MINUTES

North Carolina Medical Board

July 20-22, 2010

1203 Front Street
Raleigh, North Carolina
WORKNOTES

General Session Minutes of the North Carolina Medical Board Meeting held July 20-22, 2011.

The North Carolina Medical Board met July 20-22, 2011, at its office located at 1203 Front Street, Raleigh, NC. Janice E. Huff, MD, President, called the meeting to order. Board members in attendance were: Donald E. Jablonski, DO, Past President; Ralph C. Loomis, MD, President-Elect; William A. Walker, MD, Secretary/Treasurer; Thomas R. Hill, MD; Ms. Thelma Lennon; John B. Lewis, Jr., LLB; Peggy R. Robinson, PA-C; Paul S. Camnitz, MD; Karen R. Gerancher, MD and Eleanor E. Greene, MD. Absent was Ms. Pamela Blizzard.

Presidential Remarks

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

Minute Approval

Motion: A motion passed to approve the May 18, 2011 Board Minutes and the June 16, 2011 Hearing Minutes.

Announcements

1. A tribute was held in honor of Dr. George Barrett’s, former NCMB Board Member, passing.
2. Mr. Curt Ellis, Director of Investigations, recognized Mr. Donald Pittman on his 30-year anniversary at the NCMB. The Board approved the following resolution in his honor.

RESOLUTION

In Recognition of
DONALD R. PITTMAN

FOR 30 YEARS OF DISTINGUISHED SERVICE
to the
NORTH CAROLINA MEDICAL BOARD

May, 1981 - May, 2011

WHEREAS, Donald R. Pittman was first employed by the Medical Board on May 4, 1981 as an investigator. As one of two investigators at the time, Don was responsible for investigating complaints, preparing Reports of Investigation, and testifying at hearings; and,

WHEREAS, Don continued to play a leadership role in the Investigative Department as it grew from two employees to 11 employees; and,
WHEREAS, Don held the positions of Investigator, Chief Investigator, Supervisor of Field Investigations, Director of Investigations, and is currently, the Supervisor of Compliance, and continues to conduct investigations as the Board’s most seasoned investigator; and,

WHEREAS, in June 2006, the Regional Counterdrug Training Academy awarded him for completing 32 hours of training for Compliance Investigations/Pharmaceutical Diversions; and,

WHEREAS, in June 2007, Don was certified by the Administrators in Medicine/Federation of State Medical Boards as a Certified Medical Board Investigator; and,

WHEREAS, Don was one of twenty-two State Medical Board Investigators graduating in the Inaugural Class of the Certified Medical Board Investigator Training Program; and,

WHEREAS, the Board is indebted to him for his personal service and his dedication to the principals of integrity, trust and honor; and,

WHEREAS, along with his warm sense of humor and judicious temperament, Don has represented the Medical Board with honor and pride; and,

WHEREAS, on May 4, 2011 Don completed 30 years of dedicated service with the North Carolina Medical Board.

NOW, THEREFORE, BE IT RESOLVED from this day forward the conference room, formally known as Conference Room F, will be designated as the Donald R. Pittman Conference Room.

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

Approved by acclamation this 20th day of July, 2011.

THE NORTH CAROLINA MEDICAL BOARD

EXECUTIVE COMMITTEE REPORT
The Executive Committee of the North Carolina Medical Board was called to order at 1:05 pm, Thursday July 21, 2011, at the offices of the Board. Members present were: Janice E. Huff, MD, Chair; Ralph C. Loomis, MD, William A. Walker, MD, and Donald E. Jablonski, DO. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations) and Peter T. Celentano, CPA (Comptroller).

1) Financial Statements

a) Monthly Accounting May 2011

The Committee reviewed the May 2011 compiled financial statements. May is the seventh month of fiscal year 2011.

Committee Recommendation: Accept the financial statements as reported.
Board Action: The Board accepted the Committee recommendation.
b) Investment Account Statements

The Committee reviewed the June and May 2011 investment account statements from Sterling Capital Management and Fifth Third Bank.

Committee Recommendation: Accept the investment account statements as reported.

Board Action: The Board accepted the Committee recommendation.

2) Old Business

a) Credentialing Project

The Committee met with Mr. Robert Lamme, credentialing project coordinator, who gave an update on progress made towards possible improvements to the credentialing and verification processes within the state.

Committee Recommendation: Accept as information. Invite Mr. Lamme to return for a final report in January.

Board Action: The Board accepted the Committee recommendation.

b) Corporation Rules

In November 2010, the Board preliminarily approved proposed changes to the professional corporation rules. The comment period has expired and the public hearing was held July 15, 2011. Several proposed changes were received from interested parties.

Committee Recommendation: Adopt the attached (see Appendixes) changes to the professional corporation rules which include the suggestions from interested parties.

Board Action: The Board accepted the Committee recommendation.

c) FTC v. NC Board of Dental Examiners

The Committee received an update regarding the Federal Trade Commission’s action against the NC Board of Dental Examiners. An Administrative Law Judge recently entered a decision that concluded the dental board’s attempt to block non-dentists from providing teeth-whitening goods or services was an unreasonable restraint of trade and an unfair method of competition. The ALJ’s decision will be reviewed by the FTC and a final decision is expected later this year.

Committee Recommendation: Accept as information.
3) New Business

a) AIM Assessment Program (“AIMAP”)

The Committee received a report regarding the Administrators in Medicine Assessment Program (AIMAP) a program offered by AIM to provide an impartial third party assessment of the Board’s licensure and disciplinary processes.

Committee Recommendation: (1) Executive Director to enter into a contract with AIM to assess the Board’s licensing and disciplinary processes, (2) site visit to occur early 2012 with a report to the Board May 2012, and (3) allocate sufficient funds in 2011-2012 budget for this assessment.

Board Action: The Board accepted the Committee recommendation.

b) FSMB Bylaws

The FSMB Board of Directors includes, among other persons, two medical board executive directors. These “Associate Members” serve a two-year term while the remaining board members serve three-year terms. The FSMB Bylaws Committee will meet on September 26, 2011, to consider requests for amendments or revisions to the FSMB Bylaws. The Executive Director recommends to the Committee changing the term for “Associate Members” from two to three years.

Committee Recommendation: NCMB to submit a proposed change to the FSMB Bylaws to increase the term for “Associate Members” from two to three years.

Board Action: The Board accepted the Committee recommendation.

c) Reporting Public Letters of Concern

Currently the Board reports all Public Letters of Concern to the Federation of State Medical Boards (FSMB). The Committee discussed whether the Board should automatically report all public letters to the FSMB.

Committee Recommendation: Tabled for further discussion at the September 2011 meeting. Do not report public letters until a final decision is made.

