MINUTES

North Carolina Medical Board

January 16-18, 2013

1203 Front Street
Raleigh, North Carolina

General Session Minutes of the North Carolina Medical Board Meeting held January 16-18, 2013.

The North Carolina Medical Board met January 16-18, 2013, at its office located at 1203 Front Street, Raleigh, NC. William A. Walker, MD, President, called the meeting to order. Board members in attendance were: Paul S. Camnitz, MD, President-Elect; Cheryl L. Walker-McGill, MD, Secretary/Treasurer; Janice E. Huff, MD; Thomas R. Hill, MD; Ms. Thelma Lennon; John B. Lewis, Jr., LLB; Eleanor E. Greene, MD; Subhash C. Gumber, MD; Ms. H. Diane Meelheim, FNP; Pascal O. Udekwu, MD and Mr. Michael J. Arnold.

Presidential Remarks

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

Minute Approval

Motion: A motion passed to approve the November 13, 2012 Board Minutes and the December 13, 2012 Hearing Minutes.

Instillation Ceremony and New Officers Oath

Dr. Walker administered the Oath of Office to Ms. H. Diane Meelheim, FNP-BC and Mr. Michael J. Arnold as members of the NC Medical Board.

Announcements

1. Mr. Hari Gupta, Director, Operations Department, recognized Patricia Paulson on her ten-year anniversary at the NCMB.
2. Mr. David Henderson, Executive Director, recognized Mr. Don Smelcer on his ten-year anniversary at the NCMB.
3. Mr. Thom Mansfield, Director, Legal Department, recognized Mrs. Elizabeth Meredith for her work at the NCMB as she is going part-time.
5. Dr. Warren Pendergast, Medical Director, NCPHP, gave the Board an annual update.
6. Dr. Donald C. Maharty, President and Dr. Barbara Walker, Past-President, NC Osteopathic Medical Association gave the Board an annual update.
7. Ms. Sandy Newell of Furr & Newell LLP reviewed the 2012 audit report with the Board.

EXECUTIVE COMMITTEE REPORT

The Executive Committee of the North Carolina Medical Board was called to order at 1:30 pm, Thursday January 17, 2013, at the offices of the Board. Members present were: William A. Walker, MD, Chair; Paul S. Camnitz, MD; Cheryl Walker-McGill, MD; Eleanor E. Greene, MD; and Ms. Thelma C. Lennon.

1) Financial Statements

a) Monthly Accounting November and October 2012

The Committee reviewed the November and October 2012 compiled financial statements. October is the twelfth month of fiscal year 2012. November is the first month of fiscal year 2013.

Committee Recommendation: Accept the financial statements as reported.

Board Action: The Board accepted the Committee recommendation.

b) Investment Account Statements

The Committee reviewed the December and November 2012 investment account statements from Fifth Third Bank.

Committee Recommendation: Accept the investment account statements as reported.

Board Action: The Board accepted the Committee recommendation.

c) Internet Service Charge

The Committee discussed whether to continue reimbursing Board members for the cost of high-speed Internet service.

Committee Recommendation: Discontinue reimbursement for high-speed Internet service.

Board Action: This matter was deferred until the March 2013 meeting.

d) Year-end Audit (Furr & Newell, LLP, CPA's)

Ms. Sandy Newell, CPA, an audit partner with the firm Furr & Newell, LLP, CPAs ("Furr & Newell") presented the audit report for the fiscal year ended October 31, 2012. Ms. Newell explained to the Committee that the statements are presented fairly and in accordance with generally accepted accounting principles. An unqualified opinion has been made on the report.

Furr & Newell recommends increasing the minimum capitalization threshold from $1,000 to $5,000. In addition, the auditors have offered to review the Board's financial information after the first quarter to help with the transition to the new comptroller.

Committee Recommendations:

1. Accept the audit report as presented by Furr & Newell.
2. Increase the minimum capitalization threshold from $1,000 to $5,000.
3. Accept the auditors' offer to review the Board's financial information after the first quarter.

Board Action: The Board accepted the Committee recommendations.

2) Old Business

a) AIMAP Update

Staff updated the Committee on the status of the Administrators in Medicine Assessment Program recommendations.

Committee Recommendation: Accept the update as reported.

Board Action: The Board accepted the Committee recommendation.

b) Task Tracker

Staff updated the Committee on the status of pending action items.

Committee Recommendation: Accept the update as reported.

Board Action: The Board accepted the Committee recommendation.

3) New Business

a) Compensation Consultant

The Executive Committee believes it is prudent to retain outside firms periodically to benchmark the compensation and benefits paid to the Executive Director. The Board has received proposals from three compensation consultants.

Committee Recommendation: Retain CAI to conduct the compensation analysis.

Board Action: The Board accepted the Committee recommendation.

b) Property Update

Board staff is running out of space at the current location. With the help of a local real estate broker, staff is looking at larger office buildings located in the general vicinity of the current building. Staff updated the Committee on the search thus far.

Committee Recommendation: Accept the update as reported.

Board Action: The Board accepted the Committee recommendation.

POLICY COMMITTEE REPORT

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

1. Old Business
    a. Position Statement Review – Request from Board (APPENDIX A)

Issue: NCGS Chapter 90; Article 27, entitled "Referral Fees and Payment for Certain Solicitations Prohibited" states, in part, "A health care provider shall not financially compensate in any manner a person, firm, or corporation for recommending or securing the health care provider's employment by a patient". MD pays a fee to Groupon for pre-paid vouchers issued by Groupon to Groupon subscribers who purchase the vouchers. Groupon "'facilitates" the purchase of MD's pre-paid vouchers which offer promotional discounts for MD's services. A patient purchasing a voucher from Groupon pays for the price of MD's discounted service plus additional promotional, advertising, administrative, and "offer facilitation" fees to Groupon.

Board Action: Request Policy Committee to amend Referral fees and fee splitting position statement as it relates to social networking offers.

07/2012 Committee Discussion: The Committee decided to delegate revisions to the position statement to Mr. Brosius in consultation with Mr. Jimison. Proposed changes will be presented to the Committee at the September meeting.

07/2012 Committee Recommendation: Tabled until September.

07/2012 Board Action: Accept committee recommendation.

09/2012 Committee Discussion: The Committee discussed the advertising voucher business model. Questions were raised about the requirement that the licensee be responsible for the purchase price in the event the advertising company will not provide a refund.

09/2012 Committee Recommendation: Table discussion until November. Mr. Brosius will research the advertising voucher reimbursement process and report back to the Committee.

09/2012 Board Action: Accept Committee Recommendation

11/2012 Committee Discussion: The Committee received a brief update from Mr. Brosius and discussed the implications of the section addressing advertising vouchers. Mr. Brosius indicated that he would report back with additional information at the January meeting.

11/2012 Committee Recommendation: Table until January meeting.

11/2012 Board Action: Accept Committee Recommendation.

01/2013 Committee Discussion: The Committee reviewed information regarding Groupon's policies. There was discussion about the implications of holding the licensee ultimately responsible for the refunding payments when the service is not actually provided. Additionally, there was discussion about removing references to Groupon in the proposed Position Statement.

01/2013 Committee Recommendation: Submit proposed revised Position Statement, with the removal of the Groupon reference, to the full Board for approval.

01/2013 Board Action: Approve revised Position Statement.

1. Old Business:

b. Position Statement Review - End-of-Life Responsibilities and Palliative Care (APPENDIX B)

11/2012 Committee Discussion: The Committee discussed the distinction between palliative care and hospice. The Board also reviewed the Position Statement. There was also discussion about the need for relief of symptoms other than pain associated with palliative care.

11/2012 Committee Recommendation: Accept changes to Position Statement.

11/2012 Board Action: Table until January 2013 meeting. Mr. Brosius to edit the first sentence of the Palliative Care section.

01/2013 Committee Discussion: The Committee discussed removing the first sentence of the proposed amended Position Statement and the new wording of the palliative care section of the proposed Position Statement.

01/2013 Committee Recommendation: Submit proposed revised Position Statement for full Board approval.

01/2013 Board Action: Approved revised Position Statement.

1. Old Business:

c. Social Media (APPENDIX C)

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

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

11/2012 Board Action: Accept the Committee Recommendation.

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

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

01/2013 Board Action: Accept the Committee Recommendation.

2. New Business:

a. Position Statement Review (APPENDIX D)

01/2010 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.

01/2010 Board Action: Adopt the recommendation of the Policy Committee.

2. New Business:
    a. Position Statement Review
        i. Drug Overdose Prevention (APPENDIX E)

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

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

01/2013 Board Action: Accept the Committee Recommendation.

2. New Business:

    a. Position Statement Review
        ii. Policy for the Use of Controlled Substances for the Treatment of Pain (APPENDIX F)

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

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

01/2013 Board Action: Accept the Committee Recommendation.

LICENSE COMMITTEE REPORT

Paul Camnitz, MD, Chair, Janice Huff, MD, Thelma Lennon, Pascal Udekwu, MD, Scott Kirby, MD, Patrick Balestrieri, Elizabeth Suttles, Carren Mackiewicz, Nancy Hemphill, Joy Cooke, Michelle Allen, Mary Rogers, Lisa Hackney

Open Session

Old Business

1. FCVS Language on Web Site

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

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

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

Committee Recommendation: Public Affairs to provide demonstration of new website at the March meeting. Staff to provide FCVS statistics regarding processing time.

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

2. Physician Education Update

Issue: The Board previously approved staff to move forward with developing an education tool for applicants as part of the application process. Ms. Hemphill will provide an update on what has been accomplished.

11/16/2012 Board Action: Continue to investigate the best possible way to implement without implementing a rule and making it mandatory.

Committee Recommendation: It is recommended the project be abandoned.

Board Action: Abandon the project.

3. Request to amend the malpractice section on the application form

Issue: The Legal Department has requested #3 of the malpractice section of the application be amended by adding the underlined wording:

In the table below, list all relevant information for any of the three scenarios below that apply to you.

1. You were named in a malpractice lawsuit.
2. A malpractice lawsuit filed against you was resolved with a judgment (regardless of appeal), award, payment or settlement regardless of whether the payment or settlement was in your name.
3. A malpractice settlement or payment was made, affecting or involving you, where no lawsuit was filed <u>or where you were not individually named.</u>

11/16/2012 Board Action: Refer back to legal department for a recommendation for the committee to consider at January 2013 meeting.

New Recommendation:

In the table below, list all relevant information for any of the three scenarios below that apply to you.

1. You were named in a malpractice lawsuit.
2. A malpractice lawsuit filed against you was resolved with a judgment (regardless of appeal), award, payment or settlement regardless of whether the payment or settlement was in your name.
3. A malpractice settlement or payment was made involving your patient care. ~~affecting or involving you, where no lawsuit was filed or where you were not individually named~~.

