

# **MINUTES**

**North Carolina Medical Board**

**September 21-23, 2011**

**1203 Front Street  
Raleigh, North Carolina**

# General Session Minutes of the North Carolina Medical Board Meeting held September 21-23, 2011.

The North Carolina Medical Board met September 21-23, 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; Ms. Pamela Blizzard; Thomas R. Hill, MD; 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. Thelma Lennon.

## **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 July 20, 2011 Board Minutes and the August 18, 2011 Hearing Minutes.

## **Announcements**

1. Dr. Donald Jablonski recognized Mr. David Henderson, Executive Director, on his fifteen-year anniversary at the NCMB.
2. Mr. Henderson reminded the Board that the NCMB 2011 Retreat would convene Friday afternoon at 3:00pm and adjourns Saturday afternoon.

## **EXECUTIVE COMMITTEE REPORT**

The Executive Committee of the North Carolina Medical Board was called to order at 1:45 pm, Thursday September 22, 2011, at the offices of the Board. Members present were: Janice E. Huff, MD, Chair; Ralph C. Loomis, MD, William A. Walker, MD, Pamela L. Blizzard 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 July and June 2011

The Committee reviewed the July and June 2011 compiled financial statements. July is the ninth month of fiscal year 2011.

Committee Recommendation: Accept the financial statements as reported.

Board Recommendation: The Board accepted the Committee recommendation.

#### b) Investment Account Statements

The Committee reviewed the August and July 2011 investment account statements from Fifth Third Bank.

Committee Recommendation: Accept the investment account statements as reported.

Board Recommendation: The Board accepted the Committee recommendation.

## 2) Old Business

### a) Reporting Public Letters of Concern

The Committee discussed whether to continue reporting public letters of concern to the Federation of State Medical Boards (FSMB) Board Action Data Bank.

Committee Recommendation: Defer to the full Board for discussion.

Board Recommendation: The Board decided to continue to report public letters of concern to the Federation of State Medical Boards (FSMB) Board Action Data Bank.

## 3) New Business

### a) Proposed Fiscal Year 2012 Budget

The Committee reviewed a draft of the proposed budget for fiscal year 2012.

Committee Recommendation: The Committee recommends the full Board accept the proposed budget for fiscal year 2012 as presented.

Board Recommendation: The Board accepted the Committee recommendation.

### b) North Carolina Physicians Health Program (NCPHP) Financial Statements

The Committee reviewed the audited financial statements of the NCPHP for the years ended December 31, 2010 and 2009.

Committee Recommendation: Accept as information. (Drs. Huff and Loomis recused.)

### c) NC Board of Electrolysis Examiners (NCBOEE) Nomination

In January 2011, Governor Purdue appointed Dr. Gilly Munavalli, a dermatologist from Charlotte, to an unexpired term on the NCBOEE. The term expired in August and Dr. Munavalli is eligible for reappointment to a full two year term. Dr. Munavalli is willing to continue serving on the NCBOEE and he has the support of the NC Medical Society and the NC Dermatology Society.

Committee Recommendation: The Committee recommends the full Board nominate Dr. Gilly Munavalli to a two year term on the NCBOEE.

Board Recommendation: The Board accepted the Committee recommendation.

d) Executive Director Performance Review

Members of the Executive Committee met with its Executive Director, Mr. David Henderson, in a closed session pursuant to NC General Statute §143-318.11(a)(6) to complete the annual performance evaluation

**POLICY COMMITTEE REPORT**

Committee Members: Dr. Loomis, Chairman; Dr. Camnitz and Dr. Greene

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.

3/2011 Board Action: No Action necessary.

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.

5/2011 Board Action: Accept Committee recommendation

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 ones self or family member. 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.

9/2011 Committee Discussion: The Committee reviewed the proposed revised position statement as well as the proposed rule changes for PAs, NPs and physicians. There was also discussion regarding the large response we received from the Board licensee population. There was discussion regarding the need to identify with whom an emotional relationship may exist. It was felt that the revised position statement could be modified to better reflect the position on the Board. Additionally the consensus of the Committee was that the proposed rules changes were appropriate and should go forward.

9/2011 Committee Recommendation: Dr. Camnitz will work with Mr. Brosius and Dr. Kirby to revise the position statement and present it to the Committee at the November Board meeting. Proceed with the rule-making process on the proposed rule change.

9/2011 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.

5/2011 Board Action: Accept Committee recommendation

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. The staff is to provide an edited version of the position statement, which removes references to Legend drugs.

7/2011 Board Action: Accept Committee recommendation.

9/2011 Committee Discussion: The Policy Committee reviewed the proposed amendments to the position statement removing references to Legend drugs.

9/2011 Committee Recommendation: Approve proposed changes.

9/2011 Board Action: Accept Committee recommendation.

1. 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. Availability of Physicians to Their Patients (APPENDIX D)

9/2011 Committee Discussion: The Committee reviewed the current position statement. It was suggested that the term physician be replaced with licensee in order to be consistent with past revisions to the Board's position statements. Dr. Kirby pointed out the need to relate this position statement to providers who are providing care through telemedicine.

9/2011 Committee Recommendation: The staff is to provide a revised position statement at the November Committee meeting.

9/2011 Board Action: Accept Committee recommendation.

## **LICENSE COMMITTEE REPORT**

Thomas Hill, MD, Chair, Donald Jablonski, DO, Karen Gerancher, MD, John Lewis, Eleanor Greene, MD, Scott Kirby, MD, Thom Mansfield, Patrick Balestrieri, Carren Mackiewicz, Joy Cooke, Michelle Allen, Mary Rogers, Amy Whitted, Nancy Hemphill, and Jean Brinkley

Open Session

Old Business

### 1. Application/Renewal Questions

Issue: Question 7 currently reads “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?”

September Board action was to have legal staff review wording for Question 7 for clarity.

Committee Recommendation: Do not change current wording. (Mansfield/Balestrieri)

Board Action: Do not change current wording.

### 2. Letters of Advice (LOA)

Issue: Following a discussion regarding the “origin” of “letters of advice” for license applicants during the July meeting, the need for limiting criteria and who and under what circumstances can an LOA be recommended, Dr. Kirby offers the following:

1. These are not disciplinary in anyway and should not be reported to any agency.
2. They are not considered an investigation. They do not need to be reported by the licensee to any other licensing Board or credentialing agency.
3. Any Board member, upon reviewing a license application and entirely on his own initiative and with consultation or later discussion with SSRC, the Licensing Committee, or the entire Board, may request a letter of advice be sent to the licensee regarding an item on the application.
4. No review of the Board members decision to request a letter of advice is necessary. There needs to be no review or discussion
5. These are below (of lesser significance) than preapproved PLOC's.
6. These are simply an expression of a single Board member's concern about something Noticed in the license application during review.
7. A copy of the letter of advice is scanned into the licensee's file as an additional document attached to the license application. I do not believe a case should be opened. It is not necessary to track or follow these letters of advice and they do not need a case number. If the issue or item of concern is of such importance that it needs to be tracked with a case number then the licensee should not be receiving a letter of advice but rather some other vehicle such as a preapproved PLOC or PLOC, etc.

8. Letters of advice are words of wisdom from an experienced Board member who is familiar with how physicians come to the attention of the Board later in their careers and the Board member simply wants to provide an informal suggestion to the new North Carolina licensee about how to stay out of trouble.
9. Letters of advice are simply no more than, and similar to, verbal comments that might be made to a license applicant by a Board member at a single Board member interview for licensees who do not warrant a licensing interview.
10. Each Board member will have his own idiosyncratic threshold or criteria for requesting a letter of advice. There nothing wrong with this. Some Board members will request more letters of advice than others. No problem.

Committee Recommendation: Table for discussion in November. Legal to develop a tracking method for letters of advice. Dr. Kirby to rewrite the criteria to be more precise.

Board Action: Table for discussion in November. Legal to develop a tracking method for letters of advice and the need for a rule making process. Dr. Kirby to rewrite the criteria to be more precise.

## New Business

### 1. Emergency & Disaster Licensing

Issue: Staff has been working on a procedure for licensing physicians in the event of state declared emergency or disaster.

The purpose of this memo is to discuss the federal and state laws regarding the licensing of physician and physician assistant volunteers following a natural or man-made disaster in North Carolina. The state's plans for responding to disasters or emergencies which require volunteer medical personnel are extensive, intertwined, and well organized.

- a. Authority at the national level:
  - i. All fifty states and US territories participate in the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). ESAR-VHP has been in existence since 2002; it now is administered by the Office of the Assistant Secretary for Preparedness and Response in the US Department of Health and Human Services. With this program, the federal government works with states to establish a national network of state-based programs for pre-registration of a broad range of volunteer health professionals. Under ESAR-VHP, volunteers' identities, licenses, credentials, accreditations, and hospital privileges are all verified both in advance and at the time of deployment of a public health or medical disaster or emergency. In NC, this program is called "ServNC", the state emergency registry of volunteers. Most state programs have similar names.

There are several new ESAR-VHP plans being created at the federal level with continued input from the states. When these are finalized, they will be shared with the states for adoption if they so choose. The NC Department of Emergency Management (NC DEM) believes that the relevant ESAR-VHP will be adopted as a supplementary agreement (as



permitted by N.C. Gen. Stat. § 166A-47) rather than as a new statute or administrative rule. The new ESAR-VP plans are being developed to deal with the diversity of programs across the states. Some state programs have more robust staffing and quality than others. States also differ in how they handle issues of professional liability and workers compensation. Generally speaking, professional liability insurance continues to provide coverage to a volunteer in another state, if their current employer agrees. In some states, workers' compensation is available to a volunteer from another state who is injured while serving, as though that volunteer were employed by state in the disaster zone. This is a contentious area and the NC law on this is unsettled.

ii. Most of the fifty states and US territories are members of EMAC (Emergency Management Assistance Compact). This is a congressionally-ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster-impacted state can request and receive assistance from other member states quickly and efficiently, resolving two key issues upfront: liability and reimbursement. The EMAC provides for the requesting state to reimburse the rendering state (and hospitals, etc) for expenses incurred in responding. This funding goes through federal channels and can be very slow in processing. The EMAC is activated when a Governor declares a State of Emergency.

iii. One of the lessons learned from Katrina is the importance of state and local response to a disaster or emergency. While the federal government (through FEMA) can play an important role financially, it is better to maximize the use of state and local knowledge, coordination, and personnel.

1. To the greatest extent possible, valuable personnel should be retained in their communities rather than encouraging outsiders to respond. In Katrina, when LA and MS hospitals and clinics were destroyed, many LA and MS physicians relocated out of state. It would have been better to create mobile hospitals or provide interim housing so those local physicians could continue working with their same teams, patient population, and cultural connections. A role for government is to have Disaster Medical Assistance Teams (DMATs) available, and also to provide temporary housing, if necessary, so local providers can stay in their communities.
2. Although most teams will come with their own resources for up to 72 hours, when unaffiliated outside volunteers come to the scene of a disaster, their need for food, water, and shelter can strain already scarce resources.
3. Retaining local medical professionals alleviates the need for state medical boards to create and execute temporary licensing protocols for incoming physicians and others.

b. Organization at the State Level

i. ServNC, North Carolina's ESAR- VP program, provides a structure to recruit, inform, mobilize and track health care providers and other volunteers to respond to a crisis. This is true both for internal disasters (for example, a hurricane hits the coast and Charlotte physicians respond) and for situations that call for assistance from out of state (Kentucky gets hit with an ice storm and asks North Carolina to assist.)

ii. Physicians, other health care providers and other volunteers register on-line. NCMB licensees may be drawn to it by a link on the NCMB annual renewal page. It takes about 10 minutes to register. In addition to demographic information, the licensee lists specialty, occupation, certifications, medical history, and geographic areas to which he/she would be willing to respond. The licensee also lists the best way to be contacted, i.e., email or cell phone. Volunteers often are deployed in teams; if a person wishes to be assigned to team, ServNC can facilitate that process.

iii. Other emergency response resources:

1. There are eight trauma regions in North Carolina, designated as Regional Advisory Committees (RACs). Each RAC has a State Medical Assistance Team (SMAT II). They each have the ability to set up a small field hospital. The SMAT was formed following 9/11/01, primarily to respond to biological and terrorism events which include chemical agents. Each RAC/SMAT is anchored by a major hospital: Mission (Asheville); Carolinas Medical Center (Metrolina); WFUBMC (Triad); Duke (Durham); UNC (Central Carolina); WakeMed (Capital); Pitt County Memorial (Eastern); and New Hanover Regional (Southeastern).

2. The state also has four mobile hospitals which can be set up in a matter of hours. The state also has mobile pharmacies and 29 SMAT III which have decontamination capabilities. They are spread out across the state and are run by the local EMS agencies.

c. What if there was a disaster in NC?

i. The NC Governor would declare a State of Emergency under N.C. Gen. Stat. §166A.

ii. Requests for Assistance (RFAs) would come from local counties and municipalities to the NC DEM, who would aggregate those needs. The State Office of Emergency Medical Services (OEMS) would in turn determine what medical providers were needed. The OEMS would coordinate with the State Medical Asset Resource Tracking Tool (SMARTT). (OEMS also works with the NC EMS Advisory Council, of which Dr. Liz Kanof is a member.)

iii. The OEMS would formulate a specific mission request: X doctors, X nurses, X paramedics, plus specified equipment and other resources. The mission request would be relayed to the ServNC program. The first approach would be for NC DEM/ ServNC to compile teams of responders of North Carolina volunteers.

iiii. If the extent of the crisis were larger than could be dealt with using NC personnel alone, the Governor could authorize an EMAC/ Request for Assistance (RFA), which would be posted to the EMAC network. The request would be very specific, asking for particular numbers and skill types of personnel and equipment. One or more states would respond to that request, offering NC a team and itemizing the cost of that team. The NCEM could then accept one or more of these proposals.

v. The *responding* state's ESAR-VP program would check the credentials of physicians and other licensees requested by NC's RFA. If North Carolina had an agreement with the responding state covering this term, the NC OEMS would not check incoming physicians' credentials, however, but would rely on the other state's diligence in doing so. States differ in their protocols and the robustness of their programs, but in general, each state checks:

- a. Federal ESAR VP database
- b. Active state license with state medical or osteopathic board (Volunteers whose licensees are close to renewal or have other licensing issues may be rejected.)
- c. FSMB databank
- d. AMA and AOA databanks
- e. ABMS for specialty board certification
- f. DEA
- g. OIG for improper use of federal funds

vi. The North Carolina EMAC is codified in Article 4 of Chapter 166A, the Emergency Management Act. Among other things, the EMAC gives the Governor plenary powers in the event of a declared emergency or disaster, and the authority to declare that professionals from other participating states have reciprocal authority to practice in this state, subject to any limitations or conditions placed by the Governor. Specifically, N.C. Gen. Stat. § 166A-45 states:

Whenever any person holds a license, certificate, or other permit issued by any party state evidencing the meeting of qualifications for professional, mechanical, or other skills, and when assistance is requested by the receiving party state, the person shall be deemed licensed, certified, or permitted by the state requesting assistance to render aid involving skill to meet a declared emergency or disaster, subject to any limitations and conditions the governor of the requesting state may prescribe by executive order or otherwise. (1997-152, s. 1.)

vii. The state Emergency Management Director would look to the NCMB if their office ran into any problems verifying the credentials of a physician. The NCMB would also be involved in licensing under emergency conditions if a physician intended to practice here for an extended period of time. However, the general rule is that the NCMB would not issue emergency licenses; incoming physicians vetted by another state would enter NC and practice medicine without any authority by the NCMB. The Governor, by Executive Order, might place geographic, time, and other restrictions on the practice of the incoming volunteer physicians.

