MD
Patel, Rahul Anilkumar	MD
Patten, Caitlin Renae	MD
Pavel, Carl Robert	MD
Pecorella, Shelly Rae Harrell	MD
Phipps, Jennifer Conway	MD
Pinn, Walda Stacia	MD
Pollak, Michael Joseph	MD
Pollock, Glen Aaron	MD
Poon, Eric Gon-Chee	MD
Popoli, David Michael	MD
Porter, Douglas Ryan	MD
Poudel, Prima	MD
Price, Joan Thompson	MD
Pruitt, Joseph Michael	MD
Qureiyeh, Fares	MD
Rahman, Akef Samshi	MD
Rajan, Vignesh	DO
Rajasekhar, Arun Gopi	MD
Rajjoub, Lamise Zouka	MD
Rao, Veena Shiva	MD
Raveendran, Reshmi Preethi	MD
Reardon, Joseph Michael	MD
Recore, Thomas Vincent	MD
Reid, James Douglas	MD

Reid, Michael Robert	MD
Restelli, Evan Ryan	DO
Rho, Jai-Hyon	MD
Rhodes, Donald Richard	MD
Rice, Matthew Sprague	MD
Rice, Tamara Dee	MD
Rickey, Ashley Kaiser	MD
Rickey, Joshua Scott	MD
Rihal, Raveena Kaur	MD
Ro, Pamela Sue	MD
Robbins, Mark Kenneth	MD
Robles, Edward Conrad	MD
Rodgers, Patricia Jo	DO
Rosado, Ariosto Emilio	MD
Rosenberg, Seth Irwin	MD
Rosenthal, Aron David	MD
Rossi, Joseph Stuart	MD
Rowe, Glen David	DO
Rusin, Molly Moriarty	MD
Russ, Edmond Vincent	MD
Russell, Robert Donald	MD
Ruszkowski, Ronald Joseph	MD
Rytlewski, Jason Alan	MD
Salamie, Gabriel Lewis	MD
Sanchez Lobaina, Gleybis	MD
Sanchez Lobaina, Gleybis	MD
Sanchez-Brugal, Fernando	MD
Sanders, John Walton	MD
Sarno, James Bartholomew	MD
Savage, Jennie Patterson	MD
Saxena, Nakshatra	MD
Schaevitz, David Matthew	MD
Schmitz, Sarah Emily	MD
Schofield, Carl Norsworthy	MD
Schuellein, Paul Robert	MD
Segal, Barry Scott	MD
Senser, Kevin Michael	MD
Senter, Andrea Stallsmith	MD
Shah, Ashish Prabodh	MD
Shah, Suchita Rajendra	MD
Shah, Syed Ammer Wali	MD
Shea, Jill Marie	MD
Shikha, Deep	MD
Short, Jeffrey Keith	MD

Shwaiki, Ali	MD
Siddiqi, Nasar Ahmad	MD
Siddiqui, Adnan	MD
Siddiqui, Imran Anwar Pasha	MD
Siebring, Barton Gearhard	MD
Singh, Mandeep	MD
Singla, Montish	MD
Singletery, Freda LeVette	MD
Smiley, Mark Anthony	MD
Smiley, Mark Anthony	MD
Smith, Jason Alexander	MD
Smith-Ramsey, Cherrelle	MD
Snow, Jerry Wayne	MD
Spiers, Latessa Smith	MD
Spivey, Steven James	MD
Spivey, Steven James	MD
Spivey, Steven James	MD
Sprague, Thomas Marvin	DO
Sterling, Todd Henry	MD
Stone, Taylor James	MD
Sullivan, John Stephen	MD
Sullivan, John Stephen	MD
Swaminathan, Rajesh	MD
Tait, Mark Adam	MD
Teich, Steven	MD
Thaden, Joshua Thomas	MD
Thompson, Misty Joyce	MD
Tiwari, Anupama	MD
Torre, Matthew Stephen	DO
Tring, Eleanor	DO
Uchendu, Nnenna Ihuoma	MD
Udoff, Ross Adam	MD
Urban, Christopher Ryan	MD
Valenta, Emily Christine	DO
Valtsis, Vladislav	DO
Van Der Vaart, Robert Alan	MD
Van Wyck, David Wayne	DO
Vangeloff, Eric E.	MD
Vega, Jose Luis	MD
Vega, Joshua	MD
Vellanki, Sreenath	MD
Venkataraman, Ashok	MD
Vincent, Duncan Thomas	MD
Vine, Daniel Brennan	MD