Committee Recommendation:

In the table below, list all relevant information for any of the three scenarios below that apply to you.

1. You were named in a malpractice lawsuit.

2. A malpractice lawsuit filed against you was resolved with a judgment (regardless of appeal), award, payment or settlement regardless of whether the payment or settlement was in your name.
3. A malpractice settlement or payment was made involving your care of a patient. ~~affecting or involving you, where no lawsuit was filed or where you were not individually named~~.

Board Action: Amend the malpractice section on the application form as follows:

In the table below, list all relevant information for any of the three scenarios below that apply to you.

1. You were named in a malpractice lawsuit.
2. A malpractice lawsuit filed against you was resolved with a judgment (regardless of appeal), award, payment or settlement regardless of whether the payment or settlement was in your name.
3. A malpractice settlement or payment was made involving your care of a patient. ~~affecting or involving you, where no lawsuit was filed or where you were not individually named~~.

New Business:

1. 21 NCAC 32B .1303 (a)(12)

Issue: Applicants for initial physician licensure and reinstatement are required to submit proof of licensure by other state medical or osteopathic boards. (See 21 NCAC 32B. 1303(a)(12) and 21 NCAC 32B.1350(b)(5), below, with relevant portions struck through.* Staff has determined that this requirement is unnecessary, because:

- The NCMB obtains information about disciplinary actions against a licensee from the FSMB, AMA, AOA, and NPDB/HIPDB databanks. Verification by individual state licensing boards is redundant.

- Although state boards once told each other about licensees being under investigation, that occurs quite rarely now. State boards increasingly are reluctant to inform another board about an investigation until that board has taken final action.

- If an applicant for a North Carolina license fails to disclose a pending action in another state, and the other board takes public action, the NCMB will learn about it from the FSMB. Then, the NCMB may investigate the applicant/licensee for two issues: failure to disclose; and the underlying conduct.

There are other reasons to drop this requirement.

- Obtaining proof of licensure from other state boards can be time-consuming for applicants, particularly those with multiple licenses, such as radiologists and other telemedicine physicians.

- Public policy favors increased license portability and reduced bureaucratic obstacles to licensure.

- Cost savings will accrue to the applicants, since they must pay for each license verification. The NCMB's fee is $25, but this may be less than average. There also will be significant time savings for applicants.

- NCMB licensing staff time will be reduced, as there will be fewer documents to collect, analyze, and check for quality assurance.

- Processing time of license applications and reinstatements may be shortened.

- As reported at the Fall 2012 AIM Licensing and Technology Meeting, several other boards have dropped this requirement.

Steps to implementation:

- Approval by Licensing Committee and full Board.

- Rule-Making process: preparation of proposed rule amendment, preparation of fiscal commentary or fiscal note, publication, public hearing, final Board action, approval by Rules Review Commission. (Cautionary note: the RRC has authority to meddle with anything in a rule once an agency has brought the rule before it.)

- Internal work: revising the licensing application, FAQs, other areas on the website, GLS forms.

- Getting the word out: putting an item on the website, informing NAMSS, the NCMS, NCHA, etc.

*****NOTE: THERE IS NOT A CORRESPONDING REQUIREMENT FOR PAS OR RTLS IN THE RULES. INSTEAD, STAFF HAS BEEN REQUESTING VERIFICATIONS AS PART OF THE "CATCH ALL" PROVISION IN EACH LICENSING RULE WHICH ALLOWS THE NCMB TO REQUEST ADDITIONAL INFORMATION IT DEEMS APPROPRIATE. THEREFORE, THERE IS NO NEED TO AMEND THOSE RULES. ONLY INTERNAL PROCEDURE, FAQS, ETC WILL NEED TO BE CHANGED.

Committee Recommendation: Repeal the regulatory requirement for verification of other state licenses.

Board Action: Mrs. Hemphill was instructed to check with Rules Review to ensure that other regulatory rules would not be jeopardized during the repeal process. If a satisfactory response is received, repeal the regulatory requirement for verification of other state licenses.

2. AIMAP Recommendation

Issue: One of AIMAP's recommendations was to explore methods of handling licensees with an active license who are not in active practice. For fiscal year 2012, out of 33,464 active licensees, 3,764 reported they were not involved in patient care.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

3. Proposed Change to Pre-Approved PLOC Protocol

Issue: Included in the current list of pre-approved PLOC (In order to qualify for the pre-approved PLOC process the license application must be otherwise "pristine" and only one item of concern can be present in a given application. For errors or omissions (such as failure to report academic probation, etc.) there can be no question the circumstances which led to the error were inadvertent and unintentional.) (Board Book Tab 350 #15) is a provision to send a "postgraduate training letter" to "all applicants who are still in or have not completed a residency" which states the following:

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

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

Recommendation:

a. Send a "postgraduate training letter" pre-approved PLOC only to those applicants who have not completed at least 2 years of postgraduate training. This would anticipate the Board's already approved recommendation to change the PGT licensure prerequisite to require completion of a least 2 years postgraduate training.

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

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

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

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

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.

Eight 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.

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

A motion passed to return to open session.

ALLIED HEALTH COMMITTEE REPORT

Committee Members present were: Cheryl Walker-McGill, MD, Chairperson, Paul Camnitz, MD, and H. Diane Meelheim, FNP. Also present were Marcus Jimison, Lori King, CPCS, Quanta Williams, Scott Kirby, MD, Don Pittman, Katharine Kovacs, Linda Sekhon, and Nancy Hemphill.

Open Session

Open Session Physician Assistants

1. Physician Assistant Compliance Reviews 2012

Issue: Physician Assistant Compliance Reviews 2012. Mr. Pittman discussed the results of the 2012 PA Compliance Reviews.

Committee Recommendation: For information. Staff to add Mr. Pittman's report to the Forum.

Board Action: For information. Staff to add Mr. Pittman's report to the Forum.

Open Session NC Emergency Medical Services – Add On

1. NCMB Approved Medications for Credentialed EMS Personnel

Issue: The NC Office of EMS requests that the NCMB formally add Haloperidol to the list of medications approved for use by EMS. Dr. Kirby discussed.

Committee Recommendation: Add haloperidol to the list of the NCMB approved medications for credentialed EMS personnel.

Board Action: Add haloperidol to the list of the NCMB approved medications for credentialed EMS personnel.

Anesthesiologist Assistants

1. NPDB/HIPDB Requirement

Summary: Requesting rule change to require NPDB/HIPDB for AAs (this will also increase the application fee by $9.50). This request is in correlation to the License Committee's request to eliminate the requirement for state license verification.

Committee Recommendation: If approved for MDs, eliminate the requirement for verification of state licenses for all Allied Health licensees (Physician Assistants, Anesthesiologist Assistants, and Perfusionists). The NPDB/HIPDB report will be required for AAs. Add the cost of the report to the AA application fee.

Board Action: If approved for MDs, eliminate the requirement for verification of state licenses for all Allied Health licensees (Physician Assistants, Anesthesiologist Assistants, and Perfusionists). The NPDB/HIPDB report will be required for AAs. Add the cost of the report to the AA application fee.

Nurse Practitioners

1. No items for discussion

Clinical Pharmacist Practitioners

1. No items for discussion

Perfusionists

1. Open session portion of the minutes of the November PAC meeting

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

Committee Recommendation: Accept the report of the minutes as information

Board Action: Accept the report of the minutes as information

2. State License Verification Requirement

Summary: Individuals applying for licenses from the Medical Board are currently required to provide verification of all state licenses. At the Board's January meeting, the License Committee will request the Board to eliminate that requirement since the information is already verified through other resources (one of which is the NPDB/HIPDB). If the Board agrees to this, would the PAC like to do the same for the perfusionists?

PAC Recommendation: Eliminate the application requirement for verification of state licenses

Committee Recommendation: Eliminate the application requirement for verification of state licenses

Board Action: Eliminate the application requirement for verification of state licenses

Polysomnographic Technologists

1. No items for discussion

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

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

A motion passed to return to open session.

NURSE PRACTITIONER JOINT SUBCOMMITTEE

The Nurse Practitioner Joint Subcommittee (NPJS) was called to order at 5:13 pm January 10, 2013 at the office of the NC Board of Nursing. Members present were: Bobby Lowery, NP, Chair (NCBON); Peggy Walters, RN (NCBON). Paul Camnitz, MD (NCMB) and Cheryl Walker-McGill (NCMB) participated via conference call. Diane Meelheim, NP (NCMB) and Cheryl Duke, RN (NCBON) were absent. Also present was: Paulette Hampton (NCBON); Donna Mooney (NCBON); Eileen Kugler (NCBON); Jack Nichols (NCBON); Marcus Jimison (NCMB); David Kalbacker (NCBON); Linda Burhans (NCBON); Julie George (NCMB); Quanta Williams (NCMB); Don Pittman (NCMB); and Amy Fitzhugh (NCBON).

1. Approval of minutes of November 14, 2012
    a. Motion: To approve the open and closed session minutes of the November meeting. Passed.

2. Additions to agenda
    a. There were no additions to the agenda

3. Old Business
    a. There was no old business to discuss

4. New Business
    a. Report of any disciplinary actions, including Consent Agreements, taken by either Board since November 14, 2012
        i. The Board of Nursing reported seven actions taken against nurse practitioners since the last meeting.
        ii. The Medical Board reported no public actions taken regarding a nurse practitioner since the last meeting.

    b. NP Annual Compliance Review
        i. This is the fifth year of the annual review. There's been a decrease in the percentage of reviews in compliance. In an effort to make NPs more aware of regulatory compliance, the Board of Nursing may post a collaborative practice agreement (CPA) template or a sample CPA on their website and possibly send out an email blast to get the NP's attention.

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.

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

A motion passed to return to open session

REVIEW (MALPRACTICE) COMMITTEE REPORT

The Review Committee (Complaints/Malpractice) of the North Carolina Medical Board was called to order at 12:45 p.m. on January 16, 2013 at the office of the Medical Board. Board Members present were: Janice Huff, MD (chair), Eleanor Greene, MD, John Lewis, and Diane Meelheim, NP. Absent: n/a. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, Carol Puryear, Marcus Jimison and Elizabeth Suttles

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

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

A motion passed to return to open session.

REVIEW (COMPLAINT) COMMITTEE REPORT

The Review Committee (Complaints/Malpractice) of the North Carolina Medical Board was called to order at 12:45 p.m. on January 16, 2013 at the office of the Medical Board. Board Members present were: Janice Huff, MD (chair), Eleanor Greene, MD, John Lewis, and Diane Meelheim, NP. Absent: n/a. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, Carol Puryear, Marcus Jimison and Elizabeth Suttles.