Board Action: The Board accepted the Committee recommendation.

d) Nomination of New Officers and Executive Committee Members

The Committee nominates the following officers for 2011-2012: Dr. William Walker, President-Elect; Dr. Karen Gerancher, Secretary/Treasurer; and Ms. Peggy Robinson member at large of the Executive Committee.

According to the Bylaws, the current President-Elect, Dr. Ralph Loomis, shall automatically become President on November 1 and the current President, Dr. Janice Huff, will continue to serve on the Executive Committee as Past President.
1. Old Business
   a. Position Statement Review continued
      i. Self- Treatment and Treatment of Family Members and Others with Whom
         Significant Emotional Relationships Exist (APPENDIX A)

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

3/2011 Committee Discussion: Mr. Brosius suggested that the Board may need to
establish some bright lines, because the current position statement leaves room for
some treatments that the Board may deem unethical depending on physician
interpretation. Dr. Loomis suggested that he preferred a hardline approach and would
recommend eliminating minor treatment of illness. He indicated that the Board’s interest
is for the patients to receive the best care. Dr. Greene agreed that eliminating treatment
of minor illness would remove any room for confusion, but also felt we should leave the
ability to treat during an emergency in the position statement. Dr. Camnitz indicated
that he did not like the vagueness of the position statement and would prefer it be more
specific regarding over-the-counter medications and prescription medications, possibly
indicating specific schedules that would be restricted. The Committee further discussed
chronic versus acute. It was also recommended that “physician” should be replaced with
“licensee” to be consistent with edits made in previous position statement reviews.

3/2011 Committee Recommendation: Table issue for the Legal Department to
incorporate the recommendations from the Committee discussion.


This Position Statement has now been assigned to a Task Force specifically analyzing
the issue and headed by Dr. Loomis.

5/2011 Committee Discussion: Dr. Loomis reported that the Task Force was scheduled
to meet in June 2011. Dr. Kirby stated that the AMA has a statement regarding
treatment of professional peers and suggested that something similar be included in our
position statement.

5/2011 Committee Recommendation: Table issue until Task Force report is presented to
the Committee. Dr. Kirby is to provide the AMA position prior to the Task Force meeting.


7/2011 Committee Discussion: The Committee discussed the potential benefits of
revising the current position statement. Comments were received by Board members
and senior staff that were present. One comment that had been received numerous
times is that the licensees would like the terms of the position statement better defined.
The Committee agreed that prescribing narcotics to one’s self or family members is never appropriate. It was suggested that adopting a rule prohibiting prescribing narcotics to one’s self or family members might be a more efficient method for the Board to enforce compliance. The Committee concurred. There was additional discussion that identifying what constitutes a significant emotional relationship may be difficult.

7/2011 Committee Recommendation: Instruct Legal to begin drafting a rule to cover prescribing narcotics to one’s self or family members. The Office of the Medical Director is to provide definitions to help clarify the Board’s statement. The proposed changes will be provided to the Committee and Task Force for review.

7/2011 Board Action: Accept Committee recommendation.

1. Old Business:
   a. Position Statement Review
      ii. Prescribing Legend or Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular Reference to Substances or Preparations with Anabolic Properties (APPENDIX B)

      5/2011 Committee Discussion: Dr. Loomis has concerns about the last paragraph in the General Section. He inquired about why and when this paragraph was added. Dr. Loomis stated that if there was no good reason for it to exist, the Committee might consider removing it. Dr. Greene and Dr. Camnitz both offered alternative wording, instead of removing the paragraph in question. The Committee discussed the definition of legend drugs.

      5/2011 Committee Recommendation: Table issue to provide staff an opportunity to research the origin of the paragraph in question. Additionally, add a description of legend drugs to the position statement.


      7/2011 Committee Discussion: The Committee discussed the meaning of Legend drugs and agreed the term is no longer needed.

      7/2011 Committee Recommendation: Table issue until the September meeting. Staff to provide an edited version of the position statement, which removes references to Legend drugs.

      7/2011 Board Action: Accept Committee recommendation.

1. Old Business:
   b. Amended Position Statements

   Issue: Identify the best way to notify the Board’s licensees when a position statement has been amended.

   5/2011 Committee Discussion: The Committee discussed the best way to notify the Board’s licensees when a position statement has been amended. Dr. Camnitz and Dr.
Greene recommended that the amended position statements be highlighted in the Forum and on the Board’s website.

5/2011 Committee Recommendation: Ms. Fisher will review the options and present her findings at the July Policy Committee.


7/2011 Committee Discussion: Mrs. Fisher presented recommendations for notifying the Board’s licensees when positions statements have been reviewed, amended, or adopted. She recommended that they be posted on the Board’s website and on its Facebook page, a brief article be published in the Forum (including full text of adopted position statements when space permits) and publishing a position statement review calendar in the “What’s New” section of the website.


7/2011 Board Action: Accept Committee recommendation.

2. New Business:
   a. Position Statement Review (APPENDIX C)

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

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

2. New Business:
   a. Position Statement Review
      i. Competence and Re-entry to the Active Practice of Medicine (APPENDIX D)

7/2011 Committee Discussion: The Committee reviewed the position statement. There was some discussion that the Continued Competence committee may have suggested changes in the upcoming months and that the Committee should wait until the Continued Competence committee has sent its suggested changes.

7/2011 Committee Recommendation: No changes are necessary at this time; will re-open issue after Continued Competence Committee refers issue to Policy Committee.

7/2011 Board Action: Accept Committee recommendation.
CONTINUED COMPETENCE COMMITTEE REPORT

The Continued Competence Committee of the North Carolina Medical Board was called to order at 2:00pm Thursday, July 21, 2011, at the office of the Medical Board. Members present were: Paul S. Camnitz, MD, Chair; Peggy R. Robinson, PA-C; John Lewis and Eleanor E. Greene, MD. Also present were: Karen R. Gerancher, MD; Michael Sheppa, MD; Scott Kirby, MD Christina Apperson and Maureen Bedell.

1. Old Business

   a. SPEX Exam

      The Committee was asked to reevaluate the SPEX proposal submitted to the Board earlier this year. After a discussion the committee agreed on a recommendation.

      **Committee Recommendation:** Considers making the SPEX examination part of the physician reentry process. Physician reentry applicants may be asked to pass the SPEX examination prior to beginning phase III of reentry unless one of the following applies:

      - The physician is ABMS or AOA certified in his or her intended area of practice and is actively participating in ABMS Maintenance of Certification or AOA Osteopathic Continuous Certification
      - The physician has obtained ABMS or AOA certification in his or her intended area of practice within the 5 year period immediately preceding the date the Board notified the physician that a reentry plan is required
      - The physician has passed the SPEX examination within the 3 year period immediately preceding the date the Board notified the physician that a reentry plan is required
      - The physician has passed USMLE part 3 within the 3 year period immediately preceding the date the Board notified the physician that a reentry plan is required
      - Other special circumstances that the physician may bring to the Board’s attention and the Board has accepted as an equivalent of successfully passing the SPEX examination

      **Board Action:** To accept the Committee recommendation

   b. Update on Licensing Information Page: Identification of Reentry Licensees

      Dr. Sheppa updated the committee on the changes made to the Licensee Information page regarding reentry. Reentry will no longer automatically show up as a yes under ‘NCMB Public Actions’. Instead a new section, if applicable, will be added to the page showing ‘Reentry: yes’. If reentry is irrelevant to the licensee, that line will not appear on their page.
c. CME Rules

Dr. Kirby discussed the current CME rules and how we want to streamline and simplify the process. A review of the CME rules followed, which will waive the CME requirements for licensees serving in the Legislature, that were passed on July 15, 2011. The committee also reviewed other proposed changes that Dr. Kirby presented.