Wagner, Lloyd David	MD
Wang, Jyun Kai	MD
Welch, Steven Thomas	MD
Whisenant, Kimara Helen	MD
Whitaker, Johnathan Jack	DO
White, Craig Allen	MD
Whitten, Charles Weston	MD
Widener, Douglas Blair	MD
Willette, Perry Neal	MD
Willis-Gray, Marcella	MD
Wilson, Frank Mercer	MD
Wilson, Jason Paul	MD
Withers, Sydnor Terry	MD
Yelle, Marc David	MD
Young, Christopher Michael	MD
Yu, Eun-mi	MD
Zaid, Uwais Bin	MD
Zamora Gonzalez, Carlos	MD
Zeitouni, Raghid Atef	MD

APPENDIX
 North Carolina Medical Board
 PA Licenses Approved
 March 2015
 Are Located at Appendix

Initial PA Applicants Licensed 01/01/15 – 02/28/15

PA-Cs

Name

Abell, Aimee Macon	01/23/2015
Alexander, Sandra Tiffany	01/26/2015
Allman, Alicia Katherine	02/16/2015
Alspaugh, Brandon Bernard	02/25/2015
Andrews, Jordan Michael	01/16/2015
Ayers, Kristin Sue	01/23/2015
Babler, Allison	02/13/2015
Bailey, Cara Marie	02/06/2015
Bangi, Richelle	01/23/2015
Barrett, Lydia E	01/16/2015
Bartosik, Karolina	02/19/2015
Batouli, Phuong Ho	01/06/2015
Batts, Macy Abigail	01/27/2015
Bowman, Samantha Marie	02/10/2015
Bridges, Janice Ann	01/13/2015
Brooks, Amanda Nicole	01/15/2015
Burge, Brenda Kay	02/03/2015
Cable, David Andrew	02/16/2015
Caceres-Mason, Elise	01/23/2015
Calabria, Molly Stapleton	01/26/2015
Calo, Lora Michelle	01/21/2015
Campbell, Jonathan	01/30/2015
Camprubi-Soms, Mercedes Strupp	02/03/2015
Cardwell, Cassandra Jean	02/09/2015
Cato, Kelsie Fitzgerald	02/11/2015
Chadwick, Marian Chopelas	01/13/2015
Chandler, Rachel Lynn	01/16/2015
Chaney, Lindsey Renee	01/23/2015
Chaney, Patrick	02/09/2015

Name

Chivers, Meredith Ann	01/30/2015
Cochran, Clinton Armstrong	01/13/2015
Cooper, Sarah Riley	01/30/2015
Correll, Chandler Brooks	01/02/2015
Covington, Alexandra Frye	01/23/2015
Desai, Rahul	01/23/2015
Eakle, Maghen Kathleen	01/23/2015
Edens, Robert Crews	01/16/2015
Emory, Carrie Anne	01/23/2015
English, Cara Lynn	02/12/2015
Esteban, Granwel Genio	01/13/2015
Eubanks, Mallory Lyn	01/02/2015
Flynn, Jacqueline Blair	01/21/2015
Friesema, Kimberly Anne	02/04/2015
Fryman, Katherine Emily	01/16/2015
Furr, Katie Soots	01/12/2015
Galluppi, Amanda Renee Wells	01/13/2015
Gerrell, Dawn Hines	01/27/2015
Goldbach, Elizabeth Bee	02/06/2015
Green, Justin Timothy	02/25/2015
Grinnell, Amanda Ann	01/16/2015
Harding-Bremner, Meredith Anne	02/06/2015
Harrison, BethAnne Berenice	01/16/2015
Harsant, Stewart David	01/12/2015
Heil, Heidi Elisa	01/20/2015
Hess, Ashley Nicole	02/23/2015
Houmard, Katelyn Frances	01/23/2015
Howell, Danielle Jessen	01/23/2015
Hunt, Danielle Baysden	01/16/2015
Hyslep, Tyler James	02/03/2015
Jones, Brandi Lelia Holmes	01/16/2015
Jones, Jamie Lauren	01/13/2015
Khayami, Maryam Roxane	01/12/2015
Killmeier, Jessica Alicia	01/13/2015