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

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

A motion passed to return to open session.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

The Disciplinary Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 7:30 a.m. on January 16, 2013 at the office of the Medical Board. Board Members present were: Thomas Hill, MD (chair), Subhash Gumber, MD, Pascal Udekwu, MD, Cheryl Walker-McGill, MD and Michael Arnold. Absent: n/a Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, Carol Puryear, Thom Mansfield, Todd Brosius, Brian Blankenship, Patrick Balestrieri and Marcus Jimison.

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

The Disciplinary (Complaints) Committee reported on eleven 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

The Disciplinary Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 7:30 a.m. on January 16, 2013 at the office of the Medical Board. Board Members present were: Thomas Hill, MD (chair), Subhash Gumber, MD, Pascal Udekwu, MD, Cheryl Walker-McGill, MD and Michael Arnold. Absent: n/a Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, Carol Puryear, Thom Mansfield, Todd Brosius, Brian Blankenship, Patrick Balestrieri and Marcus Jimison.

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

> The Disciplinary (Malpractice) Committee reported on one case. 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

Board Members present during interviews: Dr. Walker, Ms. Lennon, Dr. Gumber, Dr. Camnitz, Judge Lewis, Dr. Walker-McGill, Dr. Hill, Dr. Huff, NP Meelheim, Dr. Green, Dr. Udekwu, and Mr. Arnold

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.

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

A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT

The Investigative Disciplinary Committee of the North Carolina Medical Board was called to order at 10am, January 16, 2013, at the office of the Medical Board. Members present were: Thomas Hill, MD (Chair), Cheryl Walker-McGill, MD, Pascal Udekwu, MD, Subhash Gumber, MD, Mike Arnold

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

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

The Disciplinary (Investigative) Committee reported on twenty-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.

REVIEW (INVESTIGATIVE) COMMITTEE REPORT

The Investigative Review Committee of the North Carolina Medical Board was called to order at 12:45 Wednesday January 16, at the office of the Medical Board. Members present were: Dr. Janice Huff (Chair), Dr. Eleanor Green. Mr. John Lewis Ms Diane Meelheim. Also present were: Jenny Olmstead, Barbara Rodrigues, Sharon Squibb-Denslow , Therese Dembroski, David Allen, Lee Allen, David Hedgecock, Don Pittman, Robert Ayala, Loy Ingold, Bruce Jarvis, Rick Sims, Jerry Weaver Curtis Ellis, Todd Brosius, Thom Mansfield, Patrick Balestrieri, Marcus Jimison .

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

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

A motion passed to return to open session.

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

Present: David Collins MD, Chair, Janice Huff MD, Scott Elston, MD, Clark Gaither MD, Greg Taylor MD, Robert Bilbro, MD, Paul Camnitz MD, Mike Arnold, Gail Curtis, PA-C, Warren Pendergast MD, NCPHP Staff; Kim Lamando, NCPHP Staff, Deborah Hill, NCPHP Staff, Joe Jordan PhD, NCPHP Staff, Sid Kitchens, NCPHP Staff, Keenan Glasgow, NCPHP Staff, Michael Moore, NCPHP Staff, Mary Agnes Rawlings, NCPHP Staff, Carsten Thuesen, NCPHP Staff; Logan Graddy, MD (NCPHP staff, guest)

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to

Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

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

A motion passed to return to open session.

MEDICAL SCHOOL EDUCATIONAL OUTREACH PROJECT

Member present: Janice Huff, MD. Advisory members attending telephonically: Ms. Pamela Blizzard and Ms. Peggy Robinson, PA-C.

1. Old Business: Professional module. The module may be found at: https://s3.amazonaws.com/aheconnect/NCMB/story.html
   a. The members reviewed the module and suggested improvements for this one, and recommendations for future modules.
   b. AHEConnect is currently working on a custom portal for the module that will look like the NCMB's website (matching style, color scheme and overall look and feel). It will be hosted on the AHEC site, but will be accessed from the NCMB website, and users will be unaware that they have switched from one to the other.

2. New Business: Testing and additional modules
   a. Staff will contact Wake Forest University Medical School and Dr. Karen Gerancher to see if or when they can help test it.
   b. Ms. Robinson's Duke University PA students will also test the module. Staff will develop a few survey questions to ask. (Was it informative? Were the tone and length about right?)
   c. The NCMB has purchased Articulate Storyline, the software used to create the first professionalism module, and staff is working on producing additional modules.
   d. Additional modules on professionalism will be created on single topics. Scenarios will include medical students, PA students, NPs, and resident physicians as characters. Possible topics: appropriate use of social media; boundaries, quality of care; communication and documentation; being a responsible student and study partner; digital etiquette; alcohol and substance abuse; and treating self and family.
   e. The Public Affairs Department has nearly completed a module on the Complaint process, to help members of the public determine whether filing a complaint with the Board is the best way to resolve their situation.
   f. Public Affairs will be working with the Licensing Department to develop a brief module on how to file a license application, highlighting areas that can slow down or sabotage the swift processing of an application.
   g. Public Affairs also plans to create a fun, interactive module to guide users around the NCMB website. This would be targeted at both NCMB licensees and the public. This would be another way to accomplish the physician education mission of the Board and promote the website as a resource.

3. Termination of the Medical Education Workgroup: After a steep learning curve for staff and Board members in the module-creation process, the Public Affairs

Department feels it now has the skills and software necessary to create additional modules, and that it is not necessary to have a Board workgroup for this. However, the PA Department requests that it be allowed to retain the 2013 budget amount allocated to the workgroup, for use for technical support on future modules.

Committee Recommendation: to terminate the Medical Education Workgroup; to authorize the Public Affairs Department to use the budget allocation for that entity; and to continue its public outreach efforts.

Board Action: Board voted to approve Committee recommendation. There will be no further meetings of the Medical Education Workgroup.

BEST PRACTICES COMMITTEE

The Best Practices Committee of the North Carolina Medical Board was called to order at 3:00pm on Thursday, January 17, 2013, at the office of the Medical Board. Members present were: Dr. Janice Huff and Ms. Thelma Lennon. Staff members present were: Christina Apperson, David Henderson, and Maureen Bedell. Also present was Amy Whited (NCMS).

The Committee was tasked with further study and discussion of the Report of the Best Practices Committee (September 2012); specifically, items three and four of the Telemedicine Conclusions & Recommendations:

3. The NCMB should discuss promulgation of rules similar to those recently adopted by the Georgia Composite Board.
4. The NCMB should discuss the advisability of identifying business practices it deems patently unsuitable and formulating an appropriate strategy for responding.

Committee Recommendation: Defer to the Board.

Board Actions:

Regarding #3, do not promulgate rules at this time but continue to monitor the status of the Georgia Composite Board rules. In the meantime, continue to communicate the Board's expectations regarding telemedicine via the Board's Position Statement – particularly with license applicants who have indicated they intend to utilize telemedicine in their practice.

Regarding #4, postpone discussion until the May 2013 Board meeting to see if the Federation of State Medical boards addresses this issue at its Annual Meeting in April.

ADJOURNMENT
This meeting was adjourned at 12:00 p.m. January 18, 2013

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Cheryl L. Walker-McGill, MD
Secretary/Treasurer

CURRENT POSITION STATEMENT:

Referral fees and fee splitting

Payment by or to a physician solely for the referral of a patient is unethical. A physician may not accept payment of any kind, in any form, from any source, such as a pharmaceutical company or pharmacist, an optical company, or the manufacturer of medical appliances and devices, for prescribing or referring a patient to said source. In each case, the payment violates the requirement to deal honestly with patients and colleagues. The patient relies upon the advice of the physician on matters of referral. All referrals and prescriptions must be based on the skill and quality of the physician to whom the patient has been referred or the quality and efficacy of the drug or product prescribed.

It is unethical for physicians to offer financial incentives or other valuable considerations to patients in exchange for recruitment of other patients. Such incentives can distort the information that patients provide to potential patients, thus distorting the expectations of potential patients and compromising the trust that is the foundation of the patient-physician relationship.

Furthermore, referral fees are prohibited by state law pursuant to N.C. Gen. Stat. Section 90-401. Violation of this law may result in disciplinary action by the Board.

Except in instances permitted by law (NC Gen Stat §55B-14(c)), it is the position of the Board that a physician cannot share revenue on a percentage basis with a non-physician. To do so is fee splitting and is grounds for disciplinary action.

(Adopted November 1993) (Amended May 1996, July 2006)

PROPOSED REVISIONS

Referral fees and fee splitting

Created: Nov 1, 1993
Modified: May 1996, July 2006

Payment by or to a ~~physician~~ licensee solely for the referral of a patient is unethical. A ~~physician~~ licensee may not accept payment of any kind, in any form, from any source, such as a pharmaceutical company or pharmacist, an optical company, or the manufacturer of medical appliances and devices, for prescribing or referring a patient to said source. In each case, the payment violates the requirement to deal honestly with patients and colleagues. The patient relies upon the advice of the ~~physician~~ licensee on matters of referral. All referrals and prescriptions must be based on the skill and quality of the ~~physician~~ licensee to whom the patient has been referred or the quality and efficacy of the drug or product prescribed.

It is unethical for ~~physicians~~ licensees to offer financial incentives or other valuable considerations to patients in exchange for recruitment of other patients. Such incentives can distort the information that patients provide to potential patients, thus distorting the expectations of potential patients and compromising the trust that is the foundation of the patient- ~~physician~~ licensee relationship.

Furthermore, referral fees are prohibited by state law pursuant to N.C. Gen. Stat. Section 90-401. Violation of this law may result in disciplinary action by the Board.

Except in instances permitted by law (N.C. Gen. Stat. § 55B-14(c)), it is the position of the Board that a ~~physician~~ licensee cannot share revenue on a percentage basis with a non-~~physician~~ licensee. To do so is fee splitting and is grounds for disciplinary action.

Voucher Advertising

It is the Board's position that, so long as certain conditions are followed, advertising involving the utilization of vouchers ~~(*e.g.* Groupon)~~ does not constitute unethical fee-splitting or a prohibited solicitation or referral fee under North Carolina law. Those conditions include: (1) ensuring that the negotiated fee between the voucher advertising company and the licensee represents reasonable compensation for the cost of advertising; and (2) incorporating the following terms and conditions in a clear and conspicuous manner in all advertisements:

(a) A description of the discounted price in comparison to the actual cost of services;

(b) A disclosure that all patients may not be eligible for the advertised medical service and that decisions about medical care should not be made in haste. Determinations regarding the medical indications for individual patients will be made on an individual basis by applying accepted and prevailing standards of medical practice; and

(c) A disclosure to prospective patients that, if it is later decided that the patient is not a candidate for the previously purchased medical service, the patient's purchase price will be refunded in its entirety. If the patient does not claim the service, then the patient's purchase price must still be refunded in its entirety. In the event that the voucher advertising company does not refund the purchase price in its entirety, it will be the sole obligation of the licensee to refund the entire purchase price.