B. The state discourages anyone (whether licensed in NC or not) from simply arriving at a disaster zone. They feel it is unlikely that a hospital would extend privileges to physicians who simply showed up. As to physicians who do express willingness to serve at the last minute, the best thing is to direct them to register through ServNC. That way, their information is included in the central database. The state would provide “Just in time Training” before deploying them, and would keep track of volunteers who have been mobilized.

C. The recommendation from the state Emergency Management office is that the NCMB continue to promote ServNC by providing the link to it during the online renewal process, and including references to it on the NCMB website, The Forum or other media, to encourage physicians, PAs, and other licensees to register.

d. What if there were a disaster in another state, and NC licensees were willing to assist?

i. If the Governor of another state filed a RFA through EMAC, to which NC responded, the ServNC program would compile a group of volunteers who agreed to serve in that time and place. OEMS would check their credentials against the roster which Hari provides each month. The NC EMS also has access to, and checks, the credentials of nurses, pharmacists, veterinarians, social workers, EMS, Respiratory Therapist and a few other professions.

ii. The ServNC program would provide immediate training about the mission, and would mobilize the team for their specific mission. Again, the NC DEM would contact the NCMB if it had questions about a particular NC licensee’s credentials.

§ 166A-6. State of disaster.

(a) The existence of a state of disaster may be proclaimed by the Governor, or by a resolution of the General Assembly if either of these finds that a disaster threatens or exists.

(a1) If a state of disaster is proclaimed, the Secretary shall provide the Governor and the General Assembly with a preliminary damage assessment as soon as the assessment is available. Upon receipt of the preliminary damage assessment, the Governor shall issue a proclamation defining the area subject to the state of disaster and proclaiming the disaster as a

Type I, Type II, or Type III disaster. In determining whether the disaster shall be proclaimed as a Type I, Type II, or Type III disaster, the Governor shall follow the standards set forth below.

- (1) A Type I disaster may be declared if all of the following criteria are met:
  - a. A local state of emergency has been declared pursuant to G.S. 166A-8, and a written copy of the declaration has been forwarded to the Governor;
  - b. The preliminary damage assessment meets or exceeds the criteria established for the Small Business Administration Disaster Loan Program pursuant to 13 C.F.R. Part 123 or meets or exceeds the State infrastructure criteria set out in G.S. 166A-6.01(b)(2)a.; and
  - c. A major disaster declaration by the President of the United States pursuant to the Stafford Act has not been declared.

A Type I disaster declaration may be made by the Governor prior to, and independently of, any action taken by the Small Business Administration, the Federal Emergency Management Agency, or any other federal agency. A Type I disaster declaration shall expire 30 days after its issuance unless renewed by the Governor or the General Assembly. Such renewals may be made in increments of 30 days each, not to exceed a total of 120 days from the date of first issuance. The Joint Legislative Commission on Governmental Operations shall be notified prior to the issuance of any renewal of a Type I disaster declaration.

- (2) A Type II disaster may be declared if the President of the United States has issued a major disaster declaration pursuant to the Stafford Act. The Governor may request federal disaster assistance under the Stafford Act without making a Type II disaster declaration. A Type II disaster declaration shall expire six months after its issuance unless renewed by the Governor or the General Assembly. Such renewals may be made in increments of three months each, not to exceed a total of 12 months from the date of first issuance. The Joint Legislative Commission on Governmental Operations shall be notified prior to the issuance of any renewal of a Type II disaster declaration.

- (3) A Type III disaster may be declared if the President of the United States has issued a major disaster declaration under the Stafford Act and:

- a. The preliminary damage assessment indicates that the extent of damage is reasonably expected to meet the threshold established for an increased federal share of disaster assistance under applicable federal law and regulations; or
- b. The preliminary damage assessment prompts the Governor to call a special session of the General Assembly to establish programs to meet the unmet needs of individuals or political subdivisions affected by the disaster.

A Type III disaster declaration shall expire 12 months after its issuance unless renewed by the General Assembly.

- (a2) Any state of disaster declared before July 1, 2001, shall terminate by a proclamation of the Governor or resolution of the General Assembly. A proclamation or resolution declaring or

terminating a state of disaster shall be disseminated promptly by means calculated to bring its contents to the attention of the general public and, unless the circumstances attendant upon the disaster prevent or impede, promptly filed with the Secretary of Crime Control and Public Safety, the Secretary of State and the clerks of superior court in the area to which it applies.

(b) In addition to any other powers conferred upon the Governor by law, during a state of disaster, the Governor shall have the following powers.

- (1) To utilize all available State resources as reasonably necessary to cope with an emergency, including the transfer and direction of personnel or functions of State agencies or units thereof for the purpose of performing or facilitating emergency services;
- (2) To take such action and give such directions to State and local law enforcement officers and agencies as may be reasonable and necessary for the purpose of securing compliance with the provisions of this Article and with the orders, rules and regulations made pursuant thereto;
- (3) To take steps to assure that measures, including the installation of public utilities, are taken when necessary to qualify for temporary housing assistance from the federal government when that assistance is required to protect the public health, welfare, and safety;
- (4) Subject to the provisions of the State Constitution to relieve any public official having administrative responsibilities under this Article of such responsibilities for willful failure to obey an order, rule or regulation adopted pursuant to this Article.

(c) In addition, during a state of disaster, with the concurrence of the Council of State, the Governor has the following powers:

- (1) To direct and compel the evacuation of all or part of the population from any stricken or threatened area within the State, to prescribe routes, modes of transportation, and destinations in connection with evacuation; and to control ingress and egress of a disaster area, the movement of persons within the area, and the occupancy of premises therein;
- (2) To establish a system of economic controls over all resources, materials and services to include food, clothing, shelter, fuel, rents and wages, including the administration and enforcement of any rationing, price freezing or similar federal order or regulation;
- (3) To regulate and control the flow of vehicular and pedestrian traffic, the congregation of persons in public places or buildings, lights and noises of all kinds and the maintenance, extension and operation of public utility and transportation services and facilities;
- (4) To waive a provision of any regulation or ordinance of a State agency or a political subdivision which restricts the immediate relief of human suffering;
- (5) Repealed by Session Laws 2001-214, s. 3, effective July 1, 2001.
- (6) To perform and exercise such other functions, powers and duties as are necessary to promote and secure the safety and protection of the civilian population;

- (7) To appoint or remove an executive head of any State agency or institution the executive head of which is regularly selected by a State board or commission.
- a. Such an acting executive head will serve during:
    - 1. The physical or mental incapacity of the regular office holder, as determined by the Governor after such inquiry as the Governor deems appropriate;
    - 2. The continued absence of the regular holder of the office; or
    - 3. A vacancy in the office pending selection of a new executive head.
  - b. An acting executive head of a State agency or institution appointed in accordance with this subdivision may perform any act and exercise any power which a regularly selected holder of such office could lawfully perform and exercise.
  - c. All powers granted to an acting executive head of a State agency or institution under this section shall expire immediately:
    - 1. Upon the termination of the incapacity as determined by the Governor of the officer in whose stead he acts;
    - 2. Upon the return of the officer in whose stead he acts; or
    - 3. Upon the selection and qualification of a person to serve for the unexpired term, or the selection of an acting executive head of the agency or institution by the board or commission authorized to make such selection, and his qualification.
- (8) To procure, by purchase, condemnation, seizure or by other means to construct, lease, transport, store, maintain, renovate or distribute materials and facilities for emergency management without regard to the limitation of any existing law.

(d) In preparation for a state of disaster, with the concurrence of the Council of State, the Governor may use contingency and emergency funds as necessary and appropriate for National Guard training in preparation for disasters. (1951, c. 1016, s. 4; 1955, c. 387, s. 4; 1959, c. 284, s. 2; c. 337, s. 4; 1975, c. 734, ss. 11, 14; 1977, c. 848, s. 2; 1979, 2nd Sess., c. 1310, s. 2; 1993, c. 321, s. 181(a); 1995, c. 509, s. 125; 2001-214, s. 3.)

---

§ 166A-43. Party state responsibilities.

(a) It shall be the responsibility of each party state to formulate procedural plans and programs for interstate cooperation in the performance of the responsibilities listed in this Article. In formulating the plans, and in carrying them out, the party states, insofar as practicable, shall:

- (1) Review individual state hazards analyses and, to the extent reasonably possible, determine all those potential emergencies the party state might jointly suffer, whether due to natural disaster, technological hazard, man-made disaster, emergency aspects of resource shortages, civil disorders, insurgency, or enemy attack.

- (2) Review the party states' individual emergency plans and develop a plan that will determine the mechanism for the interstate management and provision of assistance concerning any potential emergency.
- (3) Develop interstate procedures to fill any identified gaps and to resolve any identified inconsistencies or overlaps in existing or developed plans.
- (4) Assist in warning communities adjacent to or crossing the state boundaries.
- (5) Protect and assure uninterrupted delivery of services, medicines, water, food, energy and fuel, search and rescue, and critical lifeline equipment services, and resources, both human and material.
- (6) Inventory and set procedures for the interstate loan and delivery of human and material resources, together with procedures for reimbursement or forgiveness.
- (7) Provide, to the extent authorized by law, for temporary suspension of any statutes or ordinances that restrict the implementation of the above responsibilities.

(b) The authorized representative of a party state may request assistance of another party state by contacting the authorized representative of that state. The provisions of this Compact shall only apply to requests for assistance made by and to authorized representatives. Requests may be verbal or in writing. If verbal, the request shall be confirmed in writing within 30 days of the verbal request. Requests shall provide the following information:

- (1) A description of the emergency service function for which assistance is needed, including fire services, law enforcement, emergency medical, transportation, communications, public works and engineering, building inspection, planning and information assistance, mass care, resource support, health and medical services, and search and rescue.
- (2) The amount and type of personnel, equipment, materials and supplies needed, and a reasonable estimate of the length of time they will be needed.
- (3) The specific place and time for staging of the assisting party's response and a point of contact at that location.

(c) There shall be frequent consultation between state officials who have assigned emergency management responsibilities and other appropriate representatives of the party states with affected jurisdictions and the federal government, with free exchange of information, plans, and resource records relating to emergency capabilities. (1997-152, s. 1.)

---

§ 166A-45. Licenses and permits.

Whenever any person holds a license, certificate, or other permit issued by any party state evidencing the meeting of qualifications for professional, mechanical, or other skills, and when assistance is requested by the receiving party state, the person shall be deemed licensed, certified, or permitted by the state requesting assistance to render aid involving skill to meet a declared emergency or disaster, subject to any limitations and conditions the governor of the requesting state may prescribe by executive order or otherwise. (1997-152, s. 1.)



Committee Recommendation: Accept as information.

Board Action: Accept as information.

## 2. Pending Applications Over a Year Old

Issue: 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 23. Of those 23, 2 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 20 never finished submitting their application materials.

Committee Recommendation: Accept as information

Board Action: Accept as information.

## 3. Review of Board Book Tab 335 – Licensing Interviews

Issue: Dr. Hill requests discussion of this policy/procedure. A copy of Tab 335 is bookmarked in this tab.

Committee Recommendation: Keep the procedure as is.

Board Action: Keep the procedure as is.

## 4. PLOCs and Fines

Issue: In an effort to serve the needs of the state and residents of NC the Board previously pre-authorized staff to issue a license when a Board member agrees with issuing a license with a PLOC. Recent license recommendations are to issue license with PLOC and an administrative fine. These recommendations have been requiring Board approval thus delaying an application that would otherwise move forward.

Committee Recommendation: Pre-authorize staff to move applications forward with the approval of one Board member when the Board member decision is to issue a license with a PLOC and administrative fine.

Board Action: Pre-authorize staff to move applications forward with the approval of one Board member when the Board member decision is to issue a license with a PLOC and administrative fine.

## 5. Resident Training Licenses Issued in 2011

Issue: Every year at the September Board meeting staff reports the number of resident training licenses issued since the first of the year. A list of those issued along with the institution where they are serving is book marked as part of this tab.

Committee Recommendation: Accept as information.

Board Action: Accept as information. Future reports should identify physicians as MD or DO as well as identify the school from which the physician received their medical degree.

#### 6. Reporting withdrawals to FSMB

Issue: It has been determined that when reporting withdrawals to FSMB the information is available to all organizations that query the FSMB, not just licensing/regulatory Boards.

Committee Recommendation: Accept as information

Board Action: Accept as information.

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

Nine licensure 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.

Six 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 3:30 p.m., Wednesday, September 21, 2011 at the office of the Board.

Committee Members present were: Peggy Robinson PA-C, Chairperson, William Walker, MD, and Pamela Blizzard. Also present were Marcus Jimison, Lori King, CPCS, Quanta Williams, Jane Paige, Katharine Kovacs, PA, Thomas Hill, MD, Mike Borden, Ryan Vann, and Elmira Powell.

Committee Members Absent: None.

### Open Session Physician Assistants

1. NCCPA Physician Assistant National Certifying Examination – Number of Attempts. Ms. Robinson to discuss.

Issue: NCCPA does not list the number of attempts a PA takes the PANCE exam on their transcripts. What is the reason the number of attempts is not reported by NCCPA? The NCMB limits the number of attempts for physician exams. Should the Board entertain a Rule to require passage of the PANCE within a certain number of attempts?

### Committee Recommendation:

The Committee discussed PA certification and determined that the NCCPA has good policies in place regarding certification and that a new NCMB Rule would not be necessary. Ms. King contacted the NCCPA to see if other state licensing boards set a limit on how many times a PA can take the exams and the NCCPA responded that it does not keep track of this information. As for the NCCPA's policy, PAs that graduated on or after January 1, 2003 are eligible to take the PANCE up to six years after graduation and within those six years they have six attempts to pass. If they do not pass by the sixth year or sixth attempt, whichever comes first, they must again complete and graduate from an ARC-PA accredited PA program in order to be eligible for the PANCE again. If they graduated before January 1, 2003, there is no limit to the number of attempts the PA may take in order to pass the PANCE. Ms. King also contacted the NCCPA for the reason why the NCCPA does not report the number of exam attempts on its transcripts. Per the NCCPA, it can provide the information based upon request. It is currently working to enhance the State Board portals so that this option will be available to state boards. The enhancement will include the type of exams and the number of attempts for a particular exam. This project should be complete by the 1<sup>st</sup> quarter of 2012.

Board Action: Accept as information.