Name

Koren, Heather	02/20/2015
Lackore, Melinda	02/06/2015
Langston, Sawyer Ann	01/21/2015
Le, Susan Thi	02/03/2015
Lee, Rebecca Diane	01/26/2015
Lemmon, Jennifer Lynne	02/20/2015
Levering, Samantha Kate	01/02/2015
Levesque, Dean Allen	01/14/2015
Lloyd, Brittany Lynne	01/26/2015
Loucks, Justin Pearce-Jordan	01/16/2015
Lyall, Lindsay Yount	01/16/2015
McCurry, Kathryn Dare	01/16/2015
McLean, Rachael Anne	01/15/2015
McLean, Randal Nicole	01/12/2015
Mezynski, Katie Tyson	01/23/2015
Michalka, Shannon Elizabeth	01/16/2015
Mickley, Brent	01/13/2015
Miles, Leah Michelle	01/06/2015
Mixter, Jennifer Ellen	01/21/2015
Muraviov, Liya	01/30/2015
Murray, Esther Rochelle	01/26/2015
Nealey, John Paul	01/16/2015
Nelson, Patricia Marie	01/23/2015
Nida, Andrew	01/23/2015
Noonan, Karyl Anne	01/23/2015
Norwood, Allyson Kaye	01/16/2015
Notto, Thomas Christopher	01/30/2015
Pacini, Stephen Matthew	01/16/2015
Park, Grace Chae-Wha	02/09/2015
Parr, Meredith Allana	01/21/2015
Patel, Shanila Suresh	01/15/2015
Patterson, Wesley	02/20/2015
Pelligra, Kyle Gilmore	01/14/2015
Petticrew, Amy Dietzen	01/30/2015
Pierce, Benjamin Dent	01/02/2015
Potter, Kathryn Elizabeth	02/04/2015

Name

Qualls, Adrian Denise	01/13/2015
Rand, Theresa E	02/02/2015
Rashid, Mariam	02/09/2015
Ratliff, Kasey Ashcraft	01/27/2015
Rayyast, Tayyabah	01/16/2015
Rice, Melissa	01/30/2015
Sabb, Janel R	02/03/2015
Sabo, Jessica Candace	01/08/2015
Sewalish, Andrew John	01/07/2015
Shaheen, Kristen Frances	01/30/2015
Skropeta, Michael Thomas	01/02/2015
Slater, Amy Hartt	01/30/2015
Smith, Valerie	01/13/2015
Sobol, Golda Liza	02/04/2015
Sorrentino, Brian Scott	01/27/2015
Spears, Holley Alexander	01/26/2015
Surber, Henry Clay	01/13/2015
Swedberg, Aaron Daniel	01/12/2015
Sweet, Amanda	01/27/2015
Thompson, Freda Lauren	01/23/2015
Tucker, Matthew Kyle	01/23/2015
Ullah, Daniel	01/08/2015
Uzzell, Lauren Rae	01/08/2015
Volpe, Jennifer Ellen	02/04/2015
Walker, Taja	02/09/2015
Wallace, Anya	01/02/2015
Ward, Muryel Barwick	02/27/2015
Webb, Lauren Richardson	01/16/2015
Welch, Allison Stitsinger	02/27/2015
Wilson, Kristen Heffelfinger	02/02/2015
Yeatts, Sheri Lynn	01/13/2015
Younginer, Mary Carol	02/27/2015
Zimmerman, Andrew Russell	01/23/2015

PA-Cs Reactivations/Reinstatements/Re-Entries

Westbrook, Brent Ashley	02/11/2015
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Additional Supervisor List 01/01/15 – 02/28/15

PA-Cs

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Abell, Aimee	White, Lindsey	Elizabeth City
Alexander, Sandra	Groce, James	Raleigh
Alfano, Brian	Pyles, Brandon	Durham
Al-Jarboua, LaTasha	Shukla, Nilima	Gastonia
Allan, Hassan	Flom, Jonathan	Fayetteville
Allman, Alicia	Rish, Carlos	Charlotte
Alspaugh, Brandon	Burns, Martin	Charlotte
Alvarado, Kari	Wallace, Amy	Winston Salem
Anderson, Emily	Lewis, Andrew	Winston Salem
Anderson, Kenneth	Lowry, Brian	Valdese
Anderson, Tyler	Blackwell, Derrick	Waxhaw
Andrews, Jamie	Shah, Smiresh	Concord
Andrews, Jordan	Okwara, Benedict	Monroe
Ardison, Matthew	Deoss-Maksoud, Deborah	Morganton
Arenas, Daniel	Gardner, Todd	Statesville
Armeau-Claggett, Elin	Sylvia, Michael	Yanceyville
Ayers, Kristin	O'Brien, Patrick	Raleigh
Ayers, Robert	Cusi, Antonio	Fayetteville
Babler, Allison	Belford, Peter	Winston Salem
Bacalis, Katrina	Boodram, Natasha	Monroe
Baker, Leah	Stopyra, Jason	Dobson
Baltzell, Jonathan	Chapman, James	Salisbury
Bangi, Richelle	Masere, Constant	Lillington
Barden, Lucy	Jacobucci, Nicola	Jamestown
Barden, Lucy	Jobe, Daniel	Jamestown
Barrett, Lydia	Greer, Chad	Raleigh
Barron, William	Lowry, Michael	Edenton
Barton, Todd	Torrey, Richard	Durham
Barton, Todd	Jacokes, Dennis	Durham
Batts, Macy	Pitts, Venus	Durham
Beaty, Donna	Olson, Jonathan	Charlotte
Bechtol, Brian	Locke, Ronald	Hickory
Benfield, Lauren	Burns, Marianthe	King
Benfield, Lauren	Marlowe-Rogers, Heidi	King
Benfield, Lauren	Knudson, Mark	Winston Salem
Bernart, D.	Norton, Deborah	Fuquay-Varina
Betts, Rebecca	Stein, Jeannette	Durham
Bivans, Abigail	Thompson, David	Gatesville
Blanton, James	Thompson, David	Tyner