CURRENT POSITION STATEMENT:

End-of-life responsibilities and palliative care

Assuring Patients

Death is part of life. When appropriate processes have determined that the use of life prolonging measurers or invasive interventions will only prolong the dying process, it is incumbent on physicians to accept death "not as a failure, but the natural culmination of our lives."*

It is the position of the North Carolina Medical Board that patients and their families should be assured of competent, comprehensive palliative care at the end of their lives. Physicians should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided.

Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification an impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems. Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- [may be] applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.**

Opioid Use

The Board will assume opioid use in such patients is appropriate if the responsible physician is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan. (See the Board's position statement on the Policy for the Use of Controlled Substances for the Treatment of Pain for an outline of what the Board expects of physicians in the management of pain.) Because the Board is aware of the inherent risks associated with effective pain relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

*Steven A. Schroeder, MD, President, Robert Wood Johnson Foundation.

** Taken from the World Health Organization definition of Palliative Care (2002)
www.who.int/cancer/palliative/definition/en

(Adopted October 1999) (Amended May 2007; March 2008)

PROPOSED REVISIONS

End-of-life responsibilities and palliative care

Assuring Patients

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Palliative Care

~~Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification an impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems.~~ Palliative care is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by healthcare providers who work together with a patient's other caregivers to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.**

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- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- [may be] applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.***

Opioid Use

The Board will assume opioid use in such patients is appropriate if the responsible ~~physician~~ licensee is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan. (See the Board's position statement on the Policy for the Use of Controlled Substances for the Treatment of Pain for an outline of what the Board expects of ~~physicians~~ licensees in the management of pain.) Because the Board is aware of the inherent risks associated with effective ~~pain~~ symptom relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

*Steven A. Schroeder, MD, President, Robert Wood Johnson Foundation.

** Taken from the Center to Advance Palliative Care (2012) http://www.capc.org/building-a-hospital-based-palliative-care-program/case/definingpc

*** Taken from the World Health Organization definition of Palliative Care (2002) www.who.int/cancer/palliative/definition/en

(Adopted October 1999) (Amended May 2007; March 2008)

PROPOSED POSITION STATEMENT:

Professional Use of Social Media

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

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

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

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

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

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

CURRENT POSITION STATEMENT:

Drug overdose prevention

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

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

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

(Adopted September 2008)

CURRENT POSITION STATEMENT:

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

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

Section I: Preamble

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Acute Pain —Acute pain is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited.
Addiction —Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.
Chronic Pain —Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.
Pain —An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.
Physical Dependence —Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.
Pseudoaddiction —The iatrogenic syndrome resulting from the misinterpretation of relief seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief seeking behaviors resolve upon institution of effective analgesic therapy.
Substance Abuse —Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.
Tolerance —Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

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

PHYSICIANS PRESENTED AT THE
JANUARY 2013 BOARD MEETING

Aduako, Cecilia Dyllis Boafoah	MD
Aizman, Alexander	MD
Avalos, Belinda Rene	MD
Avin, Ilan David	MD
Bandy, Michelle Lynnette	MD
Barrett, Melanie Frances	MD
Bayona, Zarana	MD
Beach, Ann Fleming	MD
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Berdecia, Mila	MD
Berry, John	MD
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Bode, Weeranun Dechyapirom	MD
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Boylan, Verena Marianna	MD
Bulger, Christopher Marshall	MD
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Bunch, Michael Patrick	MD
Caesar, Rajani Ruth	MD
Calderon, Roberto Daniel	MD
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Carter, Jeremy Johnson	MD
Caviness, Dawn Scotton	MD
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Chen, Yijun	MD
Cheng, Jianfeng	MD
Chimpiri, Annapurneswara Rao	MD
Coly, Erasme	MD
Copelan, Edward Alan	MD
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Cunningham, Joseph William	MD
Cuscela, Daniel Oscar	DO
Da Silva, Moacyr Marcelino	MD
Dandapantula, Hari Kumar	MD
Dangott, Bryan Joseph	MD
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Dave, Sharda Kiran	MD
Davidson, Kevin Ross	MD
Davis, Casey Jae	MD
Delavan, Joshua Adam	MD
Dennison, David McDade	MD

Derebail, Gopala Krishna	MD
Dettmer, Joshua	DO
Dharanikota, Padmalatha	MD
Dickter, Steven Joseph	MD
Dove, Thomas Peter	MD
Dudley, Lee Anthony	DO
Elton, Scott Wentworth	MD
Eriksen, Nancy Louise	MD
Fahrner, Lester John	MD
Fahrner, Lindsay Jane	MD
Falls, Darryl Lee	MD
Fisher, Don Dean	DO
Fisher, Elda Lambert	MD
Fleming, David Aubrey	MD
Fletcher, Andrew Scott	MD
Forootan, Ali Doctor	MD
French, Richard Scott	MD
Gaskill, Trevor Ryan	MD
Gaudet, Tracy Williams	MD
Ghahari, Joseph Eli	DO
Girouard, Jonie Myrstol	MD
Gligorovic, Predrag Vukman	MD
Gorgas, Laurie Jeanne	DO
Graham, James Adam	MD
Greaser, Michael Christopher	MD
Green, Darrin Michael	MD
Greene, Justine Leslie	MD
Griffith, Kayla Faith	MD
Gumus Balikcioglu, Pinar	MD
Gupta, Neel Dewan	MD
Guyot, Anne Marie	MD
Haley-Wien, Sarah Elisabeth	DO
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Hayes, Anthony Jonathan	MD
Heath, Jonathon Porter	MD
Helton, Thomas Jefferson	DO
Henry, Charles Stephen	MD
Hensley-Judge, Holly Elisabeth	MD
Howey, Jill Lynn	MD
Hoy, Gregory Randolph	MD
Hughes, Charles Anthony	MD
Johnson, Olga Khodakova	MD
Johnston, Barbara Elizabeth	MD
Johnston, Santa Joan	MD
Jones, Geniene Nicole	MD
Kang, David Eugene	MD
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Kessler, Larry Scott	MD

Khan, Anjum	MD
Kim, Myung Mi	MD
Kinner, Robert Luke	MD
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Kosari, Payman	MD
Kumar, Mithilesh	MD
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LeBosquet, Thomas Payne	MD
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Maddipatla Venkata Rama	MD
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Maliakal, Thomas Joseph	MD
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McClurg, Stanley William	MD
McConkey, Joshua Michael	MD
McDonough, Patrick Shannon	MD
McElveen, Russell Leon	DO
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Messick, Mark Andrew	MD
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Moore, Robert Gene	MD
Moree, Mary Catherine	MD
Mori, Naresh	MD
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Nahra, Karim Rizkallah	MD
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Nelson, Perry Vincent	MD
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Noble, Michael	MD
Nsiah, Issaka Odoi	MD
Nwabunor, David Goziem	MD
Oat-Judge, Julia Elizabeth	MD
Oberoi, Supriya	MD
Ogden, Michael Monroe	MD
Okun, Leonard Mark	MD
Olson, Jonathan Mark	MD

O'Neil, James Timothy	MD
Osborne, Thomas	MD
Oseini, Abdul Mumuni	MD
Osei-Nkansah, Elsie	MD
Pantone, Vincent	MD
Paolini, Charlotte Ann	DO
Papavassiliou-Bajic, Paulie	MD
Parekh, Vipul Vrajalal	MD
Parra, Angela Maria	MD
Partis, Kerry Lee	MD
Patel, Bakul Kumar	MD
Pathiraja, Viranga Chamindi	MD
Pawa, Rishi	MD
Perez, Coryell Jade	MD
Perry, Martha Fairbanks	MD
Peter, Premkumar	MD
Phuong, Viet	MD
Pierson, Matthew David	MD
Pineda, Leslie Maeve Claracay	MD
Pope, Troy	MD
Porter, Joshua Graham	MD
Potisek, Melissa Guffey	MD
Poulton, Ginger Jaffrey	MD
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Qureshi, Mariam Rabya	MD
Qureshi, Mohammad Nasar	MD
Rahman, Mohammad Anisur	MD
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Rizzo, Kathryn Ann	DO
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Romano, James Augustus	MD
Russell, Amy Howard	MD
Sabolich, Marko Anton	MD
Salhab, Khaled Fawzi	MD
Samuel, Samuel Inimbom	MD
Sarwar, Hafiz Muhammad Y.	MD
Sauls, Tiffany Nicole	MD
Savage, Frank William	DO
Scarbrough, Marcus Lindley	MD
Schwartz, Jay Harris	MD
Selig, Sean Christopher	MD
Selman, Anthony Bruce	DO
Shah, Goonjan Sunil	MD

Shapiro, Anna	MD
Sharma, Rachana	MD
Shetty, Ranjith	MD
Siddiqui, Sarwat Waqar	MD
Sigmon, Justin Ray	MD
Singh, Jasjeet Kaur	MD
Singh, Jasmeet	MD
Sitarik, John Joseph	MD
Smith, Dipali	DO
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Snipes, Garrett Ellis	MD
SoloRio, Jay Richard	MD
Sonyika, Chionesu	MD
Staneata, Judit Andrea	MD
Stang-Veldhouse, Kathleeya	MD
Stoiko, Michael Austin	MD
Subramani, Govindaraju	MD
Tantchou, Micheline Silvie	MD
Taparia, Versha Rani	MD
Taraska, Nicholas Peter	MD
Taye Makuria, Addisalem	MD
Taylor, Melissa McLane	MD
Test Sharon, Test Sharon	MD
Thomson, David Procter	MD
Tilden, Samuel Grey	MD
Tracy, Elisabeth Tomlinson	MD
Trotta, Brian Michael	MD
Tunnell, David Joshua	DO
Ulrich, Bruce Anthony	MD
Vadde, Ananth	MD
VanDeWyngaerde, David G.	MD
VanHoose, Timothy Aaron	MD
Ventura, John Carl	MD
Vista, Jeff Peter	MD
Wagoner, David Kirk	MD
Walden, Jeffrey Howard	MD
Walton, Rhonda Michelle	MD
Wentz, Julie Marie	DO
Werner, Harry R.	DO
Whitworth, Steven Russell	MD
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Williams, Toni Alexis	MD
Wray, Walter Harrill	MD
Yen, Jeanie Wang	MD
Yen, Sherwin Shaoyu	MD
Zastrow, Raymond Jude	MD
Zickerman, Eric Scott	DO
Zink, Jill Nicole	MD