Committee Recommendation:

(1) Approve proposed CME rule to waive the CME requirements for licensees serving in the legislature.

(2) Approve additional changes to the CME Rules as proposed by Dr. Kirby, including a provision that current and active participation in an ABMS/AOA maintenance of certification program will satisfy the required triennial 150 hours of CME. Staff to present a “track changes” version of the rules at the next Committee meeting.

Board Action: To accept the Committee recommendation

d. Maintenance of Licensure

At the May meeting the Board decided to postpone participating in the Federation of State Medical Boards (FSMB) Maintenance of Licensure (MOL) Pilot Project. One of the action items following the decision was to meet with interested parties (e.g., the medical societies/associations and the Area Health Education Centers) to discuss MOL. As such Dr. Camnitz will be attending the Ethics and Judicial Committee meeting of the NC Medical Society to give an overview of the Board’s position.

The Board was also asked to consider convening a task force to study this issue. The Committee decided that it was too soon to do so at this time. It was suggested that this topic be discussed at the Board’s Retreat in September.

2. New Business

a. Coalition for Physician Enhancement Reentry Meeting Update

Dr. Sheppa gave a brief update to the Committee on the CPE reentry meeting he attended.

LICENSE COMMITTEE REPORT

The License Committee of the North Carolina Medical Board was called to order at 1:30 p.m., July 20, 2011, at the office of the Medical Board. Members present were: Thomas Hill, MD, Chair, Donald Jablonski, DO, Karen Gerancher, MD, and Mr. John Lewis. Also present was: Scott Kirby, MD, Thom Mansfield, Patrick Balestrieri, Carren Mackiewicz, Hari Gupta, Joy Cooke, Michelle Allen, Mary Rogers
Open Session

Old Business

1. Proposed changes to RTL rule 21 NCAC 32B. 1402 (limiting number of attempts)

Issue: To be consistent with the rule changes already made to the full license application, the following modifications need to be made to the RTL rule:

- Replace (3) with proposed (3) re: immigration status. NCMB does not need to do this because the GME offices are already doing it.
- Replace (4) with proposed (4) re: medical school certification form.
- Edit (11) limiting the number of attempts for passing USMLE 1&2 or COMLEX 1&2 to 3.

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

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

1. submit a completed application, 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 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. submit a recent photograph, at least two inches by two inches, affixed to the Board's Medical Education Certification form. The dean or other official of the applicant's medical school shall certify this as a true likeness of the applicant, and 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 over the photograph;
5. submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
6. 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 the form verifying the information.

5. If the 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;

6. submit an appointment letter from the program director of the GME program or his appointed agent verifying the applicant's appointment and commencement date;
(7) provide two original references from persons with no family or martial relationship to the applicant. These references must be:
   (A) from physicians who have observed the applicant's work in a clinical setting;
   (B) on forms supplied by the Board;
   (C) dated within six months of the application; and
   (D) bearing the original signature of the writer;
(8) submit two completed fingerprint record cards supplied by the Board;
(9) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
(10) pay a non-refundable fee pursuant to G.S. 90-13.1(b), plus the cost of a criminal background check;
(11) provide proof that the applicant has taken and passed:
   (a) the COMLEX Level 1 and both components of COMLEX Level 2 (cognitive evaluation and performance evaluation); or
   (b) the USMLE Step 1 and both components of the USMLE Step 2 (Clinical Knowledge and Clinical Skills);
(12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
   (b) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

3/2011 Board Action:
1. Replace (3) with proposed (3) re: immigration status. NCMB does not need to do this because the GME offices are already doing it.
2. Replace (4) with proposed (4) re: medical school certification form.
3. Table decision regarding limit USMLE 1&2 and COMLEX 1&2 to 3 attempts until additional information is obtained from the GME office, USMLE and the Deans of the Medical Schools regarding how this rule would impact them.

Board Action: Edit 21 NCAC 32B .1402 (a) (11) limiting the number of attempts for passing USMLE 1&2 or COMLEX 1&2 to 3 as follows:
(11) provide proof that the applicant has taken and passed the following:

(a)(1) the COMLEX Level 1 within 3 attempts; and
(a)(2) both components of COMLEX Level 2 (Cognitive Evaluation and Performance Evaluation) within 3 attempts; or

(b)(1) the USMLE Step 1 within 3 attempts; and
(b)(2) both components of the USMLE Step 2 (Clinical Knowledge and Clinical Skills) within 3 attempts.

New Business:
1. Pre-approved PLOC for Telemedicine

Issue: SSRC has reviewed several applications and has concerns regarding NOW Clinics. Staff is seeking guidance on whether the Board wants to develop a “pre-approved PLOC” for all who plan to practice telemedicine.
Board Action: Send letter of advice to include the Board’s Position Statement for all applicants who plan to practice telemedicine. Rescind preapproved PLOC for teleneurology.

2. Pre-Approved PLOC for Minor or Inconsequential Misdemeanor Arrest or Conviction Reported by the Applicant

Issue: SSRC has reviewed several applications with minor or inconsequential misdemeanor arrest or conviction. In order to streamline the review process, staff is seeking guidance on whether the Board wants to develop a pre-approved PLOC for these types of issues.

Board Action: Implement a pre-approved PLOC for all applicants who report a minor or inconsequential misdemeanor arrest or conviction from the beginning of their professional career (i.e. medical school, dental school etc.).

3. Medical School Faculty Limited License

Issue: Dr. Hill will make a brief presentation regarding how MSFLL licensees report/verify via annual renewal, their current clinical practice site.

Board Action: Accept as information.

4. Rules Hearing

Issue: A Public Rule Hearing is scheduled to be held on July 15. Changes regarding licensure will be made to 32B .1402 (RTL Application), 32 B .1303 (Reinstatement Application) and 32B .1350 (Full MD/DO Application). Copies of the amended rules are bookmarked in this tab. Additionally the amended Medical School Faculty Limited rules are now in effect, including the fee increase.

Board Action: As no comments were made at the hearing, accept as information.