Boccaccio, Kenneth
Boik, Dianne
Bolduc, Gary
Boles, Benjamin
Bonanni, Crystal
Branch, Rachel
Branch, Rachel
Branum, Stephen
Branyon, Lauren
Bridges, Janice
Briggs, Melvania
Brooks, Amanda
Brookshire, Elizabeth
Brown, Lindsey
Brown, Raymond
Brown, Thomas
Bruner, Paula
Bueti, Gerardina
Bulla, Donald
Bumgarner, Sarah
Bundle, Mary
Buonanno, Nicole
Burke, Stephanie
Burke, Stephanie
Burns, Andrea
Busbin, Sarah
Buzard, Corina
Byman, Aimee
Byrd, Leigh
Cable, David
Cable, David
Caceres-Mason, Elise
Calabria, Molly
Calo, Lora
Camastra, Danielle
Camp, Jamie
Campbell, Jonathan
Carroll, Jennifer
Carter, Eric
Casar, Susan
Casey, Kevin
Chadwick, Marian
Chadwick, Marian
Chambers, Detra
Chandler, Rachel
Chandley, Eric

Fishburne, Cary
Haynie, Justin
Richardson, Wendell
Ellis, Eboni
Dave, Nailesh
Grello, Anthony
Nwamara-Aka, Emmanuel
Connor, Patrick
Fernandez, Andrea
King, William
Bayless, Teah
Meade, John
Terlecki, Theresa
Vesa, Allin
Klotz, Darrell
Savaliya, Vipul
Moulton, Michael
Schroder, Jacob
Sun, Yun
Bakhru, Arvind
Tse, Alex
Lee, Kenneth
Williams-Wooten, Ada
Younkin, Scott
Kuzma, Paul
Grewal, Bikramjit
Talbot, George
Menon, Padman
Karim, Md
Sachdev, Gaurav
Updaw, Robert
Andersen, William
Manor, James
Vu, Khanh
Perez, Alexander
Osta, Elie
San Miguel, Eduardo
Terlecki, Theresa
Bridger, Dewey
Moomaw, William
Dunaway, Howard
Royster, Randolph
Thomas, Charles
Richardson, Wendell
Lee, Melvin
Terlecki, Theresa

Huntersville
Charlotte
Jacksonville
Winston Salem
Lillington
Fayetteville
Fayetteville
Charlotte
Winston Salem
Wilmington
Durham
Monroe
Salisbury
Statesville
Charlotte
Fayetteville
Wilmington
Durham
High Point
Winston Salem
Richlands
Greenville
Middlesex
Middlesex
Pinehurst
Fayetteville
Wilson
Elizabeth City
Erwin
Charlotte
Charlotte
Cary
Carrboro
Henderson
Durham
Bayboro
Kenansville
Salisbury
Leland
Black Mountain
Charlotte
Clyde
Clyde
Jacksonville
Clayton
Salisbury

Chaney, Patrick
Chavis, Robert
Choe, Charles
Clark, Saige
Clayton, Jon
Cole, Katherine
Collier, Paulina
Collier, Paulina
Conner, William
Conner, William
Cono, Rebecca
Copley, Arthur
Corbin, Justin
Correll, Chandler
Cotton, William
Covington, Alexandra
Cox, McKenzie
Craft, Paul
Cummings, Leslie
Czinsky, Jennifer
Czinsky, Jennifer
Damis, Yves Laure
Damis, Yves Laure
Dana, Caroline
Daniels, Lisa
Davis, Brittany
Davis, Sarah
Dayvault, Philip
Dean, Barbara
Del Castillo Matos, Elaine
Del Castillo Matos, Elaine
Del Castillo Matos, Elaine
Dendy, Kevin
Desai, Rahul
Desai, Rahul
Diaz, Claudia
Diky, Rebekah
Doss, Catherine
Downing, Karol
Driver, Phyllis
Driver, Phyllis
Duncan, Megan
Eakle, Maghen
Eakle, Maghen
Ebbs, Tara
Ebbs, Tara