Nurse Practitioner & Clinical Pharmacist Practitioner Approvals
January 2013

List of Initial Applicants

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WHITLOCK, JOY	IRVIN, JOHN	WILMINGTON
BEAN, TINA	BURKS, APRIL	HARRELLS
BEVERLY HOWARD, LASHAWN	DELL'ARIA, JOSEPH	WHITEVILL
BRIDGEMAN, RACHEL	DARTER, DANIELLE	BOONE
BRITO, SHERLEY	OKAFOR, IFEANYICHUKW	LINCOLNTON
BROWN, ESTELLE	MARTIN, ANTHONY	CHARLOTTE
CARTEE, RHONDA	IRVIN, JOHN	WILMINGTON
COLLINS, MELISSA	MEISEL, DEAN	WILMINGTON
CURRAN, MARY ALYCE	WELLS, MATTHEW	FAYETTEVILLE
DAVIS CAMPBELL, TERRI	MORANDO, DONALD	LUMBERTON
DESAMERO, JONATHAN	MILLARD, JONATHAN	CHARLOTTE
DITTY, CLAY	ELBEERY, JOSEPH	GREENVILLE
EVERLY, CAROL	GO, BRIAN	RALEIGH
FERNALD, CARRIE	LOWRY, DAVID	BALTIMORE
FERRIS, LENA	KAPURAL, LEONARDO	WINSTON-SALEM
FILKINS, DEBORAH	FISHER, DAVID	CHARLOTTE
GELOT, CAROLYN	WRIGHT, THAMRAH	AHOSKIE
GIBSON, ROBIN	KEITH, RANDALL	WESTFIELD
GOOD, ANGELA	LIVINGSTON, JAMES	ROXBORO
HAMLIN, CAROL	JORGE, CARLOS	WHITEVILLE
HARALDSON, LORELL	BUCHANAN, SONYA	SUPPLY

HAYES, MARIANNE	LE-BLISS, MARY	SCOTTSDALE
HENRY, TARSHA	NNADI, VICTORIA	KERNERSVILLE
HIGHFILL, KAREN	VYBIRAL, TOMAS	SPARTA
HOEY, TORIE	KASHIMAWO-AKANDE, SAIDAT	CHARLOTTE
JANSEN, KATHRYN	PALERMO, NANCY	CHARLOTTE
JOHNSON, ALMAZ	PATEL, SUBHASH	CHARLOTTE
KING, PAULA	ELLIS, SHANNON	JACKSONVILLE
KLEIN, ROBERT	MAUNEY, NOLAN	MORGANTON
KNOX, JILL	PHELPS, TRACY	SHELBY
LACKEY, LISKA	GWYNNE, MARK	CHAPEL HILL
LINDSEY, KIMBERLEY	CURRAN, DIANA	HENDERSONVILLE
LORNE, KAREN	TWERSKY, JACK	DURHAM
LOWE, KAREN	KAPLAN, DAVID	DANBURY
LOWE, KAREN	MEEK, THOMAS	BALTIMORE
MADDEN, MARILYN	KACZMAREK, ELLEN	ASHEVILLE
MAZZOCCA, DANIELLE	MEEK, THOMAS	BALTIMORE
MCCAIN, KAREN	SANGVAI, DEVDUTTA	DURHAM
MCCAMBRIDGE, CHRISTINE	GIHWALA, RAMESH	ALBEMARLE
MCCREARY, JENNIFER	SPRINGFIELD, CLAUDE	APEX
MICHAEL, RALPH	TRIPP, HENRY	WINSTON- SALEM
MITCHELL, CHRYSANTHI	QUENG, JOAN	ROBBINSVILLE
MYTON, CATHERINE	RATCLIFFE, ROBERT	COLUMBUS
MYTON, CATHERINE	BIERRENBACH DECAST, RICARDO	FOREST CITY
NEUBRANDER, JUDY	TRIGG, DAVID	SYLVA
O'HANLON, LORETTA	COOK, DAVID	ASHEVILOLE
OSINLOYE, GENEVIEVE	OSINLOYE, ADEDIJI	CHARLOTTE
PALMER, JENS	CORRIGAN, FRANCIS	PINEHURST
PERKINS, JENNIFER	SCHMITT, JOHN	DURHAM
PERKINS, JUANITA	HENRY, CAMILLE	DURHAM
PROKUP, NANCY	FLOWE, KENNETH	RALEIGH
PUCKETT, KAREN	HUBBARD, LAURA	FERGUSON
PUGLISI, JANIS	BUCHANAN, SONYA	SPARTA
RADULESCU, DAN	MCGHEE, JAMES	WILMINGTON
ROBERSON, KRISTINA	PERRY, LAWRENCE	ASHEBORO
SHELTON, SUSAN	WILHELM, JENNIFER	HENDERSONVILLE
SMALLWOOD, TANYA	TAN, WALTER	RALEIGH
SMITH, SANDRA	MAY, MONIQUE	BALTIMORE
STARR, TAMARA	KLASING, DONALD	GASTONIA
STOKELY, DEBORAH	GALIDA, CATHERINE	BALTIMORE
STONE, STEPHANIE	WALKER, BETSY	FLAT ROCK
TERRELL, KYLE	HAITHCOCK, BENJAMIN	CAHPEL HILL
TILLEY, DIANE	KANN, JOEL	RALEIGH
WELTY, MELANIE	PATEL, HIREN	WAYNESVILLE
WHITE, MARYBETH	JONES, KAREN	MOORESVILLE
WIGGANS, TERESA	WATKINS, ROY	BOONE
WILLIAMS, KITZA	RAVINDRA, KADIYALA	DURHAM

WILSON, ANGELA	TROMBLEY, MICHAEL	CONCORD
YATES, STEPHANIE	THACKER, JULIE	DURHAM
ABSHER, DARREN	BERNSTEIN, DANIEL	BALTIMORE
ANDREWS, NANCY	DESANTIS, MICHAEL	HICKORY
BEDNAR, TAMATHA	CROSS, KAREN	WINSTON SALEM
BELL, ANN	HAQ, MUHAMMAD	FAYETTEVILLE
BETTERS, STEPHANIE	WALKER, GENA	CHARLOTTE
BROOM, KRISTEN	O'ROURKE, KRYSTOL	BALTIMORE
BROWN, CARLA	RAO, LAKSHMAN	ERWIN
BRUMBAUGH, HEATHER	LANASA, MARK	DURHAM
BUSH, CHARLES	OSTRUM, ROBERT	CHAPEL HILL
CAMPBELL, CLAUDIA	LAHOUD, CHAWKI	RALEIGH
CARBALLO, DARLA	BOWER, JAMES	CHARLOTTE
CARR, KRISTINA	IRVIN, JOHN	WILMINGTON
CHISUM, PATRICIA	HAFIZ, RAZIA	FAYETTEVILLE
COCKMAN, PATTY	NOREM, JULIA	FAYETTEVILLE
COLE, PORTIA	TRAN-PHU, LAN	FAYETTEVILLE
COOK, JACLYN	ELSTON, SCOTT	APEX
COUNTS, TAMIKA	IRVIN, JOHN	WILMINGTON
CRAWFORD, DARA	DUNCAN-BUTLER, SUSAN	MONROE
CUDDY, SHERRI	PITHWA, SAPNA	CHARLOTTE
DANIELS, JENNIFER	BYERLEY, JULIE	CHAPEL HILL
DYER, MICHELE	HUDSON, ALBERT	CHARLOTTE
ECKARD, BETTINA	SANDERSON, STEVEN	HICKORY
EREN, MARGARET	CHAO, NELSON	DURHAM
FALK, SARAH	LEE, MITCHELL	WILMINGTON
FITCH, TIFFANY	KRISKA, JAN	MOUNT AIRY
GARCIA, TAMMY	MEHTA, MALTI	CHARLOTTE
GIBBONS, EMILY	SHUKLA, NILIMA	GASTONIA
GITZINGER, KATHERINE	GOLDSTEIN, RICKI	DURHAM
GOODEN, JANET	HARLAND, ROBERT	GREENVILLE
GOODIN, THOMAS	BLEVINS, MIRANDA	STATESVILLE
GUHWE, MARY	ARTIS, KARLUS	BALTIMORE
HAYES, HELEN	MCGHEE, JAMES	CHARLOTTE
HENSLEY, TONYA	PATEL, HIREN	ASHEVILLE
HERTEL, KRISTIE	GOETTLER, CLAUDIA	GREENVILLE
HINSON, SCHAUREN	BERNOSKY, EDITH	CARY
HOLLAND, CHELSA	NEUSTADT, PHILIP	GREENSBORO
HOLSONBACK, JAMIE	BARNABEI, ROBERT	CHARLOTTE
HUGHES, MARY ANNE	MORSE, ERIC	CLAYTON
HUNT HAWLEY, REBECCA	GRIFFIN, ASHTON	GOLDSBORO
HUSSEY, ELIZABETH	SCHORR, SANDRA	HENDERSONVILLE
JONES, TANYA	COLMENARES, GUSTAVO	BALTIMORE
JORAN, ELIZABETH	QUASHIE, DAWN	BALTIMORE
KLINK, JALEEN	PRATT, TANYA	GREENSBORO
KUTCHERA, KAREN	DOWLER, SHANNON	BREVARD

LAMBETH, REBECCA	GACCIONE, CRAIG	ASHEBORO
LAMBETH, REBECCA	RICHARDSON, CRIS	ASHEBORO
LISENBY, VERONICA	CARNEY, RODERIC	CLINTON
LOOPS, NADINE	LE-BLISS, MARY	CHARLOTTE
LORE, DIANNE	LEE, MELVIN	CLAYTON
MACON, TERESA	LE-BLISS, MARY	CHARLOTTE
MCCOY, ADRIAN	FERNANDO, JAY	CHARLOTTE
MCSWAIN, TERESA	LE-BLISS, MARY	CHARLOTTE
MUELLER, CAROLYN	MUNOZ, RIGARDY	WILMINGTON
MYERS, JACQUELINE	BERKOFF, DAVID	CHAPEL HILL
NIELSEN, PATRICIA	HANLON, CHARIN	WILMINGTON
NWOKO, AGNES	WALKER, EDWIN	GREENSBORO
O'HARA, MYRA	VICKERY, DAVID	ASHEVILLE
PADGETT, AMANDA	L'ITALIEN, ANITA	CARY
PARKER, JILL	HILLMAN, JASON	SHELBY
PARKS, SANDRA	MORROW, JOHN	GREENVILLE
PAYSOUR, NORA	KNIGHT, CHARLENE	LINCOLNTON
PENN, ANGELA	BACHMANN, LAURA	WINSTON-SALEM
PETERSON, JULIE	PATEL, HIREN	ARDEN
PLUMMER, CHRISTINE	GASKINS, RAYMOND	FAYETTEVILLE
POINDEXTER, JANET	ALEJANDRO, LUIS	GREENSBORO
RAMBERT, DEVON	IRVIN, JOHN	WILMINGTON
ROSSI, DAYNA	MARKS, JOHN	CARY
SCOTT, TINA	SPIVEY, DAVID	GARNER
THOMAS, GILLIAN	BOUSKA, DAVID	HIGH POINT
TOLLEY, MARGARET	BARRIER, CHARLES	SYLVA
TRAYWICK, ANNE	WEIGEL, FREDERICK	ASHEVILLE
WELLS, CHERYL	NIEMEYER, MEINDERT	LIBERTY
WILSON, ANGELA	HORST, JAMES	RALEIGH
WOODY, JENNIFER	KAMATH, GANESH	CHAPEL HILL