### Open Session NC Emergency Medical Services

1. Education Task Force Recommendations NC EMT Advisory Council.

Issue: Information received by Dr. Kanof on August 31, 2011.

Committee Recommendation: For information.

Board Action: Accept as information.

### **ALLIED HEALTH COMMITTEE REPORT LP/AA/ CPP**

The Allied Health Committee of the North Carolina Medical Board was called to order at 3:00 pm, September 21, 2011 at the office of the North Carolina Medical Board. Members present were: Peggy Robinson, PA-C, Chair and William Walker, MD; and Pamela Blizzard. 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. 21 NCAC 46 .2507 – Administration of Vaccines by Pharmacists
    - i. A CPP has requested an amendment to the rule to allow pharmacists who have a physical disability that prevents them from obtaining a provider level CPR certification to administer vaccines in the presence of a pharmacy technician or pharmacists who holds a current provider level CPR certification.

Board Action: Approve the amendment to rule 21 NCAC 46 .2507

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

Committee Recommendation: Accept as information

Board Action: Accept as information

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

Committee Recommendation: Approve rule changes

Board Action: Approve rule changes

5. Open Session Polysomnographic Technologist
  - a. Update on Sleep Tech registration
    - i. The deadline for NC sleep techs to register with NCMB is January 1, 2012. The registration process has been set up on the Board's website. So far 86 have registered. Once they have registered, their certification status will be checked using the Board of Registered Polysomnographic Technologists (BRPT) website. BRPT shows 687 sleep techs registered in NC.

Committee Recommendation: For information

Board Action: Accept as information

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.

#### **NURSE PRACTITIONER JOINT SUBCOMMITTEE**

The Nurse Practitioner Joint Subcommittee (NPJS) was called to order at 1:00 pm September 21, 2011 at the office of the NC Board of Nursing. Members present were: Nancy Bruton-Maree, RN, Chair (NCBON); Peggy Robinson, PA-C (NCMB); Mary Ann Fuchs, RN (NCBON); Dan Hudgins (NCBON); William Walker, MD (NCMB); and Pamela Blizzard (NCMB). Also present was: Donna Mooney (NCBON); Julie George (NCBON); David Henderson (NCMB); Marcus Jimison (NCMB); David Kalbacker (NCBON); Katharine Kovacs (NCMB); Paulette Young (NCBON); Don Pittman (NCMB); Gail Marshall (NCBON); Linda Burhan (NCBON); Eileen Kugler (NCBON); Jean Stanley (NCBON); and Quanta Williams (NCMB).

1. Approval of minutes of May 19, 2011 meeting
  - a. Motion: To approve the minutes of the May meeting with a correction to include Anna Choi's last name. Passed.
2. Additions to agenda
  - a. None
3. Old Business
  - a. NP Board Certification
    - i. There was a question as to why this would be converted to a FAQ as opposed to being a position statement. The NP Joint Subcommittee decided that it should be a position statement.

Motion: To approve the information presented as a position statement. Passed.

- b. Report on the change to the renewal question
  - i. Jean Stanley reported that the new wording had been piloted from July 2010 through July 2011. There have been two yes responses during that time. The NP Joint Subcommittee feels that the current wording is clearer than how the question previously read.

Motion: To continue using the current wording of the renewal question. Passed.

#### 4. New Business

- a. Report of any disciplinary actions, including Consent Agreements, taken by either Board since the last meeting
  - i. The Board of Nursing reported one public action taken against a nurse practitioner since the last meeting.
  - ii. The Medical Board reported two public actions taken against a nurse practitioner since the last meeting.

- b. Re-entry into practice comparisons between PA and NP
  - i. The NP Joint Subcommittee did a compare/contrast evaluation of the two Boards' rules on re-entry into practice. There was a recommendation for the Board of Nursing to review the refresher course requirements and consider reducing the time out of practice requiring the course from 5 years to 2 years. Ms. Kugler reminded them that this would require a rule change.

Motion: To refer this to the Board of Nursing and bring the recommendation to the November meeting. Passed.

- c. Approval of new NP FAQs
  - i. Four new FAQs were presented for the Subcommittee's review. There was discussion regarding the wording of the answer for question number 2. It was suggested that the first paragraph be removed and the second sentence changed to say, "...a federally employed NP who holds a NC approval..."

Motion: To approve the additional FAQs with changes to the answer of question number two. Passed.

- d. NP Joint Subcommittee Policy Revisions
  - i. The Board of Nursing is in the process of completing a review of existing policies. Proposed policy revisions were presented to the Subcommittee for review and approval.

Comments on the proposed revisions:

JSC-2: Extract since the issue has been referred back to the Board of Nursing. Section 2b to say "A graduate level pharmacology course approved by the Board of Nursing..."

JSC-3: Specify 3 days

JSC-4: Add "e. any other actions authorized by Joint Subcommittee by" (cite both Boards' rules)

Motion: Approve revisions with the changes suggested by the Joint Subcommittee. Passed.

e. Compliance Review Report

- i. The Subcommittee reviewed the compliance review report. One site visit and sixteen mail-in compliance reviews were completed as of September 7, 2011. The report showed 47% of NPs reviewed were in total compliance with NP rules of initial submission of evidence.

(For information)

5. Other Business

a. Compact Licensure

- i. A report was given by Donna Mooney explaining compact licensure and how it works.
- ii. Gail Marshall gave a demonstration of the BON and NURSUS websites and how disciplinary information is displayed and used by other states.

6. Next Meeting

a. November 16, 2011

- i. Midwifery Joint Committee at 10:30 am
- ii. NP Joint Subcommittee at 12:30 pm

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.

Eleven approval applicants 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.

7. OPEN SESSION

- a. Motion: To accept the closed session items.
- b. The Compliance Review team suggests closing a compliance case and opening an investigation when evidence of dishonesty or falsification of records is found.
- c. Motion: Make changes to the compliance protocols open an investigation when evidence of dishonesty or falsification of records is found. November agenda item. Passed.

### **REVIEW (COMPLAINT) COMMITTEE REPORT**

Paul Camnitz, MD, Chair; Peggy R. Robinson, PA-C; John B. Lewis

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-seven 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**

William Walker, MD, Chair; Dr. Thomas R. Hill, MD; Pamela Blizzard; Karen R. Gerancher, MD; Eleanor E. Greene, 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 Disciplinary (Complaints) Committee reported on nine 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**

William Walker, MD, Chair; Dr. Thomas R. Hill, MD; Pamela Blizzard; Karen R. Gerancher, MD; Eleanor E. Greene, 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 Disciplinary (Malpractice) Committee reported on forty-two cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **INVESTIGATIVE INTERVIEW REPORT**

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

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

A motion passed to return to open session.

### **DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT**

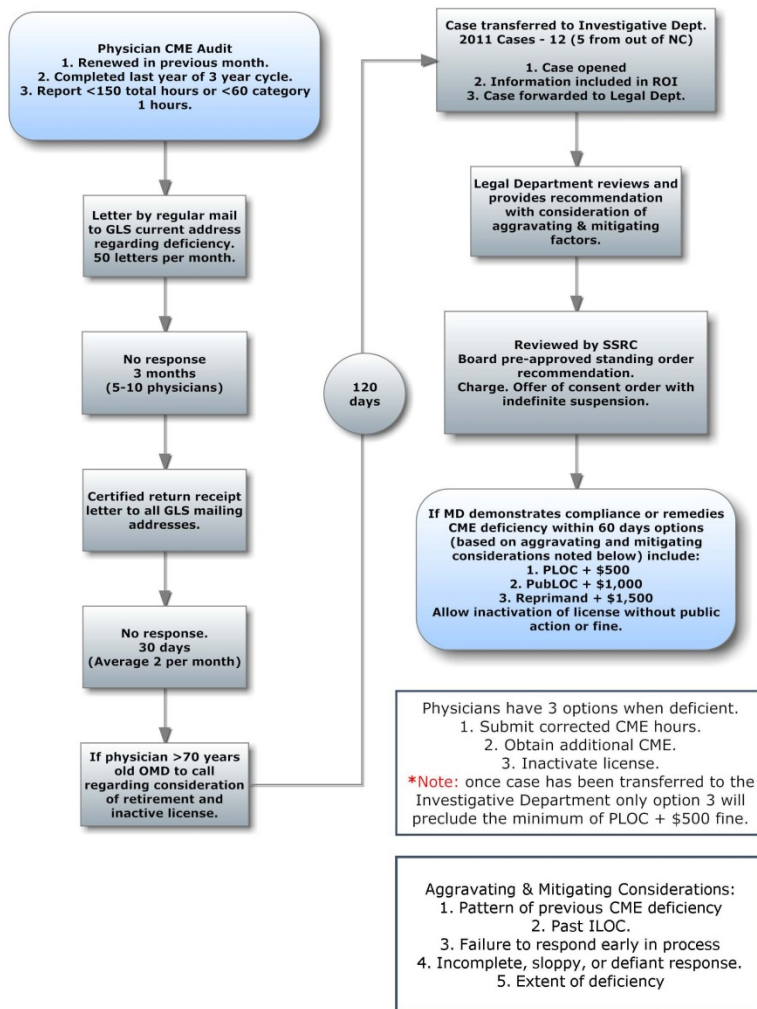
The Investigative Disciplinary Committee was called to order at 10:45 a.m. on Wednesday, September 21, 2011, at the office of the Medical Board. Members present were: William Walker, MD, Chair, Ms. Pamela Blizzard, Karen Gerancher, MD, Eleanor Greene, MD, and Thomas Hill, MD.

Open Session:

New Business:

Proposed Physician CME Audit Process

Proposed Physician CME Audit Process



Board Action: Defer decision, Board to review. Consider giving notice to licensees via e-mail, an article in the Forum and a link on the NCMB website.

Survey of the Effect of NCMB Disciplinary Actions on Board Certification, presented by Christina Apperson

Conclusion: The relationship between state licensing board action and resulting specialty board action has been the subject of ongoing discussions and formal Federation of State Medical Board policy for about two decades. Prior to NCMB's inquiry, there was no comprehensive survey in existence to demonstrate all specialty boards' policies and procedures for collecting and acting upon state medical board disciplinary information. NCMB undertook a survey of ABMS-member boards and received responses from about half of the organizations. Superficial commonalities exist: all receive DANS alerts from ABMS based on FSMB data; all have a policy

in place concerning limitations, suspensions and revocations of a state medical license as mandated by ABMS; nearly all afford some sort of due process hearing; and all apply their policies consistently to initial applicants, current diplomates and candidates for reinstatement. In terms of outcome of discipline, none take action on private or public letters of concern and all take action when a physician licensed in a single state has his or her license suspended or revoked. Beyond that, there is a wide variation in specialty board action based on state board discipline with few discernible trends.

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 forty 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**

Paul Camnitz, MD, Chair; Peggy R. Robinson, PA-C; John B. Lewis

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 thirty-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**

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 forty-one 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**

The meeting of the Medical School Educational Outreach Project workgroup of the North Carolina Medical Board was called to order at 3:35 pm on Thursday, September 22, 2011 at the office of the Medical Board. Members present were: Peggy Robinson, PA-C, Chair; Janice Huff, MD; Karen Gerancher, MD and Pamela Blizzard. Staff present were: Nancy Hemphill and Jean Fisher-Brinkley.

#### 1. Old Business: staff work to date:

- a. Jean reported that she has discussed project with Dr. Patrick Ober of WFUBMC, head of medical school curriculum; he is enthusiastic about our program and is at our disposal to review/test at any phase of the project's development.
- b. Dr. John Kaufmann, new dean of Campbell University School of Osteopathy, is interested in integrating this into their program when they begin admitting osteopathic students in 2013.
- c. Jean discussed possibility of streaming NCMB public meetings on the Web (on demand video/audio) with Granicus, a company that specializes in streaming solutions for government and nonprofit clients. They gave price quotes of \$20,000 for the first year and \$12,000 for subsequent years. In addition, the NCMB would have to purchase cameras. The workgroup was intrigued by the possibilities this could offer, especially that segments of hearings could be indexed & edited as educational tools, but felt it is too early in this project to use this service, and too expensive at this point. This type of thing is cutting edge in education, according to Ms. Blizzard. Action item: ask Legal Department if real licensee identities can be used in educational materials.

#### 2. New Business:

- a. Workgroup debated the target audience for Module 1 and discussed differences in understanding and capabilities of first year medical or PA students versus resident physicians. The first module should be targeted to the younger cohort.
- b. Rather than the outline proposed, the workgroup wants the first module to be about professionalism. Overall, the concepts should be introduced, with examples from real cases, but also with humor or cartoons. We can look to the core competencies for guidance; workgroup members may also pass along to staff materials they have on professionalism. Some ideas:
  - i. Accountability
  - ii. Professionalism begins on day 1 of medical school
  - iii. You're a professional 24/7

- iv. You're held to a higher standard
  - v. Profession is for service to humanity, not money or prestige
  - vi. Compassion, integrity and competence
  - vii. How you treat patients and staff is crucial
  - viii. Don't have sex with your patients or staff
  - ix. Issues of social networking: HIPAA violations, unprofessional photos, need for all communications to be on secure lines, don't text to wrong numbers
- c. The workgroup agreed to have staff meet with one or more experienced professionals, possibly to outsource creation of these modules. Public Affairs has up to \$5,000 in FY 2011 budget, plus \$5,000 in FY 2012, for professional consulting and is working to identify possible consultants. Ms. Blizzard is interested in participating in those meetings if possible.
3. The next meeting is tentatively scheduled during November 2011 Board meeting. At that time, staff will present an outline of the professionalism module and will have some information about consultants.

## **ADJOURNMENT**

This meeting was adjourned at 12:45 p.m. September 23, 2011.

---

Karen R. Gerancher, 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."

(Adopted May 1991) (Amended May 1996; May 2000; March 2002; September 2005)

**DRAFT RULE FOR SELF TREATMENT TASK FORCE**

August 10, 2011

We have three existing rules on prescribing authority for NCMB licensees: one each for physicians, PAs and NPs, so it makes sense to amend each of those to include this prohibition. The Board will need to consult with, and get a reciprocal rule change from the Board of Nursing on the one affecting NPs. Also, the Allied Health Committee will have to approve the change for PAs. This preliminary language has been vetted by Rules Review Commission staff.

1. Physician authority to prescribe:

**21 NCAC 32B .1001      AUTHORITY TO PRESCRIBE**

(a) A license to practice medicine issued under this Subchapter allows the physician to prescribe medications, including controlled substances, so long as the physician complies with all state and federal laws and regulations governing the writing and issuance of prescriptions.

(b) A physician must possess a valid United States Drug Enforcement Administration ("DEA") registration in order for the physician to supervise any other health professional (physician assistant, nurse practitioner, clinical pharmacist practitioner) with prescriptive authority for controlled substances. The DEA registration of the supervising physician

must include the same schedule(s) of controlled substances as the supervised health professional's DEA registration.

(c) A physician shall not prescribe controlled substances, as defined by the state and federal Controlled Substances Acts, for the physician's own use or that of a member of the physician's immediate family, which shall mean a spouse, parent, child, sibling, parent-in-law, son or daughter-in-law, brother or sister-in-law, step-parent, step-child, step-sibling, or any other person living in the same residence as the licensee, or anyone with whom the physician is having a sexual relationship.