Colvin, Cheryl
Fernz, Miriam
Kiger, Tara
Lee, Melvin
Pavelock, Richard
Melton, Gwenesta
Fishburne, Cary
Collins, Roger
Nwamara-Aka, Emmanuel
Colvin, Cheryl
Brumfield, Christopher
Thomas, Tracey
Mullins, James
Williams, Jerome
Ferguson, Robert
Peterson, Drew
Morgan, Robert
Jacobucci, Nicola
Waechter, Deborah
Saullo, Thomas
Torrealba, Ruben
Powell, Eddie
Skalak, Anthony
Skipper, Eric
Jorge, Carlos
Briggs, John
Broadhurst, Laurel
Dunaway, Howard
McCracken, Christopher
Chowdhury, Sharif
Maxwell, James
Carr, Sandra
Kimball, Jon
Wright, Patrick
Sood, Vineet
Dulin, Michael
Barnes, Daniel
Kumar, Arvind
Fortney, Sidney
Pickett, John
Cook, David
Curran, Diana
Lee, Melvin
Keen, Stephen
Biswas, Abhik
Muhammad, Warees

Fayetteville
Pembroke
New Bern
Clayton
Sanford
Fayetteville
Charlotte
Cary
Fayetteville
Fayetteville
Kernersville
Lexington
Monroe
Charlotte
Spring Lake
Raleigh
Concord
Jamestown
Morganton
Greensboro
Greensboro
Greenville
Greenville
Charlotte
Charlotte
Sanford
Black Mountain
Concord
Boone
Raleigh
Wade
Fayetteville
Durham
Greensboro
Greensboro
Charlotte
Raeford
Fayetteville
Southport
Knightdale
Knightdale
Asheville
Clayton
Clayton
Fayetteville
Fayetteville

Eddins, Marla
Edens, Robert
Edwards, Amanda
Ehrman, Kevin
Embry, Brandy
Embry, Brandy
English, Cara
Ensign, Todd
Erickson, Jennifer
Esteban, Granwel
Esterwood, Amy
Eubanks, Mallory
Evans, Eric
Everett, Christine
Everhart, Michael
Fetzko, Karen
Field, Ronald
Fields, Bobby
Fisher, Susan
Flynn, Jacqueline
Ford, Amy
Foster, Darryl
Franks, Adam
Frazer, Chad
Freeman, Leigh
Freeman, Thomas
Friesema, Kimberly
Friesema, Kimberly
Fry, Julie
Fryman, Katherine
Fulbright, Anne
Funk, Tracy
Furr, Katie
Gainey, Sarah
Galluppi, Amanda
Galluppi, Amanda
Garrett, Tina
Garry, Brian
Gentry, Kimberly
Gerrell, Dawn
Gerrell, Dawn
Goddard, Matthew
Gomes, Alvaro
Gonzalez, Eugenio
Goodale, Karen
Graham, Barbara

Sait, Sadia
Kessler, Ioanna
Kirk, David
Dillard, Cari
Adams, Van
Barnett, Ley
Mahan, Dennis
Hines, Marcono
Kann, Joel
Grello, Anthony
Stark, Malcolm
Haney, John
Dixon, Donovan
Olson, Ronald
Pancotto, Frank
Boardman, Lynn
Gullickson, Matthew
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Kon, Neal
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Smith, Justin
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Smith, Laurie
Southern, Betsy

Hill, Edward
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Stadelman, Jolie
Stafford, Kelly
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Stepp, Jamie
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Stewart, Douglas
Stiebris, Linda
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Stone, Todd
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Stover, Erin
Strong, Garon
Sturgis, Wallace
Surber, Henry
Surovchak, David
Sweet, Amanda
Swint, John
Tate, Gary
Taylor, Amanda
Territo, Bart
Theiss, Paul
Thomas, Carrie
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Thompson, Freda
Todd, James
Tomlinson, Blair
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Trent, Margie
Troutman, Blair
Tucker, John
Tucker, Matthew
Uzzell, Lauren
Valente, Louis
Venkat, Vidya
Vicario, Elisa
Vinson, Breony
Vyas, Jessica
Walch, Kelsey
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Hunter, Robert
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Ong, Ricardo
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Garcia, Joseph
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Wheeler, Emily
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Woody, Erin
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