5. RTL applications requiring Board Member Review

Issue: Dr. Hill requested the committee be advised of the number of RTL applications that required Board Member review prior to approval. 114 plus RTL applications required review by a board member.

Board Action: Accept as information.

6. Amendment to RTL regulatory rule 32B .1402 (a)(7)

Issue: With the implementation of our new “Verification of Medical Education Form” the Board is receiving more in depth information on 4th year medical students via the red flag questions (form is bookmarked). In view of this and in an effort to streamline the application process, does the Board want to continue requiring 4th year students to provide 2 personal references?

Board Action: Repeal 32B.1402(a)7.
7. Pending Applications

Issue: Staff has been requested to report to the Committee every meeting the number of pending applications that are more than 1 year old. Currently we have 26. Of those 26, 3 have open investigations in other states and their NCMB application is on hold; 1 has been assigned to the Legal Department to issue a PUBLOC as a result of the May Board meeting; the remaining 21 have not submitted their application materials.

Board Action: Accept as information.

8. Application Question Regarding “Regulatory Board Actions”

Issue: MD failed to report a PLOC issued by another regulatory Board under the “Regulatory Board Actions” section of the application. However, MD did report under question 1, an investigation by that Board that resulted in the PLOC.

Board Action: Amend Step 11 of the application to read:

Have you ever had an action taken against you by a Regulatory Board or Agency? If so, list each occurrence.

Actions include revocations, suspensions, probations, limitations/restrictions, disciplinary/non-disciplinary actions and fines, including private actions and letters, or the issuance of a license through an order.

9. Letter of Advice

Issue: There has been some discussion regarding the “origin” of the “letter of advice” and whether the Board was properly introduced to this instrument. Do we need “limiting” criteria and who, and under what circumstances an LOA can be recommended.

Board Action: Table for discussion at the September meeting. Dr. Kirby to distribute his 7/8/11 email to Board Members to use in preparation for discussion.

10. Application/Renewal Questions

Issue: Question 7 on the application and renewal forms is not explicit about whether the Board wants to know about prior treatment for or diagnosis of alcohol or drug abuse related conditions. Does the Board want to know and if so, how far back do we want to go, limit to 5 years or forever?

Current language for Question #7

In the past five (5) years, have you had, or have you been told you had, a mental health or physical condition (not referenced above) which in any way limits or impairs or, if untreated, could limit or impair your ability to practice medicine in a competent or professional manner?

Board Action: Defer to legal for wording. Reconsider issue at the September License Committee.

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.

Seventeen 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.

Eight 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 PA/EMS

The Allied Health Committee of the North Carolina Medical Board was called to order at 2:30 p.m., Wednesday, July 20, 2011 at the office of the Board. Committee Members present were: Peggy Robinson PA-C, Chairperson and William Walker, MD. Also present were Marcus Jimison, Lori King, CPCS, Quanta Williams, Jane Paige, Katharine Kovacs, PA, Marc Katz, PA, Lisa Shock, PA, Glen Combs, PA, Ron Foster, PA, Katy Martinelli, PA, Mike Borden, and Donna Mooney, NP.

Committee Members absent: Pamela Blizzard.

Open Session Physician Assistants

1. Old business. PAs with Five or More Primary Supervising Physicians, Surgical Assistant PAs and Quality Improvement Meetings.

Issue: Committee members and guests discussed PAs with five or more primary supervising physicians, surgical assistant PAs and quality improvement meetings for these PAs. No changes regarding prior Board Action.

Committee Recommendation: Accept as information.

Board Action: Accept as information.
Open Session NC Emergency Medical Services

1. None.

ALLIED HEALTH COMMITTEE REPORT LP/AA/CPP

The Allied Health Committee of the North Carolina Medical Board was called to order at 2:30 pm, July 20, 2011 at the office of the North Carolina Medical Board. Members present were: Peggy Robinson, PA-C, Chair and William Walker, MD. Pamela Blizzard was absent. Also present were Marcus Jimison, Jane Paige, Lori King, Katharine Kovacs, and Quanta Williams.

1. Open Session Anesthesiologist Assistants
   a. No items for discussion

2. Open Session Nurse Practitioners
   a. No items for discussion

3. Open Session Clinical Pharmacist Practitioners
   a. No Items for discussion

4. Open Session Perfusionists
   a. Open session portion of the minutes of the May PAC meeting.
      i. The open session minutes of the May PAC meeting have been sent to the Committee members for review.

      Committee Recommendation: Approve minutes with correction made to the portion regarding members in attendance.

      Board Action: Approve minutes with correction made to the portion regarding members in attendance.

   b. Rules 32V .0105 & .0115
      i. These rules have been reviewed by the Perfusionist Advisory Committee.

      Committee Recommendation: Accept as information

      Board Action: Accept as information

5. Open Session Polysomnography
   a. No items for discussion

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.
One licensee application was reviewed. A written report was presented for the Board’s review. The Board adopted the Committee’s recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

REVIEW (COMPLAINT) COMMITTEE REPORT
The Review Committee (Complaints) of the North Carolina Medical Board was called to order at 4:00 p.m. on July 20, 2011 at the office of the Medical Board. Board Members present were: Paul Camnitz, MD (chair), Peggy Robinson, PA, and John Lewis. Staff present: Judie Clark, Katharine Kovacs, PA, Sherry Hyder, Amy Ingram, and Brian Blankenship.

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 twenty-five complaint cases. A written report was presented for the Board’s review. The Board adopted the Committee’s recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT
The Disciplinary Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 8:00 a.m. on July 20, 2011 at the office of the Medical Board. Board Members present were: William Walker, MD (chair), Thomas Hill, MD, Karen Gerancher, MD, Eleanor Greene, MD. Absent: Pamela Blizzard. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Carol Puryear, Amy Ingram, Marcus Jimison, Todd Brosius, Thom Mansfield and Brian Blankenship.

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

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

A motion passed to return to open session.
DISCIPLINARY (MALPRACTICE) COMMITTEE REPORT

The Disciplinary Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 8:00 a.m. on July 20, 2011 at the office of the Medical Board. Board Members present were: William Walker, MD (chair), Thomas Hill, MD, Karen Gerancher, MD, Eleanor Greene, MD. Absent: Pamela Blizzard. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Carol Puryear, Amy Ingram, Marcus Jimison, Todd Brosius, Thom Mansfield and Brian Blankenship.

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

A motion passed to return to open session.

DISCIPLINARY (MEDICAL EXAMINER) COMMITTEE REPORT

The Disciplinary Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 8:00 a.m. on July 20, 2011 at the office of the Medical Board. Board Members present were: William Walker, MD (chair), Thomas Hill, MD, Karen Gerancher, MD, Eleanor Greene, MD. Absent: Pamela Blizzard. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder, Carol Puryear, Amy Ingram, Marcus Jimison, Todd Brosius, Thom Mansfield and Brian Blankenship.