*History Note: Authority G.S. 90-2(a); 90-14;  
Eff. June 1, 2007.; amended*

## 2. Nurse Practitioner Authority to Prescribe:

### **21 NCAC 32M .0109 PRESCRIBING AUTHORITY**

(a) The prescribing stipulations contained in this Rule apply to writing prescriptions and ordering the administration of medications.

(b) Prescribing and dispensing stipulations are as follows:

(1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement as outlined in Rule .0110(b) of this Section.

(2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed or ordered as established in the collaborative practice agreement, providing all of the following requirements are met:

(A) the nurse practitioner has an assigned DEA number which is entered on each prescription for a controlled substance;

(B) dosage units for schedules II, IIN, III and IIIN are limited to a 30 day supply; and

(C) the prescription or order for schedules II, IIN, III and IIIN may not be refilled.

(3) The nurse practitioner may prescribe a drug or device not included in the collaborative practice agreement only as follows:

(A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner; and

(B) the written or verbal order as described in Part (b)(3)(A) of this Rule shall be entered into the patient record with a notation that it is issued on the specific order of a primary or back-up supervising physician and signed by the nurse practitioner and the physician.

(4) Refills may be issued for a period not to exceed one year except for schedules II, IIN, III and IIIN which may not be refilled.

(5) Each prescription shall be noted on the patient's chart and include the following information:

(A) medication and dosage;

(B) amount prescribed;

- (C) directions for use;
- (D) number of refills; and
- (E) signature of nurse practitioner.

(6) Prescription Format:

(A) All prescriptions issued by the nurse practitioner shall contain the supervising physician(s) name, the name of the patient, and the nurse practitioner's name, telephone number, and approval number.

(B) The nurse practitioner's assigned DEA number shall be written on the prescription form when a controlled substance is prescribed as defined in Subparagraph (b)(2) of this Rule.

(7) A nurse practitioner shall not prescribe controlled substances, as defined by the state and federal Controlled Substances Acts, for the nurse practitioner's own use or that of a member of the nurse practitioner's immediate family, which shall mean a spouse, parent, child, sibling, parent-in-law, son or daughter-in-law, brother or sister-in-law, step-parent, step-child, step-sibling, or any other person living in the same residence as the licensee, or anyone with whom the nurse practitioner is having a sexual relationship.

(c) The nurse practitioner may obtain approval to dispense the drugs and devices other than samples included in the collaborative practice agreement for each practice site from the Board of Pharmacy, and dispense in accordance with 21 NCAC 46 .1700, that is hereby incorporated by reference including subsequent amendments of the referenced materials.

*History Note: Authority G.S. 90-6; 90-18(14); 90-18.2; 90-171.23(14); 90-171.42; 58 Fed. Reg. 31,171 (1993) (to be codified at 21 C.F.R. 1301); Eff. February 1, 1991; Recodified from 21 NCAC 32M .0106 Eff. January 1, 1996; Amended Eff. \_\_\_\_\_; November 1, 2008; August 1, 2004; May 1, 1999; January 1, 1996; September 1, 1994; March 1, 1994.*

3. Physician Assistant Authority to Prescribe:

**21 NCAC 32S .0212 PRESCRIPTIVE AUTHORITY**

A physician assistant may prescribe, order, procure, dispense and administer drugs and medical devices subject to the following conditions:

- (1) the physician assistant complies with all state and federal laws regarding prescribing including G.S. 90-18.1(b);
- (2) each supervising physician and physician assistant incorporates within their written supervisory arrangements, as defined in Rule .0201(8) of this Subchapter, instructions for prescribing, ordering, and administering drugs and medical devices and a policy for periodic review by the physician of these instructions and policy;
- (3) In order to compound and dispense drugs, the physician assistant complies with G.S. 90-18.1(c);
- (4) in order to prescribe controlled substances,
  - (a) the physician assistant must have a valid Drug Enforcement Administration (DEA) registration and prescribe in accordance with DEA rules;



- (b) All prescriptions for substances falling within schedules II, IIN, III, and IIIN, as defined in the federal Controlled Substances Act, shall not exceed a legitimate 30 day supply;
  - (c) the supervising physician must possess the same schedule(s) of controlled substances as the physician assistant's DEA registration;
- (5) each prescription issued by the physician assistant contains, in addition to other information required by law, the following:
- (a) the physician assistant's name, practice address and telephone number;
  - (b) the physician assistant's license number and, if applicable, the physician assistant's DEA number for controlled substances prescriptions; and
  - (c) the responsible supervising physician's (primary or back-up) name and telephone number;
- (6) the physician assistant documents prescriptions in writing on the patient's record, including the medication name and dosage, amount prescribed, directions for use, and number of refills; and
- (7) a physician assistant who requests, receives, and dispenses medication samples to patients complies with all applicable state and federal regulations.
- (8) A physician assistant shall not prescribe controlled substances, as defined by the state and federal Controlled Substances Acts, for the physician assistant's own use or that of a member of the physician assistant's immediate family, which shall mean a spouse, parent, child, sibling, parent-in-law, son or daughter-in-law, brother or sister-in-law, step-parent, step-child, step-sibling, or any other person living in the same residence as the physician assistant, or anyone with whom the physician assistant is having a sexual relationship.

*History Note: Authority G.S. 90-18(c)(13); 90-18.1; 90-18.2A; 90-171.23(14); 21 C.F.R. 301; Amended \_\_\_\_\_; Eff. September 1, 2009.*

---

### **Self-treatment and treatment of family members**

It is the position of the Board that licensees generally should not treat themselves or their immediate family members. In addition, it is the Board's position that licensees should refrain from treating other person's with whom the licensee has a significant emotional relationship. In such situations, professional objectivity may be compromised, and the licensee's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Furthermore, licensees may fail to inquire about sensitive subjects when taking a medical history or fail to perform intimate parts of a physical examination.

Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the healthcare provider is a family member. Concerns regarding patient autonomy and informed consent are also relevant when licensees attempt to treat members of their immediate family because family members may be reluctant to decline a treatment recommendation or seek a second opinion for fear of offending the licensee.

There are, however, certain limited situations in which it may be appropriate for licensees to treat themselves or their family members. If the patient has an emergency condition and there is no other qualified physician available, it may be appropriate for licensees to treat themselves

or their family members until another physician becomes available. In addition, while licensees should not serve as a primary or regular care provider for themselves or their family members, there are situations in which routine care may be acceptable for acute minor illnesses. It is not appropriate for physicians to write prescriptions for controlled substances or perform procedures for themselves or their family members unless the patient has an emergency condition. In such circumstances, the licensee should only provide treatment until another physician becomes available.

Those licensees who inappropriately treat themselves, their family members or others with whom they have a significant emotional relationship should be aware that they may be subject to disciplinary action by the Board. In addition, those licensees who treat themselves or their family members in a manner consistent with this position statement will be held to the same standard of care applicable to licensees providing treatment for patients who are not family members. Thus, licensees should not treat problems beyond their expertise or training and should be sure to maintain a medical record documenting any care that is given.

### Definitions

Emergency Condition – A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.\*

Family Members – The Board considers family members to include the licensee's spouse or domestic partner and either of the licensee's, spouse's, or domestic partner's parents, stepparents or grandparents; the licensee's natural or adopted children or stepchildren and any child's spouse, domestic partner or children; the siblings of the licensee or the licensee's spouse or domestic partner and the sibling's spouse or domestic partner; or anyone else living with the licensee.

---

NOTE: Licensees may also want to familiarize themselves with the Board's position statement on Treatment of Peers.

\* This definition is taken primarily from the definition provided in the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd(e).

**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~~ licensee 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~~ licensee'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.

(Adopted May 1998) (Amended July 1998, January 2001) (Reviewed November 2005)

APPENDIX C

POSITION STATEMENT	ADOPTED	SCHEDULED FOR REVIEW	LAST REVISED/ REVIEWED/ ADOPTED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED
Self- Treatment and Treatment of Family Members and Others With Whom Significant Emotional Relationships Exist	May-91	Jul-11	Sep-05	Mar-02	May-00	May-96	
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	Jul-11	Nov-05	Jan-01	Jul-98		
Availability of Physicians to Their Patients	Jul-93	Sep-11	Jul-06	Oct-03	Jan-01	May-96	
Referral Fees and Fee Splitting	Nov-93	Nov-11	Jul-06	May-96			
Sexual Exploitation of Patients	May-91	Jan-12	Sep-06	Jan-01	Apr-96		
Care of the Patient Undergoing Surgery or Other Invasive Procedure	Sep-91	Mar-12	Sep-06	Mar-01			
The Physician-Patient Relationship	Jul-95	May-12	Sep-06	Aug-03	Mar-02	Jan-00	Jul-98
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	Nov-12	Mar-08				
Advance Directives and Patient Autonomy	Jul-93		Mar-08	May-96			
End-of-Life Responsibilities and Palliative Care	Oct-99		Mar-08	May-07			
Drug Overdose Prevention	Sep-08		Sep-08				
Policy for the Use of Controlled Substances for the Treatment of Pain	Sep-96		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			

**Availability of physicians to their patients**

It is the position of the North Carolina Medical Board that once a physician-patient relationship is created, it is the duty of the physician to provide care whenever it is needed or to assure that proper physician backup is available to take care of the patient during or outside normal office hours.

The physician must clearly communicate to the patient orally and provide instructions in writing for securing after hours care if the physician is not generally available after hours or if the physician discontinues after hours coverage.

(Adopted July 1993) (Amended May 1996, January 2001, October 2003, July 2006)

PHYSICIANS PRESENTED AT THE  
SEPTEMBER 2011 BOARD MEETING

Abboy, Chandar Raja  
Abern, Michael Ryan  
Abraham, Edward  
Abumostafa, Yousef Shokry  
Agarwal, Akash Deep  
Akhter, Natasha Salim  
Albala, Maurizio Zeki  
Alexander, Annetta Cheryl  
Alexander, Johnny Octavious  
Alvarez, Manrique  
Amara, Ashvin Kumar  
Appelgren, Kristie Elizabeth  
Asevedo, Maria Regina  
Ash, Lorraine Marjorie  
Ashburn, Joseph Charles  
Aultman, William Andrew  
Bardy, Lea Lynne  
Barkoe, David Jason  
Bataller Alberola, Ramon  
Bates, Michael Devon  
Bean, Michael John  
Beaupied, Earl Francis  
Becerra, Gonzalo Daniel  
Beck, Joel Brian  
Belizaire, Kikelomo  
Bestard, Jose Fernando  
Biggs, Holly Marie  
Black, Richard Robin  
Boghara, Hareshkumar Dhirajlal  
Botti, John Joseph  
Bowe, Crystal Cornelia  
Bowman, Amber Leigh  
Bradford, William Tate  
Brady, David Allen  
Brannin, Sandra Shumate  
Brendle, David C  
Bridges, Charles R.

Brill, Jason Bradley  
Briscoe, Kim Kouch  
Brodie, Mark Francis  
Budenz, Donald Lyle  
Budin, Robert Earl  
Burns-Booth, Keri Leigh  
Cagle Richardson, Nicole Alexandria  
Calaycay, Regulo  
Carattini-Eley, Francine Louise  
Carnes, Jason Anthony  
Carroll, Pauline Clare  
Caulfield, John Justin  
Chang, Weili  
Chhabra, Ravi  
Chin, Matthew Steven  
Choudry, Shazia Amber  
Coates, Kevin Emerson  
Cobb, Kathryn Watson  
Colin, Brian Joseph  
Conlee, Aimee Christine  
Cornelius, Lala Arnoldovna  
Correa, Candace Rebecca  
Covey, Shannon Amber  
Cox, Alan Lee  
Crichlow, Lya Carol  
Cuddapah, Deepak  
Daluvoy, Melissa Beth  
Daubert, Melissa Anne  
Dean, Andrea Renata  
Devon, Eric  
Dhital, Pradeep Prasad  
Do, Thi Khoa  
Dolz, Mark Stephen  
Donoghue, Kristin Lynn  
Douglass, Cara Shoshana  
Douglass, Samuel James  
Drimalla, Richard Brian  
Drummond, Shaina Marie  
Durojaiye, Babatola Adeagbo  
Dyrsen, Molly Elizabeth  
Edwards, Landon Shay  
Ehrlich, Roy Edward  
Erami, Cauveh



Erb, David Richard  
Esanakula, Swarupa Rani  
Etukuru, Kasturi  
Evans, James Warren  
Evans, Samantha Renee  
Evans-Hoeker, Emily A  
Fakiris, Achilles John  
Fan, Rongrong  
Farah, Ramez  
Farahi, Narges  
Feiner, Alyssa Michelle  
FERENCE-Valenta, Mary Jean  
Files, Daniel Clark  
Fink, Ryan Jeffrey  
Folkner, Brie Michele  
Fox, Bryan Alan  
Fox, Curtis Elvin  
Freeman, Patrick Scott  
Gamez, Ruben  
Garikiparthy, Venkataramana Pradeep  
Gettys, Edna Katherine Gantt  
Ghaderi, Iman  
Ghanem, Mario Tadros  
Goncalves, Rod Manuel  
Gopal, Purva  
Gorantla, Venkatesan Ramaswamy  
Gorrey, Purushotham  
Greiner, Jennifer Lynn  
Groves, Nicole Kristine  
Gupta, Deepti Rajshree  
Gupta, Pushpender  
Gustafson, Sarah Lucille  
Harnish, Stephen Norman  
Harrison, Natasha Faye  
Hartsell, Fletcher Lee  
Hawkes, Kristin DeVonne  
Hayden, Gregory Lee  
He, Jun  
Heasley, Diane Dawn  
Heller, Michael  
Hemby, Katherine Anne  
Hemingway, Diane R  
Hemphill, Shane Donald

Hinson, Ashley Rebekah Presar  
Hollowell, Kerry Lynn  
Horvath, Jeffrey John  
Howard, Neva Margaret  
Hutton, Kimberly Kay  
Igboeli, Ifeoma Jacqueline  
Ikele, Stephen Akhi  
Indulkar, Shalaka Dayarum  
Irani, Katayun  
Ivanova, Daniela Todorova  
Jackson, Arthur Timothy  
Jain-Spangler, Kunoor  
Jameson, Kathleen Meagher  
Jasani, Nirav Manubhai  
Johnson, Daryhl Lindsay  
Jones, Blaise Vincent  
Jones, Kamlyn  
Jooste, Edmund Hilton  
Joyner, Makesha Ann  
Jurnecka, Jan Steven  
Kalra, Sumit  
Kang, Melissa Rahhyung  
Kansagra, Sujay Mansukhlal  
Kapur, Seema  
Kessler, Brian Arthur  
Khazanchi, Arthi Kachru  
Kidd, Jason Michael  
Kiefer, Todd  
Klausner, Brian Thomas  
Kolb, Terence William  
Konig, Matthias Werner  
Koul, Pulin Behari  
Kumaran, Karthic Rajasekaran  
Kumaria, Tanya  
LaBoone, Laura Mesa  
Lachiewicz, Anne Monica  
Lagos, Jaime Andres  
Lagvankar, Seema Ashok  
Laney, Ronald Buren  
Larzo, Cristoforo Raymond  
Lewin, Marc Roy  
Libertin, Mark  
Logan, Ashley Fitzgerald