CLINICAL PHARMACIST PRACTITIONERS

Brown, Thora
Isom, Courtney
James, YoRonda
Kompare, Tara
Roach, Erin

Anesthesiologist Assistant, Perfusionist & Provisional Perfusionist Licenses
Issued as of January 2013

Perfusionists:
Rowell, Trevelyn (PLP converted to LP)
Savage, Justin
Schneider, Todd

Anesthesiologist Assistants:
None

North Carolina Medical Board
PA Licenses Approved
January 2013

Initial PA Applicants Licensed 11/01/12 – 12/31/12

PA-Cs

Name	
Aboagye-Kumi, Patricia	12/20/2012
Albright, Whitney Richardson	12/18/2012
Arble, Allison Sandra	12/17/2012
Arthur, Amelia Jacquelyn	12/17/2012
Baker, Matthew Garrison	11/08/2012
Barlow, Scott	12/28/2012
Bonner, Brittani	12/31/2012
Boyd, Samara Evans	12/21/2012
Brinkman, Carl DeWayne	11/30/2012
Bunn, Elise Nattier	11/08/2012
Butler, Anna Renee	12/03/2012
Clark, Ann Elizabeth Blankenship	11/26/2012
Cogdell, Jennifer	11/26/2012
Corley, Rebekah Soroosh	11/09/2012
Cothran, Ashley Lynn	12/17/2012
Dana, Michael Paul	11/07/2012
Davenport, Gregory James	11/26/2012
Delabastide, Dayne Tristan	12/17/2012
Dempsey, Karoline Casey	12/05/2012
Doss, Catherine Elaine	12/17/2012
Eichholz, Tuyetanh Nguyen	11/26/2012
Fowler, Hyman Louis	12/05/2012
Friedlander, Jessica Rae	12/03/2012
Garcia, Kari Elizabeth	12/20/2012
Ghebresilasie, Eden Asefaw	11/07/2012
Grady, Megan Michelle	11/20/2012
Gregory, Alexa Grace	11/09/2012
Haas, Emily Quinnan	12/17/2012
Harrell, Allyson	11/27/2012
Hart, Ryan David	12/04/2012
Hawthorne, Susanne Peacock	12/21/2012
Heckman, Eric Christopher	12/31/2012
Heim, Robert Edward	11/28/2012
Holzhauer, Rachel L.	12/31/2012
Horn, Shelly Richards	12/17/2012

Howard, Lauren Anne	12/17/2012
Irons, Amanda Susanne	12/05/2012
Jeppson, Jody	12/20/2012
Johnson, Kevrin Joseph	11/27/2012
Jones, Jessica Renee	12/06/2012
Krowialis, Jessica Danielle	12/17/2012
Laughlin, Anne	12/17/2012
Lindholm, Mollie O'Mara	11/30/2012
Linke, Andreas Wolfgang	12/17/2012
Martin, Karolyn S	12/17/2012
McIlwain, Laura Lyn	11/07/2012
Meyers, Lonnie Eugene	12/17/2012
Michael, Ann	11/05/2012
Montgomery, Nathan	12/06/2012
O'Bric, Kerry	11/07/2012
Pak, Jinkyung Eun	12/20/2012
Patel, Sapnil D	11/13/2012
Pessetti, Staci Marie	12/17/2012
Petrie, Meg Elizabeth	11/01/2012
Poole, Elliot Joseph	12/31/2012
Pruitt, Diana Shea	12/17/2012
Reule, William Houston	12/27/2012
Reynolds, Laura Ann	12/17/2012
Ricci, Lisa Leigh	12/17/2012
Ricker, Linda Elizabeth	11/27/2012
Runser, Avee Lynn	11/20/2012
Russell, Alicia Lynne	12/21/2012
Sekelski, Jessica Marie	11/07/2012
Shaw, Lindsey Alice	11/26/2012
Smith, Katie Freel	12/17/2012
Sparks, Shannon Shumate	12/17/2012
Steger, Michael John	12/17/2012
Steinhauser, Carolyn	12/17/2012
Stout, Ryan Charles	11/19/2012
Strickland, Antonina Pavlovna	12/28/2012
Talmich, Emily Elizabeth	12/28/2012
Territo, Bart Michael	11/28/2012
Thierry, Melissa	11/13/2012
Turk, Elona Ray	11/29/2012
Vandentop, Roberta Nadine	11/29/2012
Weavil, Emma Veigh	12/17/2012
Wilson, Lindsay	11/29/2012
Wombacher, Timothy Peter	12/31/2012
Womble, Brittany Taylor	12/17/2012
Worley, Charley Alyce	12/17/2012

PA-Cs Reactivations/Reinstatements/Re-Entries

Name

Barlow, Adriane Thorpe	11/30/2012
Doan, Thao Vu Da	11/29/2012

Additional Supervisor List – 11/01/12 – 12/31/12

PA-Cs

Name	Primary Supervisor	Practice City
Abernethy, Erin	Patel, Hiren	Asheville
Abernethy, Erin	Wiggins, David	Thomasville
Aboagye-Kumi, Patricia	Daka, Matthew	Fayetteville
Adams, Deborah	Hoppenot, Regis	Greenville
Ajello, Scott	De Perczel, John	Hickory
Arce, Joseph	Garg, Kusum	Fayetteville
Arthur, Amelia	Matlack, Robert	Fayetteville
Arthur, Amelia	Araghi, Sasan	Fayetteville
Bakkestuen, Rebecca	Daugherty, Wilson	Concord
Banks, Mark	Gandla, Vijaya	High Point
Banks, Mark	Azar, George	Thomasville
Barabas, Matthew	Hill, Edward	Winston Salem
Barabas, Matthew	Runheim, Andreas	Winston Salem
Barringer, Kathi	Venable, Robert	Plymouth
Beall, David	Cooper, Randolph	Raleigh
Belfi, Brian	Mullins, Timothy	High Point
Belfi, Brian	Wrenn, John	Greensboro
Bell, Charles	Fisher, William	Hickory
Bhojani, Mahendrakumar	Faircloth, Jackie	Charlotte
Blanton, James	Mijumbi, Olivia	Gastonia
Blanton, James	Warren, Roger	Garland
Blanton, James	Cornett, Edgar	Charlotte
Blocher-Steiner, Sarah	Peace, Robin	Lumberton
Boyd, Samara	Elbeery, Joseph	Greenville
Brinkman, Carl	Maxwell, Keith	Asheville
Brown, Lynn	Ziolkowska, Aldona	High Point
Burke, Stephanie	Jackson, LeRon	Middlesex
Burtt, Jennifer	Hallegado, Arlene	Jacksonville
Burtt, Jennifer	Moranville, John	Jacksonville
Burtt, Jennifer	Walker, Shayna	Jacksonville
Burtt, Jennifer	Moranville, John	Jacksonville
Caban, Ami	Fitzsimons, Nicholas	Charlotte
Caban, Ami	Hardy, James	Charlotte

Campbell, Orville	Sair, Farrukh	Charlotte
Card, Katherine	Clinard, George	Charlotte
Carlson, William	Lacey, David	Cleveland
Carpenter, Iliana	Eranti, Shanti	Rocky Mount
Carter, Alnissa	Surgers, Sherri	Raleigh
Carter, Eileen	Patel, Yogin	Kinston
Carter, James	Vu, Khanh	Henderson
Chauncey Jazayeri, Anna	Hillman, Jason	Charlotte
Cheema, Najia	Rosenbaum, David	Raleigh
Choe, Charles	Shillinglaw, William	Asheville
Christian, Michelle	Bradley, Elizabeth	Winston Salem
Clifton, Stevan	Fernando, Lionel	Wilmington
Cochran, Kara	McDonald, John	Charlotte
Coggin, Sharon	Harrell, Russell	Sanford
Colletti, Thomas	Martin, Andrew	Buies Creek
Colley, Harvey	Heter, Michael	Wilmington
Connolly, Beverly	Custer, Current	Sylva
Constable, Amber	Aluisio, Frank	Greensboro
Constable, Amber	Gioffre, Ronald	Greensboro
Cooper, Lana	King, David	Louisburg
Cooper, Michelle	Udoh, Benjamin	Fayetteville
Cooper, Rebecca	Dambeck, Allyn	Faison
Cottrell, Deanna	Ballard, Harry	New Bern
Cross, Harry	Artis, Karlus	Wilson
Cudd, Mary	Garrett, Dana	Sanford
Cummings, David	Daw, Jeffrey	Cary
Custer, Dalena	Berman, Larry	Charlotte
Cyril, Sabrina	Ellis, Charles	Fayetteville
D'Amico, Keith	Voulgaropoulos, Menelaos	Stony Point
Dana, Michael	Jones, Richard	Asheville
Daniele, Kimberly	Reed, John	Lumberton
Davis, Martha	Paracha, Muhammad	Fayetteville
Davis, Martha	Saini, Hari	Fayetteville
Dewar, John	Zeller, Kathleen	Greensboro
Dineen, Miriam	Lantelme, Bruce	Winston Salem
Domer, Andrew	Barrie, Kimberly	Fayetteville
Doss, Catherine	Kumar, Arvind	Fayetteville
Driver, Phyllis	Kyerematen, Gabriel	Raleigh
Dryden, Elizabeth	Polo, James	New Bern
Dryden, Elizabeth	McClellan, Scott	New Bern
Dryden, Elizabeth	Murphy, Sean	New Bern
Dunkelberger, Gregory	Jewell, James	King
Edwards, John	Simmons, Benjamin	Salisbury
Ellis, Dale	Schmitt, Philip	Morganton
Ellis, Patricia	Mullen, Matthew	Youngsville
Emler, Sherlynn	DeVaul, Chanson	Goldsboro