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

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

A motion passed to return to open session.

INVESTIGATIVE INTERVIEW REPORT

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

Seventeen 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**

Board Members: Dr. Walker (chair), Dr. Gerancher, Dr. Hill, Dr. Greene

Staff: Jenny Olmstead, Barbara Rodrigues, Sharon Squibb-Denslow, Robert Ayala, Therese Dembroski, Loy Ingold, Jerry Weaver, Rick Sims, David Allen, Lee Allen, David Hedgecock, Don Pittman, Curtis Ellis.

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

A motion passed to return to open session.

**REVIEW (INVESTIGATIVE) COMMITTEE REPORT**

The Investigative Review Committee of the North Carolina Medical Board was called to order at 4:00 Wednesday on July 21, 2011, at the office of the Medical Board. Members present were: Paul Camnitz, MD (Chair), Peggy Robinson, PA, John Lewis. Also present were: Jenny Olmstead, Barbara Rodrigues, Sharon Squibb-Denslow Robert Ayala, Therese Dembroski, Loy Ingold, Jerry Weaver, Rick Sims, David Allen, Lee Allen, David Hedgecock, Don Pittman, Curtis Ellis, Marcus Jimison, Todd Brosius, Thom Mansfield, Brian Blankenship.

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

A motion passed to return to open session.
NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT
Thelma Lennon, Chair; Janice Huff, MD; Ralph C. Loomis, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to 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 24 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.

RETREAT COMMITTEE

The Retreat Committee of the North Carolina Medical Board was called to order at 3:00pm on Thursday, July 21, 2011, at the office of the Medical Board. Members present were: Karen R. Gerancher, MD, Chair; Janice E. Huff, MD; Thomas R. Hill, MD and Ms. Thelma Lennon. Also present were: Ms. Peggy Robinson, David Henderson, Christina Apperson and Maureen Bedell.

1. Old Business
   a. Approval of May minutes.
      i. The May minutes were approved.

2. New Business
   a. Review of Tentative Retreat Agenda & Speakers
      i. The proposed retreat agenda is recommended for approval by the full Board.
   b. Friday evening event
      i. Board members will meet in the lobby of the Retreat venue at 6 pm for transport to the evening event and will return at 9 pm.
   c. Arrangements for Speakers
      i. Speakers identified on the proposed retreat agenda will be invited to participate.

ADJOURNMENT
This meeting was adjourned at 12:30 p.m., July 22, 2011.

_____________________________________________________
William A. Walker, MD
Secretary/Treasurer
Self-treatment and treatment of family members and others with whom significant emotional relationships exist*

It is the position of the North Carolina Medical Board that, except for minor illnesses and emergencies, physicians should not treat, medically or surgically, or prescribe for themselves, their family members, or others with whom they have significant emotional relationships. The Board strongly believes that such treatment and prescribing practices are inappropriate and may result in less than optimal care being provided. A variety of factors, including personal feelings and attitudes that will inevitably affect judgment, will compromise the objectivity of the physician and make the delivery of sound medical care problematic in such situations, while real patient autonomy and informed consent may be sacrificed.

When a minor illness or emergency requires self-treatment or treatment of a family member or other person with whom the physician has a significant emotional relationship, the physician must prepare and keep a proper written record of that treatment, including but not limited to prescriptions written and the medical indications for them. Record keeping is too frequently neglected when physicians manage such cases.

The Board expects physicians to delegate the medical and surgical care of themselves, their families, and those with whom they have significant emotional relationships to one or more of their colleagues in order to ensure appropriate and objective care is provided and to avoid misunderstandings related to their prescribing practices.

*This position statement was formerly titled, "Treatment of and Prescribing for Family Members."

Prescribing legend or controlled substances for other than validated medical or therapeutic purposes, with particular reference to substance or preparations with anabolic properties

General
It is the position of the North Carolina Medical Board that prescribing any controlled or legend substance for other than a validated medical or therapeutic purpose is unprofessional conduct.

The physician shall complete and maintain a medical record that establishes the diagnosis, the basis for that diagnosis, the purpose and expected response to therapeutic medications, and the plan for the use of medications in treatment of the diagnosis.

The Board is not opposed to the use of innovative, creative therapeutics; however, treatments not having a scientifically validated basis for use should be studied under investigational protocols so as to assist in the establishment of evidence-based, scientific validity for such treatments.

Substances/Preparations with Anabolic Properties
The use of anabolic steroids, testosterone and its analogs, human growth hormone, human chorionic gonadotrophin, other preparations with anabolic properties, or autotransfusion in any form, to enhance athletic performance or muscle development for cosmetic, nontherapeutic reasons, in the absence of an established disease or deficiency state, is not a medically valid use of these medications.

The use of these medications under these conditions will subject the person licensed by the Board to investigation and potential sanctions.

The Board recognizes that most anabolic steroid abuse occurs outside the medical system. It wishes to emphasize the physician's role as educator in providing information to individual patients and the community, and specifically to high school and college athletes, as to the dangers inherent in the use of these medications.

## POSITION STATEMENT

<table>
<thead>
<tr>
<th>POSITION STATEMENT</th>
<th>ADOPTED</th>
<th>SCHEDULED FOR REVIEW</th>
<th>LAST REVISED/REVIEWED/ADOPTED</th>
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<td>Self-Treatment and Treatment of Family Members and Others With Whom Significant Emotional Relationships Exist</td>
<td>May-91</td>
<td>Jul-11</td>
<td>Sep-05</td>
<td>Mar-02</td>
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<td>Prescribing Legend or Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular Reference to Substances or Preparations with Anabolic Properties</td>
<td>May-98</td>
<td>Jul-11</td>
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<td>Competence and Reentry to the Active Practice of Medicine</td>
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<td>Availability of Physicians to Their Patients</td>
<td>Jul-93</td>
<td>Sep-11</td>
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<td>Nov-93</td>
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<td>Jun-06</td>
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<td>May-91</td>
<td>Jan-12</td>
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<td>Jan-97</td>
<td>Jul-12</td>
<td>Sep-06</td>
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<td>Physician Supervision of Other Licensed Health Care Practitioners</td>
<td>Jul-07</td>
<td>Sep-12</td>
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<td>Medical Testimony</td>
<td>Mar-08</td>
<td>Nov-12</td>
<td>Mar-08</td>
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<td>Jul-93</td>
<td>Mar-08</td>
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<td>Oct-99</td>
<td>Mar-08</td>
<td>Mar-08</td>
<td>May-07</td>
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<td>Jul-09</td>
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<td>Departures from or Closings of Medical</td>
<td>Jan-00</td>
<td>Jul-09</td>
<td></td>
<td>Aug-03</td>
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<td>Professional Obligations pertaining to incompetence, impairment, and unethical conduct of healthcare providers</td>
<td>Nov-98</td>
<td>Mar-10</td>
<td>Nov-98</td>
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<td>Mar-10</td>
<td>May-96</td>
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<td>What Are the Position Statements of the Board and To Whom Do They Apply?</td>
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<td>Telemedicine</td>
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<td>Contact With Patients Before Prescribing</td>
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<td>Office-Based Procedures</td>
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Competence and re-entry to the active practice of medicine

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

It is the position of the North Carolina Medical Board, in accord with GS 90-6(a), that practitioners seeking licensure, or reactivation of a North Carolina medical license, who have had an interruption, for whatever reason, in the continuous practice of medicine greater than two (2) years must reestablish, to the Board’s satisfaction, their competence to practice medicine safely.