Loganathan, Amritraj Ganesh  
Lynch, James Henry  
Marder, Scott David  
Marsh, Robert Anthony  
Martin, Patricia  
Martorano, Melissa Ann  
Mastrangelo, John Armand  
McCall, Kate Laura  
McClanahan, Darbye Suzanne  
McCrary, Bradford Scott  
McDonell, Anne Ashley  
McGill, Dennis Lucas  
McNeill, Elena  
Mikkilineni, Haritha  
Miller, Susan Ney  
Milowsky, Matthew Ivan  
Moffatt, Lawrence Strong  
Monnell, Kimberly Anne  
Mozingo, Willis Scott  
Muhammad, Chalak Najat  
Mumpower, Rebecca Yvonne  
Munoz, Lesli Casten  
Nayak, Deepa  
Newman, Barbara Anne  
Nguyen, Chuck Thaichuong  
Nickel, Marshall Scott  
Nikfarjam, Iraj  
Nissman, Kathleen Williams  
Njapa, Jacqueline Masale  
Ogbulu, Shamusideen Olayibo  
Okumu, Wycliffe Okatch  
Olivero, Joseph Wendell  
Onuma, Kalu Ireke  
Orlando, Giuseppe  
Overton, Dolphin Henry  
Palaniswamy, Guhapriya  
Palit, Shyamal Kanti  
Palliser, Alisha Marie  
Parada, Stephen Arthur  
Pasula, Smitha Reddy  
Patel, Gaurav Jirajbhai  
Patel, Hiren Rohit  
Paya, Alejandro

Peechara, Madhavi Latha  
Pimentel, Gonzalo Ernesto  
Pingul, Mia Farida Mediana  
Plunkett, Anthony Robert  
Powers, Stephanie Jellison  
Pyles, Derek Brandon  
Qureshi, Amil Manzoor  
Rajagopalan, Vandana  
Ramirez, Francisco Jeronimo  
Ranft, Elizabeth Ann  
Regalado Romero, Belkys Anioris  
Reichbach, Jay Andrew  
Rein, Matthew Gordon  
Rhodes, Terence Duane  
Riley, Robert Francis  
Rivera, Peter David  
Roberts, Beverly Sue Anderson  
Roberts, Glenn Alan  
Rodriguez, Eric Joseph  
Rojas, Mario Augusto  
Roma, Domenick Joseph  
Ruffin, Yashica Yvonne  
Rule, John Paul  
Sait, Sadia Farook  
Salvatore, Jaime Kristin  
Sanders, Keri Ann  
Sapkota, Ram Prasad  
Sarada, Kamal Kishore  
Sarao, Ravjot Singh  
Sasaki-Adams, Deanna Mary  
Satcho, Honore  
Saullo, Thomas Robert  
Scott, Katherine Alison  
Sears, Richard Scott  
Semble, Rebecca Dana  
Sessoms, Cory John  
Sewell, Mark Fuller  
Shafiq, Saif Lutfi  
Shahtaji, Alan Philip  
Shamilov, Maasi  
Shapiro, Gary Lee  
Sharaiha, Talal Ziad  
Shaw, Kathryn Ann

Shaw, Steven James  
Shealy, Michael James  
Shendarkar, Nitin  
Sheth, Pragna Dhimant  
Silbiger, Adam Michael  
Singh, Abhay A  
Singh, Gajendra  
Singh, Paramjeet  
Singh, Prashant Kumar  
Skarupa, David Joseph  
Smithson, Sarah Elizabeth  
Sonberg, Arthur Robert  
Soundarapandian, Usha  
Sparks, David Parker  
Spellman, Keith Michael  
Spencer, Stephen Andrew  
Stein, Elisa Anne  
Stirparo, Joseph James  
Stolldorf, Sarah Alyce  
Syed, Salma Sultana  
Tabrizi, Elnaz Nassehzadeh  
Tatum, Christina Jackson  
Tatum, Philip Michele  
Teppara, Nikhil  
Thattaliyath, Bijoy Damodaran  
Theiling, Brent Jason  
Theune, Brian Thomas  
Thomas, Christopher Yancey  
Thompson, Zachary Moss  
Tiley, Stephen Gerard  
Trapp, Benjamin Allen  
Turinsky, Andrew Jaroslav  
Turner, Lee Leatherwood  
Turton, Robert Lawrence  
Tye, Grace Anlon  
Udeozo, Chidebe  
Vadapampil, John Annjos  
Vaheesan, Kirubahara  
Vaidya, Neel Kumarpal  
Van De Ven, Thomas John  
Vaughan, Suzanne  
Versnick, Mark Anthony  
Wadie, George Michel

Walker, John Rishel  
Watson, Brian Wesley  
Watson, Larry Irving  
Wayne, James Allen  
Webster, Megan Aileen  
Werle, David Michael  
Werner, Jordana Gaylen  
Whigham, Amy Shibley  
Whitbeck, Matthew Gail  
Widner, Aimee Elizabeth  
Williams, Carey Campbell  
Williams, Gethin  
Williams, Malcolm Beverley  
Wilson, Martha Louise  
Wobker, Sara Elizabeth  
Wolske, Kristy Marie  
Wright, Eric Hamilton  
Wright, Scott Jeffrey  
Wright, Thamrah Rhozana  
Yaar, Ron  
Yerubandi, Vijay  
Yirenskyi, Emmanuel Awuku  
Youssef, Hany Lotfy  
Yuan, Xiang

## APPENDIX F

### RESIDENT TRAINING LICENSES ISSUED IN 2011

Willis, Winston James	Blue Ridge Healthcare
Lynn, Jesse Harrison	Blue Ridge Healthcare
Miller, Gina	Blue Ridge Healthcare
Meador, Shannon Brown	Blue Ridge Healthcare
Shelton, Randal Curtis	Blue Ridge Healthcare
Bekal, Karthik Rao	Blue Ridge Healthcare
Vail, Chadwell Brandon	Blue Ridge Healthcare
Buchanan, Craig Andrew	Blue Ridge Healthcare
Jansen, Curtis Lee	Blue Ridge Healthcare
Svendsen, Torben	Blue Ridge Healthcare
Prieto, Jose Luis	Blue Ridge Healthcare
Blahovec, Lyndanne Whalen	Blue Ridge Healthcare
Joshi, Anand	Cabarrus Family Medicine
Poetta, Robert Patrick	Cabarrus Family Medicine
Paul, Timothy Evan	Cabarrus Family Medicine
Patterson, Jonathan Ryan	Cabarrus Family Medicine
Mekhael, Mina Saher	Cabarrus Family Medicine
Scott, Robert Eugene	Cabarrus Family Medicine
Thomas, Matthew Robert	Cabarrus Family Medicine
Thomas, Jenna Searcy	Cabarrus Family Medicine
Scott, Jennifer King	Cabarrus Family Medicine
Jarrett, Benjamin Paul	Carolinas Medical Center
Hanlon, Christopher Thomas	Carolinas Medical Center
Alexander, Justin Jacob	Carolinas Medical Center
Pierce, Tyler Cox	Carolinas Medical Center
Roach, Michael Charles	Carolinas Medical Center
Van Meter, Charles Jackson	Carolinas Medical Center
Carey, Christopher William	Carolinas Medical Center
Bustin, Devin James	Carolinas Medical Center
Lewis, Suzanne Wesley	Carolinas Medical Center
Gaffney, Vandy Theodore	Carolinas Medical Center
Day, Brendan Francis	Carolinas Medical Center
Keller, Stephen Michael	Carolinas Medical Center
Hart, Gavin	Carolinas Medical Center
Vogel, Kimbre Lee	Carolinas Medical Center
Dellinger, Matthew Blair	Carolinas Medical Center
Dahlquist, Robert Thomas	Carolinas Medical Center
Keller, Meaghan Elisabeth	Carolinas Medical Center
Mercer, Stephen Joseph	Carolinas Medical Center

Buice, Jonathan Aaron	Carolinas Medical Center
Voss, Erin Linsey	Carolinas Medical Center
Carr, Laura Anne	Carolinas Medical Center
Page, Alexander Townsend	Carolinas Medical Center
Fetter, Maya Dagher	Carolinas Medical Center
Patel, Ankita	Carolinas Medical Center
Vasuki, Nagavivek Paavan	Carolinas Medical Center
Only, Cecilie Greene	Carolinas Medical Center
Benedum, Molly Anne	Carolinas Medical Center
Ross, Samuel Wade	Carolinas Medical Center
Counihan, Joshua Chad	Carolinas Medical Center
Obih, Uchechukwu Mary	Carolinas Medical Center
Liu, Tony Tongyu	Carolinas Medical Center
Henin, Mark	Carolinas Medical Center
Tenini, John Angelo	Carolinas Medical Center
Emerson, John Franklin	Carolinas Medical Center
Haines, Nikkole Marie	Carolinas Medical Center
Chang, Samuel Jan	Carolinas Medical Center
Efune, Bradley Elan	Carolinas Medical Center
Mattingly, Patricia Jane	Carolinas Medical Center
Wyman, Andrew James	Carolinas Medical Center
Lombardi, Tresa Margaret	Carolinas Medical Center
Gallagher, Joel Louis	Carolinas Medical Center
Christensen, Ryan Ellison	Carolinas Medical Center
Hauck, Margaret Gipson	Carolinas Medical Center
Shah, Anita	Carolinas Medical Center
Locke, Corinne Nicole	Carolinas Medical Center
Phelps, Kevin Daniel	Carolinas Medical Center
Barr, Kelsey Jeanine	Carolinas Medical Center
Eichenberger, Joshua Lee	Carolinas Medical Center
Sedney, Anna Victoria	Carolinas Medical Center
Pugh, Terrence MacArthur	Carolinas Medical Center
Ryder, Sara Elizabeth	Carolinas Medical Center
Modisett, Katharine Lyons	Carolinas Medical Center
Torok, Jordan Anthony	Carolinas Medical Center
Uyesugi, Kristine Yumi	Carolinas Medical Center
Cheetham, Stephanie Gayle	Carolinas Medical Center
Merrill, Michael Stephen	Carolinas Medical Center
Guerra, Marc	Carolinas Medical Center
Patel, Ravi	Carolinas Medical Center
Johnson, John Henry	Carolinas Medical Center
Bronner, Jonathan Michael	Carolinas Medical Center
Perkins, Crystal Ann	Carolinas Medical Center



Chudgar, Amy Vinod	Carolinas Medical Center
Brooks, Walker David	Carolinas Medical Center
Claugus, Anna Louise	Carolinas Medical Center
Myrick, William Michael	Carolinas Medical Center
Zahn, Gregory Scott	Carolinas Medical Center
Chambliss, Erika Sofia	Carolinas Medical Center
Moore, Steven Anthony	Carolinas Medical Center
Wilson, Matthew Steven	Carolinas Medical Center
Marchman, Carrie Conatser	Carolinas Medical Center
Rhoads, Charles Francis	Carolinas Medical Center
McCahill, Peter Woods	Carolinas Medical Center
Bell, Phillip Michael	Carolinas Medical Center
Campbell, Chase Lee	Carolinas Medical Center
Sathe, Neeraj Suhas	Carolinas Medical Center
Hussain, Sumreen Khaleeque	Carolinas Medical Center
Edwards, David Benjamin	Carolinas Medical Center
Comer, Gerald Ray	Carolinas Medical Center
Medaris, Leigh Ann	Carolinas Medical Center
Nazir, Sharique	Carolinas Medical Center
Mithani, Suhail Kamrudin	Duke University Hospital
Appleton, John Stephen	Duke University Hospital
Roller, Richard Allen	Duke University Hospital
Ghafoori, Ahmad Fawad	Duke University Hospital
Srinivasan, Ramesh	Duke University Hospital
Anderson, John Anthony	Duke University Hospital
Javan, Ramin	Duke University Hospital
Ladizinski, Barry	Duke University Hospital
Adams, Scott McDowell	Duke University Hospital
Schlendorf, Kelly	Duke University Hospital
Geoffroy, Francois J	Duke University Hospital
Howard, Brandon Augustus	Duke University Hospital
Rathore, Mehreen	Duke University Hospital
Whitworth, Walter Richard	Duke University Hospital
Xu, Fang	Duke University Hospital
Riofrio, Alexie Danielle	Duke University Hospital
Van Dell, Tanner Jefferson	Duke University Hospital
Miller, Meredith Wetherbee	Duke University Hospital
Mims, Kimberly Nicole	Duke University Hospital
Martin, Jonathan Gilbert	Duke University Hospital
Unger, Joshua Mostkoff	Duke University Hospital
Fritch Lilla, Stephanie Ann	Duke University Hospital
Okorodudu, Daniel Esimajurono	Duke University Hospital
Badescu, Gina Cleopatra	Duke University Hospital

Ramanathan, Dinesh	Duke University Hospital
Kushlaf, Hani Abdussalam	Duke University Hospital
Lynch, Martin Joseph	Duke University Hospital
Yang, Julian P	Duke University Hospital
Edwards, Meredith Hardy	Duke University Hospital
Prats, Lauren Ashley	Duke University Hospital
Kartha, Lakshmi Devi	Duke University Hospital
Chung, Jennifer Marshall	Duke University Hospital
Halbe, Jeremy Andrew	Duke University Hospital
Plummer, Sarah Tyler	Duke University Hospital
Pradhan, Anupam Kumar	Duke University Hospital
Miller, Mark Daniel	Duke University Hospital
Rutherford, Richard Woodson	Duke University Hospital
Poster, Craig Steven	Duke University Hospital
Sung, Anthony	Duke University Hospital
Bengali, Rayomand R	Duke University Hospital
Patel, Sandip Pravin	Duke University Hospital
Hauck, Jennifer Nowak	Duke University Hospital
Pickens, Charlie	Duke University Hospital
Vickers, Laura Ann	Duke University Hospital
Hooten, Joanna N	Duke University Hospital
Mauritz, Amy Amenawon-Ohen	Duke University Hospital
Evans, Christopher Scott	Duke University Hospital
Dude, Ann Melissa	Duke University Hospital
Kaysin, Alexander	Duke University Hospital
Hale, Brittani Ann	Duke University Hospital
Williams, Katherine Anne	Duke University Hospital
Patel, Kavita Dali	Duke University Hospital
Shafiq, Saif Lutfi	Duke University Hospital
Klima, Kathryn Ann	Duke University Hospital
Luedke, Matthew William	Duke University Hospital
Nguyen, Lam Duy	Duke University Hospital
Templeton, Erika Lynn	Duke University Hospital
Boole, Lindsay	Duke University Hospital
Kilfoil, Terrence Martin	Duke University Hospital
Kamisetti, Silpa	Duke University Hospital
Wood, Margaret Shell	Duke University Hospital
Shah, Kevin Pradip	Duke University Hospital
Godin, Jonathan Alexander	Duke University Hospital
Dhawan, Mallika Sachdev	Duke University Hospital
Saleh, Oussama Ahmad	Duke University Hospital
Collins, Michelle Suzanne	Duke University Hospital
Neff, Emma Christine	Duke University Hospital