Ervin, Alison	Wiggins, David	Thomasville
Etheridge, William	Gupta, Manoj	Smithfield
Eure, Vilayphonh	Paranjape, Suvinay	Elizabeth City
Evans, Molly	Kwiatkowski, Timothy	Roxboro
Everhart, Michael	Chang, James	Goldsboro
Fenn, Peter	Martin, Andrew	Buies Creek
Ferrill, Elizabeth	Lawrence, Julia	Winston Salem
Fischer, Taylor	Harrelson, Anna	Asheville
Fletcher, Chelsea	Sinden, John	Raleigh
Ford, Amy	Ito, Kristin	Durham
Ford, Angela	Whelan, Meg	Greensboro
Fortin, Maria	Newsome, Samuel	Danbury
Fox, James	Restino, Elizabeth	Catawba
Francis, Jennifer	Sachdeva, Alka	Raleigh
Friedlander, Jessica	Sico, Chrisandra	Kinston
Fritz, Ashley	Dixon, Donovan	Pembroke
Furniss, Monica	Fronapfel, Paul	Charlotte
Gainey, Sarah	Norris, Cynthia	Fayetteville
Grady, Megan	Taavoni, Shohreh	Durham
Gregory, Alexa	Jarosz, Todd	Greenville
Halcomb, Celeste	Monroe, Lanny	Boone
Hall, Wayne	Buglisi, Lucille	Jacksonville
Hammonds-Murphy, Lenita	Poulos, John	Fayetteville
Hardin, Lindsey	Patel, Hiren	Asheville
Harrell, Allyson	Slaughter, Gary	Charlotte
Harris, Victoria	Wefald, Franklin	Smithfield
Hassinger, Alisa	Hocker, Michael	Durham
Hassinger, Alisa	Christopher, Eric	Durham
Haugen, Jennifer	Koewler, Thomas	Charlotte
Hawkins, Misty	Todd, Timothy	Fayetteville
Hawkins, Misty	Fondinka, Godfrey	Fayetteville
Hawthorne, Susanne	Hoben, Michael	Charlotte
Hedgepeth, Albert	Kyerematen, Gabriel	Raleigh
Heffner, Grace	Williams, Daniel	Pinehurst
Helm, James	Moulton, Michael	Wilmington
Hennequin, Karla	Guerrini, James	Oak Ridge
Hickman, Michele	Carlson, Richard	Wilmington
Hill, Tina-Marie	Bond, Charles	Rutherfordton
Hinds, David	DeVaul, Chanson	Goldsboro
Hinds, David	Umesi, Joseph	Nashville
Hoffmann, Martha	Russell, Larry	Hendersonville
Holland, Sarah	Wallen, Eric	Chapel Hill
Holzhauer, Rachel	Randazzo-Burton, Theresa	Charlotte
Hoover, Ryan	Crowther, James	Raleigh
Hoover, Ryan	Fajgenbaum, David	Raleigh
Hoover, Ryan	Grant, Terry	Goldsboro

Hoover, Ryan	Fajgenbaum, Michael	Raleigh
Hoover, Ryan	Jones, David	Raleigh
Hoover, Ryan	Benedict, Frederick	Raleigh
Hopkins, Michelle	Drimalla, Richard	Gastonia
Hopkins, Michelle	Hall-Baker, Everlyn	Charlotte
Horn, Shelly	Roberts, Leroy	Fayetteville
Horton, Ann	Avioli, Richard	High Point
Horton, Ann	Thompson, David	High Point
Howerter, Megan	Wilson, Joseph	Raleigh
Hudak, Pamela	Fleishman, Samuel	Fayetteville
Huddleston, Coe	Othman, Islam	Raleigh
Hurley, Kista	Gaca, Jeffrey	Durham
Hylton, Andrew	Gullickson, Matthew	Matthews
Hylton, Andrew	Ternes, John	Charlotte
Incorvaia, Julia	Holtzmuller, Kent	Charlotte
Jenkins, Walter	Frank, Harrison	Durham
Jennette, Millicent	Asemota, Ogiemwonyi	Fayetteville
Jernejcic, Tara	Ganji, Jagadeesh	Greensboro
Johanson, Erik	Kinninger, Adam	Marion
Johanson, Leigh	Kinninger, Adam	Marion
Johnson, Kevrin	Chao, Nelson	Durham
Jones, Jessica	Chang, Albert	Raleigh
Jones, Kimberly	Gilbert, Brett	Raleigh
Kasbohm, Elizabeth	Hart, John	Knightdale
Kazda, John	Pavelock, Richard	Statesville
Kinstrey, Kristin	Kiger, Tara	New Bern
Konopka, Suzanne	Patel, Hiren	Asheville
Korzun, Addison	Albright, Daniel	Raleigh
Korzun, Addison	Boes, Matthew	Raleigh
Kovalev, Vitaley	Flaherty, Stephen	Fayetteville
Kraus, Rebecca	Barkenbus, John	Charlotte
Kruszewski, Kristin	Gaul, John	Charlotte
Kruszewski, Kristin	Osier, Lois	Charlotte
Kruyer, Lauree	Bastek, Tara	Raleigh
Kruyer, Lauree	Dunn, Laurie	Raleigh
Kyazimova, Marina	Freeman, Marshall	Greensboro
Labs, John	Wood, Kenneth	Mooresville
Labs, John	Garrido, Ben	Mooresville
Lacey, Donna	Marfo, Magdalene	Charlotte
LaCoursiere, Julie	Pithwa, Sapna	Charlotte
Land, Phillip	Heter, Michael	Burlington
Landrigan, Lawrence	Colquhoun, Scott	Wilmington
Lechner, Jonathan	Melvin, James	Concord
Ledford, James	Rogers, John	Sylva
Lee, Allyson	Farrat, Jorge	Dunn
Lee, Saeri	Hocker, Michael	Durham

Leonard, Paul	Kimball, Robert	Statesville
Lewis, David	Prince, Gus	Ft Bragg
Lewis, Yvonne	Fleishman, Samuel	Fayetteville
Lillie, Chris	Stein, Jeannette	Durham
Lindholm, Mollie	Kahai, Jugta	Southport
Linke, Andreas	Lee, Melvin	Garner
Litty, Jared	Wells, Matthew	Fayetteville
Locklear, Ashley	Howell, David	Laurinburg
Locklear, Ashley	Rowson, Jonathan	Laurinburg
Long, Traci	Custer, Current	Sylva
Lonneman, Kimberly	Vreeland, Gloria	Laland
Lovato, Frank	Johnson, Earlie	Jacksonville
Luna, Hector	Ellis, Charles	Fayetteville
Mahiquez, Jose	Wefald, Franklin	Smithfield
Majesty, Alexandra	Moss, Robert	Denver
Marhalik, Kendall	Leung, Eugene	Wake Forest
Marion, Gail	Celestino, Frank	Winston Salem
Marshall, Edwin	Benedict, Frederick	Raleigh
Marshall, Julie	Roe, Matthew	Durham
Martin, Karolyn	Velazquez Rivera, Eric	Lumberton
Martin, Maida	Rosen, Robert	Winston Salem
Mattera, Paul	Gupta, Manoj	Smithfield
Mayfield, Evan	Gallagher, Scott	Winston Salem
Mayfield, Evan	Sowles, Krichna	Burlington
McAllister, Nichole	Henrichs, Charles	Hendersonville
McIlwain, Laura	Rudins, Andrew	Asheville
McNelis, Jillian	Rosenbaum, David	Raleigh
McPherson, Darla	Crummett, Daniel	Hillsborough
Melgar, Tammy	Ribeiro, Donald	Greenville
Melgar, Tammy	Perry, Robert	Jacksonville
Montgomery, Nathan	Alsina, George	Wilmington
Morse, Melissa	Gould, Glenn	Morganton
Mount, Martha	Chen, Franklin	Winston Salem
Nguyen, Hieu	Nguyen, Thao	Charlotte
Nguyen, Hieu	Nguyen, Tuong	Charlotte
Nobles, Michelle	Fulmer, Robert	Rock Hill
Nowak, Mellisa	Jain, Ashokkumar	Fayetteville
Nowak, Mellisa	Shuler, Jimmie	Spring Lake
O'Kane, Richard	Kiger, Tara	New Bern
ONeill, Jessica	Monahan, Michael	Raleigh
Paitsel, Lisa	Demas, Ronald	Wilmington
Parks, Joan	Nieves Gonzalez, Orlando	Cherokee
Pate, Robert	Burks, Tandeka	Fayetteville
Patel, Komal	Nguyen, Tuong	Charlotte
Patel, Komal	Joachim, James	Jacksonville
Patel, Komal	Nguyen, Thao	Charlotte

Patel, Nisha	Messerly, David	Raleigh
Patronik, Susan	Jones, Karen	Charlotte
Perrow, Jason	Lee, Melvin	Wake Forest
Peters, Daniel	Locklear, David	Belmont
Petrie, Meg	Minior, Daniel	Rocky Mount
Phillips, Jason	Kommu, Chandrasekhar	Greensboro
Potts, Timothy	Patel, Yogin	Kinston
Powell, Debra	Rehman, Khawaja	Mooresville
Primak, Michael	Karegeannes, James	Asheville
Prince, Colleen	Kann, Joel	Durham
Read, Joanna	Grimm, Paul	Lumberton
Reule, William	Briones, Marcus	Monroe
Reuter, Eric	Choong, Paul	Winston Salem
Rezac, Darcy	Oster, Timothy	Wilmington
Ricci, Lisa	Klein, Steven	Wilmington
Ricker, Linda	Farah, Naguib	Wadesboro
Ricketts, Bill	Kearns, Stephen	Kernersville
Rinkenberg, Kristen	Llewellyn, Samara	Winston Salem
Roberts, Kyle	Llewellyn, Samara	Winston Salem
Roberts, Kyle	Samson, Eric	Winston Salem
Rodgers, Carolyn	Daud, Shahnaz	Cary
Roemer, William	Murray, Laura	Burlington
Roemer, William	Hawkins, James	Burlington
Rojas, Brian	Inge, Jack	Raleigh
Runser, Avee	Brooks-Fernandez, Connie	Fayetteville
Russell, Alicia	Johnson, Michael	Charlotte
Russell, Douglas	Comstock, Lloyd	Yanceyville
Saint, Faith	Fitzsimons, Nicholas	Charlotte
Saint, Faith	Hardy, James	Charlotte
Schaeffer, Chase	Masere, Constant	Cameron
Scheib, Aaron	Wadley, Robert	Raleigh
Schwanke, Matthew	Charron, George	Raleigh
Schwanke, Matthew	Mollin, Daniel	Raleigh
Scott, Rachelle	Monds, Alvah	Elizabeth City
Scott, Rachelle	Polsky, Saul	Elizabeth City
Sexton, Jeremy	Thompson, Donovan	Lincolnton
Shaw, Lindsey	Millard, Jonathan	Charlotte
Short, Jennifer	McCutchen, Jeffrey	Charlotte
Shutak, Michael	Lacroix, Christopher	Engelhard
Smith, Melissa	Guerrini, James	Greensboro
Solosko, Stephanie	Blumling, Brandi	Raleigh
Spangler, Charlotte	Allen, Robert	Raleigh
Sparks, Shannon	Kibbe, Peter	New Bern
Spear, Sharon	Blazing, Michael	Durham
Spicer, Blai	Hudak, Deborah	Charlotte
Spiegel, Barry	Masere, Constant	Angier