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

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

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

(Adopted July 2006)
APPENDIX E

PHYSICIANS PRESENTED AT THE
JULY 2011 BOARD MEETING

Abban, Catherine Nana Ama
Abdullah, Sosan Jaffar Alzibair
Adams, Samuel Bruce
Adams, Sarah Tatjana Maria
Adams, Sasha Danielle
Adibe, Obinna Ogochukwu
Agarwal, Maneesha
Agyei-Gyamfi, Frances Theresa
Ahmad, Adeel
Ahmad, Nabil
Al Soudi, Kimberly Renee
Al Soudi, Mahdi
Alasio, Teresa Marie
Alcott, Robert Anthony
Aljumaily, Raid Maki Dawood
Al-Khatib, Saad Aldin
Anderson, Christina Kay
Ardakani, Navid Arefi
Arevalo, Carolina
Aristy, Nicole Evangeline
Arko, Frank R
Avaiya, Hitesh
Aviles, Juan
Baddam, Kavitha
Badireddy, Madhu SudhanReddy
Bailey, Peter Lee
Baker, Leslie Weed
Balmadrid, Bryan Laynes
Bappanad, Divya Kumar
Barbieri-Chambers, Susan Caroline
Barrett, William Mark
Baseman, Daniel Gary
Bastin, Jayaseeli
Bauman, Dennis Jerry
Bean, Adrienne Chandler
Bell, Andre Erwin
Bharadwaj, Mythili G.C
Birnbaum, Glenn Alan
Bissell, Brad Joseph
Blackwell, Steven Michael
Blevins, Ashley Nicholl
Bohl, Jaime Lynne
Boksberger, Jonathan Peter
Boksberger, Terry Kim
Bong, Jeffrey Soon
Bordelon, Anna Hong
Borja Lascurain, Eduardo
Borja, Allison Miller
Bozorgi, Farshid
Braithwaite, Heather Carrick
Bridges, Walter McFarland
Browne, Veron Denesia
Buchanan, Ann Marie
Busbee, Brantley Dantzler
Campbell, LaChelle Yvette
Carlson, Cheryl Ann
Casazza, Brian Andrew
Casey, Nalini Pillai
Castellanos, Ronald David
Cemaj, Samuel
Chadwick, Mesha McKinney
Chambers, Karinn Marie
Champion, Vincent Gerardo
Cheung, Lawrence Neil
Chi, Sulene Liu
Chollet, Casey Tudor
Choo, Lennart Kent Vern
Ciochetty, David Alan
Clark, Patricia Jane
Cocieriu, Andrei
Conlee, Thomas Dodd
Cooper, Tristan Simon
Corbett, Timothy Mark
Corr, Kelly Eileen
Crawford, Paul Henry
Culler, Christopher Patrick
Curry, Michelle Maria
Daugherty, Wilson Parrish
Davis, Sean Germaine
Dawood, Farah Zuhair
DelGaizo, Andrew James
Delmas, Emily Rogers
Demsie, Tameru Dressie
Dhar, Sanjay
Donepudi, Jyotsna
Doneson, Ira Nathaniel
Dority, Jeremy Steven
Dorsch, John Robert
Drafts, Brandon Christian
Dunn, Bryan Keith
Durrani, Humdum Pasha
Dutta, Simanta
Duval, Eric
Edwards, George Sadler
Elgohary, Dina Farouk
Elkady, Wael Ibrahim
Eltaraboulsi, Walid Raouf
Englert, Zachary Peter
Erickson, Gina Marie
Estes, Amy Johnston
Evans Taylor, Lisa Lynn
Farmer, Kandace Bidette
Faulkner, Brent Cabell
Feaster, Samuel Haynie
Fillnow, Patrick Ryan
Fletcher, Brandon
Foley, Sarah Britt
Forrest, Richard Thomas
Forster, Laura Allen
Foy, Zachary Mark
Frank, Timothy Paul
Freeman, Ashleigh Johnson
Freidenstein, James Elliot
Fritch Lilla, Stephanie Ann
Gabr, Usama Abdul Monem
Garrett, Jeffrey Paul
Gersh, Benjamin Cohen
Ghimire, Prajesh Mani
Gibson, Jenee’ Jeri’

Goel, Jaya
Grady, Allen Thomas
Gray, Beverly Allen
Green, Deanna Mae
Guisler, Paul David
Gupta, Preeya Kshettry
Guzeck, John Robert
Haase, Louis Karl
Haberman, Cara Jean
Hall, Jennifer Marie
Hallows, Rhett Kendall
Hand, Karen Emily
Haranath, Sai Praveen
Harline, Corbin Dennis
Harper, Paul Stanton
Harter, Kenneth William
Hatch, Amber Gipson
Haynes, Erin Herrick
Hazen, Mark Samuel
Hebert, Britni Fabacher
Helton, Laura Elaine
Hernandez, Pedro
Herring, Brockford D.
Herring, Richard Samuel
Hick, Ryan Walter
Hilliard, Richard Wayne
Hix, Mark Timothy
Hobson, Margaret Dupree
Hochstetler, Marion Richard
Hodge, Shane Michael
Hodges, Linda Diane
Holton, Jennifer Elizabeth
Horvath, James Wilbur
Hossain, Nasiffa
Hsu, Wesley
Huang, William Wei-Ting
Hughes, Duncan Buermann
Hurie, Justin Brothwell
Hutson, Brent John
Hwang, Eun-Sil Shelley
Ingle, Jenifer
Isaacs, Karen Melinda
Miller, Laura Ellen
Miller, Mark Edward
Miller-Fitzwater, Anna Leslie
Mims, Kimberly Nicole
Misiaszek, Richard Alexander
Moghbelpour, May Chinmayee
Monoski, Mara Ann
Morel, Kelley Savage
Morel, Thomas Devon
Morgan, Elisa Christine Kelly
Morgan, Stephanie Eschenbach
Mortenson, Ashley McBride
Mullaney, Morgan Eileen
Mullins, Jessica Lee
Mumford, James Grant
Munoz, Melchor Hernan
Myers, Lindsey Jo
Narotam, Vinay Kumar
Nawabi, Kristen Pfeiffer
Nazeer, Hamid Khalid
Neelamegam Premnath, Vijay
Newman, Naeem Akil
Newton, Reena Adjoa-Oforiwaa
Nofziger, Adam Von
Nordgren, Aaron Dirk
Norfolk, Stephanie Greer
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Nyinaku-Yeboah, Phyllis Korantema
Obayomi, Olatokunbo Olufunmilayo
Ohiagbaji, Franklin Chinagorom
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Patel, Snehal Rajendrakumar
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# Nurse Practitioner & Clinical Pharmacist Practitioner Approvals
## July 2011