Goldhagen, Brian Evan	Duke University Hospital
Tash, Kaley Marie	Duke University Hospital
Gillespie, Jeremy Thomas	Duke University Hospital
Leibner, Joshua	Duke University Hospital
Elmariah, Hany	Duke University Hospital
Werner, Jeff	Duke University Hospital
Bolanos, Michael David	Duke University Hospital
Gentry, James Lewis	Duke University Hospital
Jiramongkolchai, Kim	Duke University Hospital
Kokosis, Georgios	Duke University Hospital
Henderson, Robert Andrew	Duke University Hospital
Elliott, Amanda Leigh	Duke University Hospital
Donohoe, Rebecca Lewen	Duke University Hospital
Berndt, Bradford Eric	Duke University Hospital
Yang, Chi-fu Jeffrey	Duke University Hospital
Campbell, Emilia Louise Picard	Duke University Hospital
Garner, Bronwen Halstead Nussloch	Duke University Hospital
Kupper, Laura Elizabeth	Duke University Hospital
Willen, Shaina Marissa	Duke University Hospital
Kuntz, Nicholas J	Duke University Hospital
Bedoya, Armando Diego	Duke University Hospital
Wingfield, Sarah Alice	Duke University Hospital
Sajjisevi, Mirabelle Blysm	Duke University Hospital
Clark, Alexandra Nicole	Duke University Hospital
Konadu, Scharles Alicia	Duke University Hospital
Lerner, David	Duke University Hospital
Hobgood, Steven Todd	Duke University Hospital
Miller, Brian Christopher	Duke University Hospital
McCoy, Christopher Cameron	Duke University Hospital
Chaudhary, Prateek	Duke University Hospital
Low, Ying Hui	Duke University Hospital
Shafique, Michael Rahman	Duke University Hospital
Liu, Wenjing	Duke University Hospital
Tao, Matthew Alan	Duke University Hospital
Thaden, Joshua Thomas	Duke University Hospital
Chan, Yu-Hui	Duke University Hospital
Turner, Taylor Brian	Duke University Hospital
Ursem, Carling Jade	Duke University Hospital
Rymer, Jennifer Anne	Duke University Hospital
Tan, Khoon Ghee Queenie	Duke University Hospital
Dunlap, Kathleen Beach Jackson	Duke University Hospital
Wilken, Reason	Duke University Hospital
Gee, Nathan Gordon	Duke University Hospital

Oliverson, Bryant G	Duke University Hospital
Neumann, Julie Ann	Duke University Hospital
Neumann, Chelsea Lynn	Duke University Hospital
Ruopp, Marcus Deckard	Duke University Hospital
Patki, Aniruddha Uday	Duke University Hospital
Rand, Andrew James	Duke University Hospital
Reay, Kathleen Dolores	Duke University Hospital
Wang, Hanghang	Duke University Hospital
Mastrodomenico, Matthew Bryan	Duke University Hospital
Mitchell, Aaron Philip	Duke University Hospital
Nussbaum, Daniel Philip	Duke University Hospital
Papademetriou, Marianna Theresa	Duke University Hospital
Pokorney, Sean David	Duke University Hospital
Poth, Luke Stephen	Duke University Hospital
Dawson, Kory Richard	Duke University Hospital
Pugmire, Daniel McKay	Duke University Hospital
Swan, Christopher Henry	Duke University Hospital
Recore, Thomas Vincent	Duke University Hospital
Moroze, Ryan Michael	Duke University Hospital
Cook, Steven	Duke University Hospital
Han, Kelly Bibo	Duke University Hospital
Huang, Mary I	Duke University Hospital
Heyman, Benjamin Michael	Duke University Hospital
Greene, John Walker	Duke University Hospital
Dattilo, Wilbur Rigel	Duke University Hospital
Melvin, Jennifer Ellen	Duke University Hospital
Pietak, Michael Robert	Duke University Hospital
Mettu, Pradeep	Duke University Hospital
Back, Adam Gregory	Duke University Hospital
Anderson, Lindsay Lee	Duke University Hospital
Gulack, Brian Charles	Duke University Hospital
Feeney, Colby Danielle	Duke University Hospital
Dunn-Pirio, Anastasie Marie	Duke University Hospital
Giraud, Jodel	Duke University Hospital
Francis, Samuel Jarrod	Duke University Hospital
Brown, Gregory Daniel	Duke University Hospital
Nguyen, Xuan Viet	Duke University Hospital
Aertker, Robert Alan	Duke University Hospital
Zanolli De Solminihac, Diego Hernán	Duke University Hospital
Campbell, Elizabeth Anne	Duke University Hospital
Caputo, Laura Marie	Duke University Hospital
Black, Tyler Paul	Duke University Hospital
Krishnamoorthy, Arun	Duke University Hospital

Thattaliyath, Bijoy Damodaran	Duke University Hospital
Horan, Jennifer Lynn	Duke University Hospital
Newhouse, Amy Lee	Duke University Hospital
Balbino, Raphael Tito Penela	Duke University Hospital
Summers, Matthew Raymond	Duke University Hospital
Keenan, Jeffrey Edward	Duke University Hospital
Wright, Ato Obrumah	Duke University Hospital
Mitra, Kunal	Duke University Hospital
Mercer, Timothy Ian	Duke University Hospital
Mishra, Mitushi	Duke University Hospital
Maldonado, Ramiro S	Duke University Hospital
Bullock, William Michael	Duke University Hospital
Mago, Deesha Deepakraj	Duke University Hospital
Crosmer, Megan Suzanne	Duke University Hospital
Mauck, Matthew Christopher	Duke University Hospital
Ronald, James Spencer Clayton	Duke University Hospital
Sherwin, Jennifer Irene	Duke University Hospital
Davis, Carter Thomas	Duke University Hospital
Lentz, Nancy	Duke University Hospital
Esper, Stephen Andrew	Duke University Hospital
Lee, Caroline Martz	Duke University Hospital
Marsh, Julia Anne	Duke University Hospital
Garcia, Ryan Michael	Duke University Hospital
Virkud, Yamini Vikas	Duke University Hospital
Collier, Stephanie	Duke University Hospital
Vallangeon, Bethany Dawn	Duke University Hospital
Doom, Carmen Monique	Duke University Hospital
Boniface, Michael Patrick	Duke University Hospital
Cubre, Alan Joseph	Duke University Hospital
Hostler, Christopher James	Duke University Hospital
Granieri, Michael Andrew	Duke University Hospital
White, Jeffery Randall	Duke University Hospital
Pendergrass, Stephanie Lee	Duke University Hospital
Posenau, John Trevor	Duke University Hospital
Aguillon Prada, Robier Alexander	Duke University Hospital
Chisholm, Elizabeth Heather	Duke University Hospital
Uflacker, Alice Becker	Duke University Hospital
Raymond, Amanda Kathleen	Duke University Hospital
Sateri, Sara	Duke University Hospital
Makar, Ryan Aziz	Duke University Hospital
Allen, Lauren Marie	Duke University Hospital
Breuer, Ryan Kenneth	Duke University Hospital
Saricicek, Jessica Marian Furr	Duke University Hospital

Yerubandi, Vijay	Duke University Hospital
Malone, Andrew F	Duke University Hospital
Wang, Xueyuan Shelly	Duke University Hospital
White, Corey Ryan	Duke University Hospital
Shieh, Christine	Duke University Hospital
Daluvoy, Sanjay Venkat	Duke University Hospital
Terrell, Lindsay Gossage	Duke University Hospital
Southwell, Bronwyn Jane	Duke University Hospital
Ludwig, Benjamin John	Duke University Hospital
Shin, Richard HeeChun	Duke University Hospital
Kim, Julie K	Duke University Hospital
Colin, Ashleigh	Duke University Hospital
Bressler, Erin Ashley	Duke University Hospital
Shatila, Wassim	Duke University Hospital
Hu, Yu-Pei	Duke University Hospital
Dayanand, Tapsi Mavinkere	Duke University Hospital
Klapper, Jacob Arthur	Duke University Hospital
Hathcock, Amber Marie	Duke University Hospital
Metz, Audrey Elaine Herrin	Duke University Hospital
Bryan, Kimberly Riley	Duke University Hospital
Lee, Tzu-Hao	Duke University Hospital
Fanaroff, Alexander C	Duke University Hospital
Ahmad, Adeel	Duke University Hospital
Lane, Ashley Marie	Duke University Hospital
Willis, Marcella Gevonne	Duke University Hospital
Aras, Mandar Anil	Duke University Hospital
Ranchord, Anil Manu	Duke University Hospital
Ronald, Leah Scanlin	Duke University Hospital
Pecen, Paula Eem	Duke University Hospital
Sandoval Leon, Juan Sebastian	Duke University Hospital
Tang, Paul Chun Yung	Duke University Hospital
Page, Laura Caitlin	Duke University Hospital
Wilson, Elizabeth Ann	Duke University Hospital
Thiele, Robert Hill	Duke University Hospital
Miller, Deana Helen	Duke University Hospital
Ferreira, Renata Gomes	Duke University Hospital
Weirich, Eric Matthew	Forsyth Memorial Hospital OB Anesthesia
Maryak, Brooke Newman	Forsyth Memorial Hospital OB Anesthesia
Sukumvanich, Siam	Forsyth Memorial Hospital OB Anesthesia
Maxwell, Amanda Rollins	Hendersonville Family Practice
Meadows, Kristopher Brent	Hendersonville Family Practice
Mancheno Revelo, Adrian Alexander	Hendersonville Family Practice
Conklin, Michelle Ellis	MAHEC Family Practice

Ulrich, Bruce Anthony	MAHEC Family Practice
Ward, Bryant Alan	MAHEC Family Practice
Van Acht, Vincent Leonard	MAHEC Family Practice
Young, Mary Elizabeth Sherlock	MAHEC Family Practice
Romano, James Augustus	MAHEC Family Practice
Esker, Janice	MAHEC Family Practice
Cramer, Rebecca Helen	MAHEC Family Practice
Chan, Yu Kwan	MAHEC Family Practice
Francis, Sarah Elizabeth	MAHEC Women's Health Center
Gage, Regan	MAHEC Women's Health Center
Freeman, Jonathan Christopher	MAHEC Women's Health Center
Bliss, Jennifer M	MAHEC Women's Health Center
Orton, Jonathan	Moses Cone Family Practice
Matthews, Cody Elias	Moses Cone Family Practice
De La Cruz, Ivy Ann	Moses Cone Family Practice
Ritch, Erik David	Moses Cone Family Practice
Oh Park, Angela Jean	Moses Cone Family Practice
Chamberlain, Rachel Elaine	Moses Cone Family Practice
Funches, Josalyn Camille	Moses Cone Family Practice
McGill, Jacquelyn Ann	Moses Cone Family Practice
Konkol, Jill Nicole	Moses Cone Family Practice
Mendez, Carol Bibiana	Moses Cone Family Practice
Illath, Jaseela	Moses Cone Internal Medicine
Ho, Michele Trang Thi	Moses Cone Internal Medicine
Pribula, Christopher Gregory	Moses Cone Internal Medicine
Bowen, Bradley Edward	Moses Cone Internal Medicine
Patel, Ravi Chandulal	Moses Cone Internal Medicine
Bowers, Edith Vilette	Moses Cone Internal Medicine
Watson, Jessica Susan	Moses Cone Internal Medicine
Kalia-Reynolds, Maitri Shelly	Moses Cone Internal Medicine
Isamah, Nneka Tolulope	Moses Cone Internal Medicine
Sawhney, Megha	Moses Cone Internal Medicine
Smits, Richard Anthony	New Hanover/Coastal AHEC
Tonks, Robert Wynn	New Hanover/Coastal AHEC
Salter, Jennifer Lynn	New Hanover/Coastal AHEC
Bodenheimer, Nicholas Barret	New Hanover/Coastal AHEC
Lamphier, Jona Marie	New Hanover/Coastal AHEC
Rezk, Mostafa Mohamed	New Hanover/Coastal AHEC
Walls, Shawn Michael	New Hanover/Coastal AHEC
Hildebrand, Jessica Ann Reifer	New Hanover/Coastal AHEC
Waring, James Lawrence	New Hanover/Coastal AHEC
Karasek, Ryan Daniel	New Hanover/Coastal AHEC
Fogle, William Albert	New Hanover/Coastal AHEC

McCarty, Christopher George	New Hanover/Coastal AHEC
O'Dwyer, Brittany Diane	New Hanover/Coastal AHEC
Maendel, Julian David	New Hanover/Coastal AHEC
Portnow, Lauren Ellen	New Hanover/Coastal AHEC
Van Der Vaart, Robert Alan	New Hanover/Coastal AHEC
Barrow, Bethany Jessica	New Hanover/Coastal AHEC
Williams, Zachary Forrest	New Hanover/Coastal AHEC
Navejar, Somya M.	New Hanover/Coastal AHEC
Williams, Sonya Elizabeth	New Hanover/Coastal AHEC
Navejar, Joe	New Hanover/Coastal AHEC
Sasser, Stephen Daniel	New Hanover/Coastal AHEC
Curran-Melendez, Sheilah Michelle	New Hanover/Coastal AHEC
DePalma, Laura Christine	Pitt County Memorial Hospital
Ahmed, Syed Abuzar Waseem	Pitt County Memorial Hospital
Magabo, Shirley	Pitt County Memorial Hospital
Tajani, Azeem Hadi	Pitt County Memorial Hospital
O'Neal, Sarita Martene	Pitt County Memorial Hospital
Gangupantula, Gopika	Pitt County Memorial Hospital
Bejarano, Michelle Ann	Pitt County Memorial Hospital
Thompson, James Austin	Pitt County Memorial Hospital
Bayona, Zarana	Pitt County Memorial Hospital
Rivera-Nieves, Desiree	Pitt County Memorial Hospital
Vanderveer, Andrew Schuil	Pitt County Memorial Hospital
Shepard, Shane James	Pitt County Memorial Hospital
Zeithaml, Brian Joseph	Pitt County Memorial Hospital
Rao, Kottapalli Aniel	Pitt County Memorial Hospital
Earley, John Wesley	Pitt County Memorial Hospital
Mint Elmoctar, Hala	Pitt County Memorial Hospital
Stang, Alexandra Te	Pitt County Memorial Hospital
Wildeman, Miriam Elizabeth	Pitt County Memorial Hospital
Cameron, Yara Letitia	Pitt County Memorial Hospital
Saini, Rubby	Pitt County Memorial Hospital
Patel, Raj Vinod	Pitt County Memorial Hospital
Sarna, Punit Kumar	Pitt County Memorial Hospital
Naidu, Salini	Pitt County Memorial Hospital
Kahn, Noah Hodsdon	Pitt County Memorial Hospital
Kiankhooy Fard, Banafsheh	Pitt County Memorial Hospital
Neal, Trevor Carl	Pitt County Memorial Hospital
Vargas, Alfredo Andres	Pitt County Memorial Hospital
Sugumar, Archana	Pitt County Memorial Hospital
Thompson-Carlton, Nadine TracyAnn	Pitt County Memorial Hospital
McLean, Tracy Nicole	Pitt County Memorial Hospital
Fernandez, Sander	Pitt County Memorial Hospital