Spinelli, Jessica	Wells, Matthew	Fayetteville
Stabile, Jamie	Elston, Scott	Morrisville
Steck, Cassie	Fronapfel, Paul	Charlotte
Steger, Michael	Adams, David	Cary
Steinhauser, Carolyn	Graham, Ernesto	Fayetteville
Stephens, Phillip	Reed, John	Lumberton
Stiebris, Linda	Tobin, Paul	Mebane
Stockstill, Rebekah	Sensenbrenner, John	Charlotte
Stone, Emily	Koewler, Thomas	Matthews
Stone, Hoyt	Gray, Lee	Burlington
Sweet, Megan	Andy, Camille	Winston Salem
Tercan, Dianna	Austin, Demetria	Gastonia
Territo, Bart	Radnothy, Louis	Fort Bragg
Thayer, Nancy	Shelton, Phyllis	Asheville
Thomas, Whitney	Cicci, Christopher	Concord
Thomas, Whitney	Takla, Medhat	Concord
Tinker, J. Paige	Rice, James	Pinehurst
Tinsley, Audrey	Rostand, Robert	High Point
Trapp, Jane	Brillant, Patrick	Greenville
Trenery, Franklin	Reed, John	Lumberton
Trenner, James	Sachdeva, Alka	Raleigh
Turk, Elona	Brower, Jonathan	Southern Pines
Turner, Eric	Khan, Fozia	Burlington
Vilmann, Adelynn	Lee, Mitchell	Wilmington
Vogele, Michael	McCann, Richard	Durham
Vogele, Michael	Tyler, Douglas	Durham
Wallis, Julie	Gudeman, Steven	Gastonia
Ward, Mark	Gilbert, Mark	Murphy
Warren, Leah	McCutchen, Jeffrey	Charlotte
Weaver, Arlondra	Tokunboh, Julius	Concord
Weavil, Emma	Williams, Jonathan	Burlington
Webb, Lauren	Bunio, Richard	Cherokee
Weegar, James	Manning, Michael	Murphy
Weegar, James	So, Laurence	Murphy
Welborn, Reggie	Stinson, Charles	Winston Salem
Welch, Carol	Underwood, Gregory	Charlotte
West, Emily	Coll, Paolo	Greensboro
Wexler, Kimberly	Gonzalez, Jose	Wilmington
Wheeler, Merritt	Sincox, Francis	Shelby
White, Steven	Garing, Kendall	Asheboro
White, Steven	Voulgaropoulos, Menelaos	Burlington
Whitney, Douglas	Ferguson, Robert	Fayetteville
Wighton, Stephanie	Chotiner, Bradley	Rockwell
Willey, Alexis	Senicki, Martin	Sylva
Williams, Allison	Ziglar, Susan	Moyock
Williams, Mary	Leung, Eugene	Clayton

Wilson, Lindsay	Antony, Alvin	Rocky Mount
Winn, Danny	Krull, Ronald	Clinton
Winn, Danny	Kelley, Steven	Clinton
Womble, Brittany	Reyes, Rodolfo	Raleigh
Worley, Miranda	Daniel, Terry	Eden
Wright, Andrea	Uhren, Robert	Micaville
Wright, Lauren	McAllister, John	Raleigh
Wynja, Elizabeth	Darter, Danielle	Warrensville
Yerkes, Carrie	Ajmani, Ajay	Sanford
Young, Anthony	Perry, Robert	Jacksonville
Young, Anthony	Watson, Stanley	Clayton
Young, Michelle	Anderson, Anthony	Greensboro
Zachman, Melissa	Schneider, Joel	Raleigh

21 NCAC 32B .1303 APPLICATION FOR PHYSICIAN LICENSE

(a) In order to obtain a Physician License, an applicant shall:

(1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit a photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;

(3) submit documentation of a legal name change, if applicable;

(4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(5) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education. The applicant's date of graduation from medical school shall be written in the designated space, and the school seal shall be stamped on the form; the dean or other official of the applicant's medical school shall sign this form, verifying the information;

(6) for an applicant who has graduated from a medical or osteopathic school approved by the LCME, the CACMS or COCA, meet the requirements set forth in G.S. 90-9.1;

(7) for an applicant graduating from a medical school not approved by the LCME, meet the requirements set forth in G.S. 90-9.2;

(8) provide proof of passage of an examination testing general medical knowledge. In addition to the examinations set forth in G.S. 90-10.1 (a state board licensing examination; NBME; USMLE; FLEX, or their successors), the Board accepts the following examinations (or their successors) for licensure:

(A) COMLEX,

(B) NBOME, and

(C) MCCQE;

(9) submit proof that the applicant has completed graduate medical education as required by G.S. 90-9.1 or 90-9.2, as follows:

(A) A graduate of a medical school approved by LCME, CACMS or COCA shall have satisfactorily completed at least one year of graduate medical education approved by ACGME, CFPC, RCPSC or AOA.

(B) A graduate of a medical school not approved by LCME shall have satisfactorily completed three years of graduate medical education approved by ACGME, CFPC, RCPSC or AOA.

(C) An applicant may satisfy the graduate medical education requirements of Parts (A) or (B) of this Subparagraph by showing proof of current certification by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS or AOA;

(10) submit a FCVS profile:

(A) If the applicant is a graduate of a medical school approved by LCME, CACMS or COCA, and the applicant previously has completed a FCVS profile; or

(B) If the applicant is a graduate of a medical school other than those approved by LCME, COCA or CACMS;

(11) if a graduate of a medical school other than those approved by LCME, AOA, COCA or CACMS, furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if:

(A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); or

(B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;

~~(12) submit reports from all state medical or osteopathic boards from which the applicant has ever held a medical or osteopathic license, indicating the status of the applicant's license and whether or not any action has been taken against the licensee;~~

(13) submit an AMA Physician Profile and, if applicant is an osteopathic physician, also submit an AOA Physician Profile;

(14) if applying on the basis of the USMLE, submit:

(A) a transcript from the FSMB showing a score on USMLE Step 1, both portions of Step 2 (clinical knowledge and clinical skills) and Step 3; and

(B) proof that the applicant has passed each step within three attempts. However, the Board shall waive this requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS or AOA approved specialty board within the past 10 years;

(15) if applying on the basis of COMLEX, submit:

(A) a transcript from the NBOME showing a score on COMLEX Level 1, both portions of Level 2 (cognitive evaluation and performance evaluation) and Level 3; and

(B) proof that the applicant has passed COMLEX within three attempts. However, the Board shall waive this requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS or AOA approved specialty board within the past 10 years;

(16) if applying on the basis of any other board-approved examination, submit a transcript showing a passing score;

(17) submit a NPDB / HIPDB report, dated within 60 days of submission of the application;

(18) submit a FSMB Board Action Data Report;

(19) submit two completed fingerprint record cards supplied by the Board;

(20) submit a signed consent form allowing a search of local, state, and national files for any criminal record;

(21) provide two original references from persons with no family or marital relationship to the applicant. These references must be:

(A) from physicians who have observed the applicant's work in a clinical environment within the past three years;

(B) on forms supplied by the Board;

(C) dated within six months of the submission of the application; and

(D) bearing the original signature of the writer;

(22) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and

(23) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

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

(1) within the past 10 years taken and passed either:

(A) an exam listed in G.S. 90-10.1 (a state board licensing examination; NBOME; USMLE; COMLEX; or MCCQE or their successors;

(B) SPEX (with a score of 75 or higher); or

(C) COMVEX (with a score of 75 or higher);

(2) within the past 10 years obtained certification or recertification or CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS or AOA;

(3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC or AOA; or
(4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.

(c) All reports must be submitted directly to the Board from the primary source, when possible.
(d) An applicant shall appear in person for an interview with the Board or its agent, if the Board needs more information to complete the application.
(e) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

History note: Authority G.S. 90-8.1; 90-9.1; 90-9.2; 90-13.1;
Eff. August 1, 2010;
Amended Eff. January 1, 2012; November 1, 2011; October 1, 2011.

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21 NCAC 32B .1350 REINSTATEMENT OF PHYSICIAN LICENSE

(a) Reinstatement is for a physician who has held a North Carolina License, but whose license either has been inactive for more than one year, or whose license became inactive as a result of disciplinary action (revocation or suspension) taken by the Board. It also applies to a physician who has surrendered a license prior to charges being filed by the Board.
(b) All applicants for reinstatement shall:
(1) submit a completed application, attesting under oath that information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
(2) submit documentation of a legal name change, if applicable;
(3) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
(4) If a graduate of a medical school other than those approved by LCME, AOA, COCA or CACMS, shall furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if:
(A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); or
(B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;
~~(5) submit reports from all state medical or osteopathic boards from which the applicant has ever held a medical or osteopathic license, indicating the status of the applicant's license and whether or not any action has been taken against the license;~~
(6) submit the AMA Physician Profile; and, if applicant is an osteopathic physician, also submit the AOA Physician Profile;
(7) submit a NPDB/HIPDB report dated within 60 days of the application's submission;
(8) submit a FSMB Board Action Data Bank report;
(9) submit documentation of CME obtained in the last three years, upon request;
(10) submit two completed fingerprint cards supplied by the Board;
(11) submit a signed consent form allowing a search of local, state, and national files to disclose any criminal record;
(12) provide two original references from persons with no family or material relationship to the applicant. These references must be:
(A) from physicians who have observed the applicant's work in a clinical environment within the past three years;

(B) on forms supplied by the Board;
(C) dated within six months of submission of the application; and
(D) bearing the original signature of the author;

(13) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and

(14) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.

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

(1) within the past 10 years taken and passed either:
(A) an exam listed in G.S. 90-10.1 (a state board licensing examination; NBME; NBOME; USMLE; FLEX; COMLEX; or MCCQE or their successors);
(B) SPEX (with a score of 75 or higher); or
(C) COMVEX (with a score of 75 or higher);

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

(3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC or AOA; or

(4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.(d) All reports must be submitted directly to the Board from the primary source, when possible.

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

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

History Note: Authority G.S. 90-8.1; 90-9.1; 90-10.1; 90-13.1;
Eff. August 1, 2010;
Amended Eff. November 1, 2011.