### List of Initial Applicants

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July 20-22, 2010
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BURKETT, EMILY
CHANDLER, PAMELA
FREEMAN, EMILY
HARTLEY, MEGAN
JOHNSON, PATRICIA
KLINGER, BRIANNE
MORRIS, CRYSTAL
RUTZ, RICHARD
SELDIN, PHYLISE
WILLIAMS, TYEASHA
COOK, JACLYN
CRANE, NICOLE
FALLAS, CARLA
FOX, COLLETTE
GAULDEN, JACLYN
ISAAK, ANDREA
MYERS, MEGAN
NIX, AMY
OKONS, ESTHER
OLIVA, ARCELI
SCHMID, ERIN
SEARCY, CRISTINA
STUART, JR, VINCENT
WHITAKER, CHARLENE

MACDONALD, ROBERT
GERMANWALA, ANAND
BARTLEY, CLAUDE
JENKINS, JAIME
TORMAN, ROBERT
HIGH, KEVIN
CHAO, IRENE
HELLREICH, MARK
SEASHORE, CARL
CHANG, PAUL
TARASKA, GREGORY
RUDYK, MARY
CLAGNAZ, PETER
WECHSLER, DANIEL
FLOWE, KENNETH
LARSON, JAMES
VICKERY, DAVID
GIROUARD, MICHAEL
COWART, LOY
SOBERANO, ARLENE
STOVER, PHILLIP
STRICKLAND, DANIEL
OKONS, TOBY
ALEJANDRO, LUIS
LARSON, JAMES
LITTLETON, FREDERICK
YODER, SUZANNE

SPARTANBURG
CHAPEL HILL
NEWTON
HIGH POINT
HICKORY
WINSTON-SALEM
CARY
ASHEVILLE
CHAPEL HILL
ASHEVILLE
HICKORY
WILMINGTON
AHOSKIE
DURHAM
GREENSBORO
CHAPEL HILL
ASHEVILLE
SHELBY
ASHEVILLE
DURHAM
LOUISBURG
WEST JEFFERSON
HOPE MILLS
GREENSBORO
CHAPEL HILL
AHOSKIE
MATTHEWS

NP ADDITIONAL SUPERVISOR LIST

ADAMS-WINGATE, DEBORAH
AMOAKO, EMELIA
ARMER, CAROL
AVITABILE, AUDREY
BARBER, SYNA
BARRIER, MISTY
BATEMAN, DEBRA
BAXTER, ASHLEY
BLACK, LAURI
BRITTON, TONYA
BROWN, ASADRA
BROWN, SARA
BRUMMETT, ATHENA

MEYER, ALBERT
SOUFFRONT, WILFREDO
VINCENT, MARK
GUMBER, SUBHASH
DEAN, ERIC
LOBDELL, KEVIN
RODRIGUEZ, FABIAN
HALME, JOUKO
SCHULTZ, CURTIS
EL-KHOURY, SEMAAN
RATCLIFFE, ROBERT
COLLINS, SARA
MCCANTS, DEIDRA

WILMINGTON
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MATTHEWS
CARY
GREENSBORO
CHARLOTTE
SOUTHERN PINES
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July 20-22, 2010
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**Clinical Pharmacist Practitioners**

Brennan, Lisa Frances  
Deyo, Zachariah Michael  
Ferreri, Stefanie Dawn  
Michaels, Natasha Matheny
Anesthesiologist Assistant, Perfusionist & Provisional Perfusionist Licenses
July 2011

Perfusionists:
Millar, Allen Currie

Provisional Perfusionists:
Crews, Kelly Anne
Fisher, Joy Catherine
Hubbard, Dustin Gray

Anesthesiologist Assistants:
None
# Initial PA Applicants Licensed 05/01/11 – 06/30/11

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**PA-Cs Reactivations/Reinstatements/Re-Entries**

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The following requirements must be met regarding the name of a professional corporation to practice medicine:

1. The name shall not include any adjectives or other words not in accordance with ethical customs of the medical profession and shall not be misleading.

2. The professional corporation may not be identical or similar in name to an existing professional corporation or professional limited liability company.

3. The professional corporation may not use any name other than its corporate name.

4. The professional corporation shall specify its corporate structure in the public domain by the use of the designation “P.C.”, “P.A.”, or “P.L.L.C.”

5. A shareholder may authorize the retention of his surname in the corporate name after his retirement or inactivity because of age or disability, even though he may have disposed of his stock. The estate of a deceased shareholder may authorize the retention of the deceased shareholder's surname in the corporate name after the shareholder's death.

6. If a living shareholder in a professional corporation whose surname appears in the corporate name becomes a "disqualified person" as defined in the Professional Corporation Act, the name of the professional corporation shall be promptly changed to eliminate the name of the shareholder, and the shareholder shall promptly dispose of his stock in the corporation.

History Note: Authority G.S. 55B-5; 55B-7; 55B-12;
Eff. February 1, 1976;
Amended Eff. July 1, 1993; May 1, 1989.
21 NCAC 32C .0103 is proposed to be amended as follows:

21 NCAC 32C .0103 PREREQUISITES FOR INCORPORATION

(a) Before filing the articles of incorporation for a professional corporation with the Secretary of State, the incorporators shall file with the Executive Director of the Board:

(1) the properly executed original articles of incorporation;

(2) an additional executed copy of the articles of incorporation;

(3) a copy of the articles of incorporation;

(4) a registration fee of fifty dollars ($50.00) set by Rule .0008 of this Section; in the maximum allowable amount set forth in N.C.G.S. 55B-10;

(5) a signed certificate (P.C. N.C.M.B.-P.C. Form 1) certified by all incorporators, shareholders setting forth the names and addresses of each person who will be employed by the corporation to practice medicine for the corporation, and stating that all such persons are duly licensed to practice medicine in North Carolina, and representing that the business of the corporation will be conducted in compliance with the Professional Corporation Act and the rules in this Subchapter; and

(6) a signed certificate (P.C. Form 2) (N.C.M.B.-P.C. Form 2) for the Executive Director or the Director of Finance/Operations/Human Resources of the Board to sign certifying that at least one of the incorporators and each of the persons named as original shareholders is licensed to practice medicine in North Carolina; certifying that all shareholders are duly licensed to practice medicine in North Carolina or are otherwise qualified to own shares pursuant to N.C.G.S. 55B-6, 55B-14(c) or 55B-16.