Brangman, Judy Ann Marie	Pitt County Memorial Hospital
Nangit, Angelica Catalan	Pitt County Memorial Hospital
Wilford, Russell Raymond	Pitt County Memorial Hospital
Hung, Jamie	Pitt County Memorial Hospital
Brewer, Jessica Anne	Pitt County Memorial Hospital
Yoshida, Shunsuke	Pitt County Memorial Hospital
Fleming, Peter Simon	Pitt County Memorial Hospital
Phipps, Jennifer Conway	Pitt County Memorial Hospital
Wilson, Rebekah Leigh	Pitt County Memorial Hospital
Wilson, Amanda Asmita	Pitt County Memorial Hospital
Hebert, Maxey McNeese	Pitt County Memorial Hospital
Suman, Nisha	Pitt County Memorial Hospital
Hatchett, Anna Blair	Pitt County Memorial Hospital
Clemons, Kendra Denise	Pitt County Memorial Hospital
Pieh-Holder, Kelly Lynne	Pitt County Memorial Hospital
Smith, Erin Ward	Pitt County Memorial Hospital
Crowder, Melissa Dawn	Pitt County Memorial Hospital
Movahed, Hossein	Pitt County Memorial Hospital
Harris, Gregory Stuart	Pitt County Memorial Hospital
Elmeery, Ashraf Albert Garas	Pitt County Memorial Hospital
Maharaj, Nirmala Nandini	Pitt County Memorial Hospital
Curry, Jason Dax	Pitt County Memorial Hospital
Rimawi, Ramzy Husam	Pitt County Memorial Hospital
Crowder, Jonathan	Pitt County Memorial Hospital
Chang, Patrick	Pitt County Memorial Hospital
Payvar, Saeed	Pitt County Memorial Hospital
Kilmer, Jason Andrew	Pitt County Memorial Hospital
Gerber, Benjamin Ray	Pitt County Memorial Hospital
Clark, Crystal Janette Rose	Pitt County Memorial Hospital
Rohaidy, Rachel Vanessa Faride	Pitt County Memorial Hospital
Stallings, Leonard Alexander	Pitt County Memorial Hospital
Shah, Deepa	Pitt County Memorial Hospital
Ren, Rongqin	Pitt County Memorial Hospital
Pancholi, Suchita Shirish	Pitt County Memorial Hospital
Garg, Parvesh Mohan	Pitt County Memorial Hospital
Hill, Michael Joseph	Pitt County Memorial Hospital
Naz, Shahla	Pitt County Memorial Hospital
Long, Meredith Blaire	Pitt County Memorial Hospital
Hebert, Colin Charles	Pitt County Memorial Hospital
Gooding, Zane Stephen	Pitt County Memorial Hospital
Zargham, Shiva Ravanbakhsh	Pitt County Memorial Hospital
Ngido, Fabian Philemon	Pitt County Memorial Hospital
Shariff, Afreen Idris	Pitt County Memorial Hospital

Cabaniss, Wyman William	Pitt County Memorial Hospital
Bagga, Shalini Singh	Pitt County Memorial Hospital
Parson, Ebony Nicole	Pitt County Memorial Hospital
Abdul Jabbar, Sarah	Pitt County Memorial Hospital
Su, Keng-Chih	Pitt County Memorial Hospital
Patel, Rashmi Ankit	Pitt County Memorial Hospital
Parker Cote, Jennifer Lynne	Pitt County Memorial Hospital
Borden, Zachary Stephen	Pitt County Memorial Hospital
Watkins, John Ryan	Pitt County Memorial Hospital
Graves, Helen Gaskins	Pitt County Memorial Hospital
Saucerman, Adam Wesley	Pitt County Memorial Hospital
Aslam, Nazia	Pitt County Memorial Hospital
Paine, Matthew Stephen	Pitt County Memorial Hospital
Muhammad, Chalak Najat	Pitt County Memorial Hospital
Torrent, Daniel Jose	Pitt County Memorial Hospital
Chang, Weili	Pitt County Memorial Hospital
Covieo, Tiffanie Lynn	Pitt County Memorial Hospital
Leonard, Kenji Lawrence	Pitt County Memorial Hospital
Bryant, Kathleen Kinney	Pitt County Memorial Hospital
Muthukanagaraj, Purushothaman	Pitt County Memorial Hospital
Motameni, Amirreza	Pitt County Memorial Hospital
Nasir, Aman	Pitt County Memorial Hospital
Nik Rushdi, Hanaa Al-Khansa Binti	Pitt County Memorial Hospital
Ganpat, Peter Paythal	Pitt County Memorial Hospital
Kachru, Sumyra	Pitt County Memorial Hospital
Koch, Gregory Daniel	Pitt County Memorial Hospital
Lam, Jonathan Samuel	Pitt County Memorial Hospital
Jones, Christopher Isaiah	Pitt County Memorial Hospital
Jasani, Nirav Manubhai	Pitt County Memorial Hospital
Kalaria, Chandni Pankaj	Pitt County Memorial Hospital
Kitch, Bryan Benjamin	Pitt County Memorial Hospital
Gong, Danielle	Pitt County Memorial Hospital
Gowans, John Mathew	Pitt County Memorial Hospital
VanPala, Henry Joseph	Pitt County Memorial Hospital
Dickson, Kristin Lynn	Pitt County Memorial Hospital
Chetty, Vanessa Novella	Pitt County Memorial Hospital
Dodd, William Scott	Pitt County Memorial Hospital
Durrani, Humdum Pasha	Pitt County Memorial Hospital
Baker, David Willis	Pitt County Memorial Hospital
Boddapati, Avinash	Pitt County Memorial Hospital
Reese, Stephanie Tamara	Southern Regional AHEC of Fayetteville
Patel, Rishita Rohitkumar	Southern Regional AHEC of Fayetteville
Bulautan, Philippe Ioannis	Southern Regional AHEC of Fayetteville

Virk, Charanjit Singh	Southern Regional AHEC of Fayetteville
Butala, Mitul	Southern Regional AHEC of Fayetteville
Gasteazoro-McCraw, Nella Margarita	Southern Regional AHEC of Fayetteville
Sriskandarajah, Ashany	Southern Regional AHEC of Fayetteville
McCraw, Jonathan William	Southern Regional AHEC of Fayetteville
Bode, Michael Friedrich Johannes	UNC Hospitals
Naji, Firas Yousef	UNC Hospitals
Wang, Tzu-Fei	UNC Hospitals
Horton, Christine Jeanne	UNC Hospitals
Bunn, Bryan Carlton	UNC Hospitals
Rice, Gabriel Mark	UNC Hospitals
Sakr, Mark James	UNC Hospitals
Wagner, Ida Janelle	UNC Hospitals
Cizman, Ziga	UNC Hospitals
Kansagra, Sujay Mansukhlal	UNC Hospitals
Slaughter, Keimun Aloysius	UNC Hospitals
Chaney, Erin Elizabeth	UNC Hospitals
Gebrael, Jacob	UNC Hospitals
Howard, Neva Margaret	UNC Hospitals
Glotzbach, Jason Paul	UNC Hospitals
LaBorde, Nathan James	UNC Hospitals
Schmidt, Joshua Paul	UNC Hospitals
Orecki, Zoe Anne	UNC Hospitals
Kleinberg, Andrew Brian	UNC Hospitals
Cabellon, Melissa Villanueva	UNC Hospitals
Shah, Neil Atul	UNC Hospitals
Hainz, Rebecca Lynn	UNC Hospitals
Qadri, Muhammad Yawar Jamal	UNC Hospitals
Ward, Kristen Nicole	UNC Hospitals
Alford, Raphael	UNC Hospitals
Thakrar, Kunal Dhiren	UNC Hospitals
Wolfe, Stephanie Manning	UNC Hospitals
Genies, Marquita Cecelia	UNC Hospitals
Bialas, Ryan Christopher	UNC Hospitals
Bliss, Richard Michael	UNC Hospitals
Green, Catherine Marie	UNC Hospitals
Metropulos, Diana	UNC Hospitals
Hinzpeter, Marin Elyse	UNC Hospitals
Darsie, James Cook	UNC Hospitals
Downs, Jairon Daniel	UNC Hospitals
Kalinowski, Alison Kay	UNC Hospitals
Cormican, Michael Thomas	UNC Hospitals
Vorkas, Charles Kyriakos	UNC Hospitals

Jackson, Amanda Lynn	UNC Hospitals
James, Lee Michael	UNC Hospitals
Semenya, Afi Mansa	UNC Hospitals
Stanley, Dirk Patrick	UNC Hospitals
Helgren, Whitney Ree	UNC Hospitals
Herndon, Alison Claire	UNC Hospitals
Currie, Mary Elizabeth	UNC Hospitals
Weeks, Mary Katharine	UNC Hospitals
Wortley, Alexis Guy	UNC Hospitals
Tucker, Elizabeth Anne Foard	UNC Hospitals
King, Bradley Mark	UNC Hospitals
Frenkel, Catherine Heather	UNC Hospitals
Copeland, John Nathan	UNC Hospitals
Chilcote, Kaleena Christine	UNC Hospitals
Letourneau, Joseph Michael	UNC Hospitals
Zimmerman, David Lynne	UNC Hospitals
Cordle, Asa Lee	UNC Hospitals
Waller, Eva Jayne	UNC Hospitals
Bode, Weeranun Dechyapirom	UNC Hospitals
Lobonc, Andrew Jacob	UNC Hospitals
Brookes, Carolyn Cassidy Dicus	UNC Hospitals
Rose, Amanda Marie	UNC Hospitals
Flecksteiner, Stephanie Angela	UNC Hospitals
Simpkin, Rebecca Kay	UNC Hospitals
Maxwell, Laura Katie Laird	UNC Hospitals
Rietz, Ashley Marie	UNC Hospitals
Parker, Benjamin Raymond	UNC Hospitals
Nagaraj, Arun Krishna	UNC Hospitals
Liu, Yan	UNC Hospitals
Paduchowski, Kevin Alan	UNC Hospitals
Hauck, Christopher Gale	UNC Hospitals
Sikora, Kathleen Elizabeth	UNC Hospitals
Kilgore, Joshua Edson	UNC Hospitals
Watson, Leonysia F	UNC Hospitals
Ellis, Clayton Tyler	UNC Hospitals
Kirby, Edgar Wilson	UNC Hospitals
Priola, Ginna	UNC Hospitals
Wolf, William Asher	UNC Hospitals
Olasunkanmi, Adeolu	UNC Hospitals
Meoli, Elise Marie	UNC Hospitals
Shah, Mansi	UNC Hospitals
Nguyen, Hongxen Thi	UNC Hospitals
Shapiro, Anna	UNC Hospitals

Harrison, Natasha Faye	UNC Hospitals
Embree, Genevieve Guenther Ricart	UNC Hospitals
Vander Schaaf, Emily Beth	UNC Hospitals
Drostin, Christina Marie	UNC Hospitals
Connelly, Mark Stephen	UNC Hospitals
Eblan, Michael Joseph	UNC Hospitals
Brown, Michael David	UNC Hospitals
Pasdar-Shirazi, Co-May Dang	UNC Hospitals
Fisher, Tiffany Latreece	UNC Hospitals
Fredlund, Katherine Lea	UNC Hospitals
Pasdar-Shirazi, Francisco	UNC Hospitals
Daly, Meaghan Elise	UNC Hospitals
Jacobson, Kathryn Ann	UNC Hospitals
Till, Sara Renee	UNC Hospitals
Chon, Andy Ki	UNC Hospitals
Miller, Seth Matthew	UNC Hospitals
Craddock, Jessica Renae	UNC Hospitals
Madan, Gitanjali	UNC Hospitals
Campbell, Adam Price	UNC Hospitals
Harlan, Nicole Porter	UNC Hospitals
Norris, James Pascal	UNC Hospitals
Bustamante, Liliana	UNC Hospitals
Ettefagh, Kate Scott	UNC Hospitals
Halpert, Karen Debra	UNC Hospitals
Hunter, David Andrew	UNC Hospitals
Pendse, Avani	UNC Hospitals
Permar, Stephanie Lang	UNC Hospitals
Flandry, Andrew Clarke	UNC Hospitals
Dugar, Anand Raj	UNC Hospitals
Mosby, Laura Glenn	UNC Hospitals
Leung, Allison Wei-Sum	UNC Hospitals
Whitacre, Meredith Laine	UNC Hospitals
Krochmal, Daniel James	UNC Hospitals
Howard, Christopher Webster	UNC Hospitals
Friedman, Douglas Ian	UNC Hospitals
Janssen, Kimberly Elaine	UNC Hospitals
Bialas, Rebecca Wertman	UNC Hospitals
Miller, Diane Lee	UNC Hospitals
Dale, Maureen Catherine	UNC Hospitals
Gallaher, Jared Robert	UNC Hospitals
Shin, Tiffany Marie	UNC Hospitals
Ham, David Caleb	UNC Hospitals
Casey, James Nolan	UNC Hospitals

Heling, Andrew Zachary	UNC Hospitals
Colbert, Kira Peoples	UNC Hospitals
Forbach, Cory Ryan	UNC Hospitals
Wilson, Joseph Lane	UNC Hospitals
Gumus, Pinar	UNC Hospitals
Williams, Alyssa Ann	UNC Hospitals
Hughes, Julia Terese	UNC Hospitals
Bedford, James Edward	UNC Hospitals
Delman, David Harris	UNC Hospitals
Arasaratnam, Reuben Jonathan Sathiarajah	UNC Hospitals
Senter, Andrea Stallsmith	UNC Hospitals
Sanford, Timothy Scott	UNC Hospitals
Compton, Michael Wilder	UNC Hospitals
Donohoe, Andrew Joseph	UNC Hospitals
Pathak, Vikas	UNC Hospitals
Redmon, Benjamin Francis	UNC Hospitals
Klatt-Cromwell, Cristine Nicole	UNC Hospitals
Bhakta, Mehul Kantilal	UNC Hospitals
Shah, Goonjan Sunil	UNC Hospitals
Taylor, Rebecca Victoria	UNC Hospitals
Hacker, Kari Ema	UNC Hospitals
McGinn, Margaret Kathryn	UNC Hospitals
Selak, Monica Ann	UNC Hospitals
Cardella, John Thomas	UNC Hospitals
Plitt, David Calvin	UNC Hospitals
Sullivan, Stephanie Adele	UNC Hospitals
Aucoin, Jeffrey Clay	UNC Hospitals
Carroll, Sarah Bass	UNC Hospitals
Tomecka, Magdalena	UNC Hospitals
Rusin, Spencer Louis	UNC Hospitals
Davis, Stephanie Jean	UNC Hospitals
Humphreys, Kevin Daniel	UNC Hospitals
Saunders, Jerry Allen	UNC Hospitals
Weaver, Suzanne Leigh	UNC Hospitals
Felton, Jamie Lynn	UNC Hospitals
Padilla, Leybelis	UNC Hospitals
Sawh, Francy Milena	UNC Hospitals
Jain, Ashish Kumar	UNC Hospitals
Johnson, David Colin	UNC Hospitals
Sell, Kristen Ann	UNC Hospitals
Carr, Jacquelyn Sara	UNC Hospitals
Rao, Veena Shiva	UNC Hospitals