(b) The Executive Director or Director of Finance/Operations/Human Resources Board shall review the articles of incorporation for compliance with the laws relating to professional corporations and with the Rules of this Subchapter. If they comply, the Executive Director or Director of Finance/Operations/Human Resources Board shall sign approve N.C.M.B.-P.C. Form 2 and return the original articles of incorporation and the copy to the incorporators for filing with the Secretary of State. The executed An official copy of the articles of incorporation shall be retained in the office of the Board. If the articles of incorporation are subsequently changed before they are filed with the Secretary of State, they shall be re-submitted to the Board and shall not be filed with the Secretary of State until approved by the Board.
History Note: Authority G.S. 55B-4; 55B-10; 55B-12;
Eff. February 1, 1976;
Amended Eff. September 1, 1995; July 1, 1993; May 1, 1989; November 1, 1985.
21 NCAC 32C .0104 is proposed to be amended as follows:

21 NCAC 32C .0104 CERTIFICATE OF REGISTRATION
A Certificate of Registration for a professional corporation shall remain effective until December 31 of each odd-numbered year. A Certificate of Registration may be renewed biennially thereafter for years in which licensees are required to register upon written application to the Executive Director, Board, certifying the names and addresses of all licensed officers, directors, shareholders and employees of the corporation and representing that the corporation has complied with the rules in this Subchapter and the Professional Corporation Act. (N.C.M.B–P.C. Form 4) The application shall be accompanied by a renewal fee of twenty-five dollars ($25.00) set by Rule .0008 of this Section, fee in the maximum allowable amount set forth in NCGS 55B-10.

History Note: Authority G.S. 55B-10; 55B-11;
Eff. February 1, 1976;
Amended Eff. September 1, 1995; May 1, 1989; November 1, 1985.
21 NCAC 32C .0105 is proposed to be amended as follows:

**21 NCAC 32C .0105 STOCK AND FINANCIAL MATTERS**

The regulation and control of stocks in a professional corporation shall be as follows:

1. The chief executive officer of the corporation shall be a person duly licensed to practice medicine in North Carolina.
2. The corporation may acquire and hold its own stock.
3. No person other than a licensee of the Board shall exercise any authority whatsoever over professional matters.
4. Subject to the provisions of G.S. 55B-7, the corporation may make such agreement with its shareholders or its shareholders may make such agreement between themselves as they deem just for the acquisition of the shares of a deceased or retiring shareholder or of a shareholder who becomes disqualified to own shares under the Professional Corporation Act or under these Rules of this Subchapter.
5. There shall be prominently displayed on the face of all certificates of stock in the corporation a legend that any transfer of the shares of stock is subject to the provisions of the Professional Corporation Act and the Rules of the Board.
6. All shareholders must be licensed to practice medicine in North Carolina or must otherwise be qualified to own shares pursuant to N.C.G.S. 55B-6, 55B-14(c) or 55B-16.
7. Any interest in the corporation belonging to a deceased shareholder shall be acquired by the corporation, or shall be acquired by one or more persons licensed by the Board. Failure to comply with this requirement within one year after the date of the death of a deceased shareholder shall be grounds for the suspension or revocation of the corporation's certificate of registration. The corporation shall report to the Board within 30 days after its occurrence the death of any shareholder.
8. The corporation shall render medical services only by or through individuals licensed by the Board.
9. The corporation shall not engage in any business other than rendering professional medical services and related services.

*History Note: Authority G.S. 55B-6 to 55B-8; Eff. February 1, 1976; Amended Eff. May 1, 1989; November 1, 1985.*
21 NCAC 32C .0106 is proposed to be amended as follows:

21 NCAC 32C .0106  CHARTER AMENDMENTS AND STOCK TRANSFERS

The following general provisions shall apply to all professional corporations to practice medicine:

(1) All changes to the articles of incorporation of the corporation shall be filed with the Board for approval before being filed with the Secretary of State. A copy of the changes filed with the Secretary of State shall be sent to the Board within 10 days after filing with the Secretary of State.

(2) The Executive Director or Director of Finance/Operations/Human Resources Board shall issue the certificate (P.C. (N.C.M.B.-P.C. Form 5) required by G.S. 55B-6 when stock is transferred in the corporation. P.C. N.C.M.B.-P.C. Form 5 shall be permanently retained by the corporation. The stock books of the corporation shall be kept at the principal office of the corporation and shall be subject to inspection by the Executive Director or his designee during business hours.

History Note:  Authority G.S. 55B-6; 55B-12;
Eff. February 1, 1976;
Amended Eff. September 1, 1995; July 1, 1993; May 1, 1989.
21 NCAC 32C .0107 is proposed to be amended as follows:

**21 NCAC 32C .0107 DOCUMENTS**

The following documents regarding professional corporations may be obtained from or are issued by the Board:

1. Rules of the Board regarding Professional Corporations;
2. P.C. N.C.M.B.-P.C. Form 1 - Application for a Certificate of Registration for a Professional Corporation for the Practice of Medicine;
3. P.C. N.C.M.B.-P.C. Form 2 - Certification of Shareholders;
4. P.C. N.C.M.B.-P.C. Form 3 - Certificate of Registration of a Professional Corporation for the Practice of Medicine;
5. P.C. N.C.M.B.-P.C. Form 4 - Application for Biennial Annual Renewal of Certificate of Registration;

*History Note: Authority G.S. 150B-11; Eff. February 1, 1976; Amended Eff. May 1, 1989.*
21 NCAC 32C .0108 is proposed to be amended as follows:

21 NCAC 32C .0108 FEES
The initial registration fee for a professional corporation is fifty dollars ($50.00). The fee for renewal of a Certificate of Registration is twenty-five dollars ($25.00). The renewal fee for renewal of a Certificate of Registration, registration fee for a Certificate of Authority to Transact Business and the renewal fee for a renewal of Certificate of Authority to Transact Business shall be the maximum allowable amount under N.C.G.S. 55B-10 and 55B-11.

History Note: Authority G.S. 55B-10; 55B-11;
Eff. February 1, 1976;
Amended Eff. May 1, 1989.
21 NCAC 32C .0109 is proposed to be adopted as follows:

**21 NCAC 32C .0109  REGISTRATION OF FOREIGN PROFESSIONAL CORPORATION**

In addition to the foregoing, foreign professional corporations applying for a Certificate of Authority to Transact Business must meet the following requirements:

1. provide proof that shareholders licensed in other states are currently licensed and in good standing with their respective licensing boards;
2. at least one shareholder must be currently licensed and in good standing with the Board;
3. no person other than a licensee of the Board shall exercise any authority whatsoever over professional matters within the State.

*History Note: Authority G.S. 55B-16*

*Eff.*