Asgarian, Camellia Dawn	UNC Hospitals
Falchook, Aaron David	UNC Hospitals
Moye, Margaret Spratt	UNC Hospitals
Ferguson, James Edward	UNC Hospitals
Rowe, Stevie Michelle	UNC Hospitals
Winter, Katherine Hardt	UNC Hospitals
Patterson, Jacquelyn Knupp	UNC Hospitals
Kinloch, Ramon Larod	UNC Hospitals
Davis, Robin Claire	UNC Hospitals
Duffy, Kelly Jean	UNC Hospitals
Avery, Matthew Curtis	UNC Hospitals
Buntaine, Adam James	UNC Hospitals
Hasty, Eddie Keith	UNC Hospitals
Stiff, Jennifer Howard	UNC Hospitals
Willing, Laura Marie	UNC Hospitals
Greene, Elizabeth Eve	UNC Hospitals
Smetana, Brandon Shane	UNC Hospitals
Rodgers, Brittany Page	UNC Hospitals
Caddell, Kirk Allan	UNC Hospitals
Montgomery, Nathan David	UNC Hospitals
Miles, Mimi Chandler	UNC Hospitals
Whitenack, Caleb Alan	UNC Hospitals
Chenna, Swapna	Wake Forest University Baptist Medical Center
DeClaire, Melody Joy	Wake Forest University Baptist Medical Center
Kinney, Megan Ariel	Wake Forest University Baptist Medical Center
Cohen, Joshua Scott	Wake Forest University Baptist Medical Center
Daniel, Alyssa Searles	Wake Forest University Baptist Medical Center
Tiegs, Jacob Ivan	Wake Forest University Baptist Medical Center
Scholtz, Harry	Wake Forest University Baptist Medical Center
Hermann, Daniel Gene	Wake Forest University Baptist Medical Center
Gupta, Ridhima	Wake Forest University Baptist Medical Center
Carretero, Edgar Heberto	Wake Forest University Baptist Medical Center
Cooper, Joshua Matthew	Wake Forest University Baptist Medical Center
Ali, Shahzad K	Wake Forest University Baptist Medical Center
Davis, Patrick Thomas	Wake Forest University Baptist Medical Center
Bryan, Kayla Danae Goodwin	Wake Forest University Baptist Medical Center
Beck, Keli	Wake Forest University Baptist Medical Center
Lagergren, Emily	Wake Forest University Baptist Medical Center
Monsour, Henry Bernard	Wake Forest University Baptist Medical Center
Martell, Brian Scott	Wake Forest University Baptist Medical Center
Downing, Trevor	Wake Forest University Baptist Medical Center
Thompson, Amy Elizabeth	Wake Forest University Baptist Medical Center
Tatum, David Arthur	Wake Forest University Baptist Medical Center

Bourgeois, Lee Michael	Wake Forest University Baptist Medical Center
Goddard, Maria Sheelene	Wake Forest University Baptist Medical Center
Stapleton, Philip Peter	Wake Forest University Baptist Medical Center
Khandoobhai, Nirmal	Wake Forest University Baptist Medical Center
Perry, Donald Blake	Wake Forest University Baptist Medical Center
Harmon, Patrick Hugh	Wake Forest University Baptist Medical Center
Benfield, Philip Joel	Wake Forest University Baptist Medical Center
McQueen, Ryan Gerrard	Wake Forest University Baptist Medical Center
Lewis, Jennifer Anthony	Wake Forest University Baptist Medical Center
Dharod, Ajay	Wake Forest University Baptist Medical Center
Hochreiter, Daniela	Wake Forest University Baptist Medical Center
Geeslin, Matthew	Wake Forest University Baptist Medical Center
Todd, Sheel Patel	Wake Forest University Baptist Medical Center
Kearin, Sean Tomas	Wake Forest University Baptist Medical Center
Miracle, Jill Elizabeth	Wake Forest University Baptist Medical Center
Neal, Haley Amanda	Wake Forest University Baptist Medical Center
Goodman, David Michael	Wake Forest University Baptist Medical Center
Sanghani, Vivek Ramesh	Wake Forest University Baptist Medical Center
Groves, Leslie Branch	Wake Forest University Baptist Medical Center
James, Joshua Thomas	Wake Forest University Baptist Medical Center
Spence, Isaac Dwight	Wake Forest University Baptist Medical Center
Fitzgerald, Robert Emmett	Wake Forest University Baptist Medical Center
Graves, Lori Catherine	Wake Forest University Baptist Medical Center
Miller, Samantha	Wake Forest University Baptist Medical Center
Asby, Marcus Lane	Wake Forest University Baptist Medical Center
Henley, Jackson	Wake Forest University Baptist Medical Center
Pandey, Swati	Wake Forest University Baptist Medical Center
Mays, Ashley Cristina	Wake Forest University Baptist Medical Center
Usrey, Marc Edward	Wake Forest University Baptist Medical Center
Suprenant, Suzanne Nicole	Wake Forest University Baptist Medical Center
Overholt, Kathleen Marie	Wake Forest University Baptist Medical Center
Bixler, Rachel Marie	Wake Forest University Baptist Medical Center
Tatum, Christina Jackson	Wake Forest University Baptist Medical Center
Brown, Elysa Amber	Wake Forest University Baptist Medical Center
Douglas, Laurie Lea	Wake Forest University Baptist Medical Center
Patel, Chetak	Wake Forest University Baptist Medical Center
Holmes, Dionne Natalie	Wake Forest University Baptist Medical Center
Shubin, Ahren Nicholas	Wake Forest University Baptist Medical Center
Bharat Ved Prakash, Fnu	Wake Forest University Baptist Medical Center
Bell, Tiffani Lynee`	Wake Forest University Baptist Medical Center
Mannava, Sandeep	Wake Forest University Baptist Medical Center
Reynolds, Michael Francis	Wake Forest University Baptist Medical Center
Douglas, Christopher John	Wake Forest University Baptist Medical Center



Hunter, Abby Marie	Wake Forest University Baptist Medical Center
Mathews, Sony	Wake Forest University Baptist Medical Center
Fernando, Rohesh	Wake Forest University Baptist Medical Center
Lichstein, Paul Michael	Wake Forest University Baptist Medical Center
Burns, Jill Mumford	Wake Forest University Baptist Medical Center
Russell, Jarmella Pearl	Wake Forest University Baptist Medical Center
Ahmed, Tamjeed	Wake Forest University Baptist Medical Center
Docherty, Megan Elizabeth	Wake Forest University Baptist Medical Center
Winkler, Stuart Solomon	Wake Forest University Baptist Medical Center
Haines, Nathan Ronald	Wake Forest University Baptist Medical Center
Ahmed, Syed Rifat	Wake Forest University Baptist Medical Center
Virgadamo, Sebastiano	Wake Forest University Baptist Medical Center
DiCarlo, Thomas Edward	Wake Forest University Baptist Medical Center
Parajuli, Nirmala	Wake Forest University Baptist Medical Center
Linn, Erik Steven	Wake Forest University Baptist Medical Center
Wabnitz, Ashley Marie	Wake Forest University Baptist Medical Center
Forster, Derek Walter	Wake Forest University Baptist Medical Center
Jackson, Richard DeWitt	Wake Forest University Baptist Medical Center
Jepson, Christina Marie-Guzzo	Wake Forest University Baptist Medical Center
Boyd, Erin	Wake Forest University Baptist Medical Center
Monk, Laura Elizabeth	Wake Forest University Baptist Medical Center
Hathuc, Vivian Mai	Wake Forest University Baptist Medical Center
Wilson, Farra Martin	Wake Forest University Baptist Medical Center
Tawfik, Bernard	Wake Forest University Baptist Medical Center
Moore, Blake Anthony	Wake Forest University Baptist Medical Center
White, Gina McClure	Wake Forest University Baptist Medical Center
Nguyen, Vu Quang	Wake Forest University Baptist Medical Center
VanderWaal, Dale Adam	Wake Forest University Baptist Medical Center
Tong, Tai Yiu Elizabeth	Wake Forest University Baptist Medical Center
Yelle, Marc David	Wake Forest University Baptist Medical Center
Hiller, David Johnson	Wake Forest University Baptist Medical Center
White, David Lawrence	Wake Forest University Baptist Medical Center
Lafferty, Meaghan	Wake Forest University Baptist Medical Center
Vafek, Emily Claire	Wake Forest University Baptist Medical Center
Elliot, Maria Victoria	Wake Forest University Baptist Medical Center
Andersen, Jason Scott	Wake Forest University Baptist Medical Center
Valente, Kari Manuela	Wake Forest University Baptist Medical Center
Qazi, Saim Mohammed	Wake Forest University Baptist Medical Center
Burroughs, Zachary Taylor	Wake Forest University Baptist Medical Center
Miller, Patricia Kathleen	Wake Forest University Baptist Medical Center
Rogers, Jason Patrick	Wake Forest University Baptist Medical Center
Hurst, Anna Chesson Edens	Wake Forest University Baptist Medical Center
Sivakumar, Niranjan	Wake Forest University Baptist Medical Center

Bromley, Jennifer Elizabeth	Wake Forest University Baptist Medical Center
Lorentzen, Cara Michelle	Wake Forest University Baptist Medical Center
Mooney, Ashley J	Wake Forest University Baptist Medical Center
Gordon, Kevin	Wake Forest University Baptist Medical Center
New, Samuel Brandon	Wake Forest University Baptist Medical Center
Bates, James Myrick	Wake Forest University Baptist Medical Center
Cimic, Adela	Wake Forest University Baptist Medical Center
Hrelc, Dawn Margaret	Wake Forest University Baptist Medical Center
Surya, Sandarsh	Wake Forest University Baptist Medical Center
Meyer, Jared James	Wake Forest University Baptist Medical Center
Auriemma, Jeanna Rosella	Wake Forest University Baptist Medical Center
Greven, Margaret Ashley McConnell	Wake Forest University Baptist Medical Center
Maslan, Jonathan Tsion	Wake Forest University Baptist Medical Center
Andersen, Mousumi Medda	Wake Forest University Baptist Medical Center
Wofford, John David	Wake Forest University Baptist Medical Center
Mahoney, Katherine Anne	Wake Forest University Baptist Medical Center
Belcher, Xavier Warner	Wake Forest University Baptist Medical Center
Hedayat, Hiram Seyed	Wake Forest University Baptist Medical Center
Yunker, Amelia Cate	Wake Forest University Baptist Medical Center
Farmer, Justin Levi	Wake Forest University Baptist Medical Center
Saxena, Puja	Wake Forest University Baptist Medical Center
Andersen, William Donald	Wake Forest University Baptist Medical Center
Hurst, Michael Garrett	Wake Forest University Baptist Medical Center
Peters, Gregory Collin	Wake Forest University Baptist Medical Center
Bennett, Matthew Thomas	Wake Forest University Baptist Medical Center
Walton, Nicole Roberts	Wake Forest University Baptist Medical Center
Teel, Nickole Rucker	Wake Forest University Baptist Medical Center
Brown, Callie Lambert	Wake Forest University Baptist Medical Center
Yarbrough, Craig Michael	Wake Forest University Baptist Medical Center
Dagostino, Phillip Robert	Wake Forest University Baptist Medical Center
Anderson, Kathryn Tinsley	Wake Forest University Baptist Medical Center
Gentry, Michael Benjamin	Wake Forest University Baptist Medical Center
Dillon, Stephen Carl	Wake Forest University Baptist Medical Center
Ok, Michale Sung-Jin	Wake Forest University Baptist Medical Center
Husain, Iltifat	Wake Forest University Baptist Medical Center
Draughon, Matthew Leighton	Wake Forest University Baptist Medical Center
Capps, Kaci Lea	Wake Forest University Baptist Medical Center
Usoh, Chinenyenwa	Wake Forest University Baptist Medical Center
Bolen, Robert Drake	Wake Forest University Baptist Medical Center
Lee, Megan Nancy	Wake Forest University Baptist Medical Center
Billingslea, Alesia Renee	Wake Forest University Baptist Medical Center
Joshi, Mrinalini Ashish	Wake Forest University Baptist Medical Center
Landis, Laura	Wake Forest University Baptist Medical Center

Bailey, Meagan	Wake Forest University Baptist Medical Center
Harrison, Forrest Steven	Wake Forest University Baptist Medical Center
Friedman, Joshua Heath	Wake Forest University Baptist Medical Center
Thomsen, William Christopher	Wake Forest University Baptist Medical Center
Crane, Sandrine Uwase	Wake Forest University Baptist Medical Center
Nathan, Janaki Maya	Wake Forest University Baptist Medical Center
Orscheln, Courtney Selck	Wake Forest University Baptist Medical Center
Pyles, Brandon	Wake Forest University Baptist Medical Center
Goldston, Scott Thomas	Wake Forest University Baptist Medical Center
Morgan, Whitney	Wake Forest University Baptist Medical Center
Milks, Kathryn Suzanne	Wake Forest University Baptist Medical Center
Wood, Kyle David	Wake Forest University Baptist Medical Center
Tesoriero, Eric	Wake Forest University Baptist Medical Center
Thrasher, Bradly Jackson	Wake Forest University Baptist Medical Center
Triffo, William Jeffrey	Wake Forest University Baptist Medical Center
Cho, William	Wake Forest University Baptist Medical Center
Courtemanche, Chad David	Wake Forest University Baptist Medical Center
Walden, William Blair	Wake Forest University Baptist Medical Center
Jackson, Kyle Jefferson	Wake Forest University Baptist Medical Center
Talbott, Ashley Lescanec	Wake Forest University Baptist Medical Center
Gorbachinsky, Ilya	Wake Forest University Baptist Medical Center
Barry, David	Wake Forest University Baptist Medical Center
Vyas, Bimal	Wake Forest University Baptist Medical Center
Gurwara, Sheena	Wake Forest University Baptist Medical Center
Milks, Michael Wesley	Wake Forest University Baptist Medical Center

MEMO TO: NCMB Licensing Committee

FROM: Nancy Hemphill

DATE: September 8, 2011

SUBJECT: Emergency Physician Deployment and Licensure

---

The purpose of this memo is to discuss the federal and state laws regarding the licensing of physician and physician assistant volunteers following a natural or man-made disaster in North Carolina. The state's plans for responding to disasters or emergencies which require volunteer medical personnel are extensive, intertwined, and well organized.

I. Authority at the national level:

- A. All fifty states and US territories participate in the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). ESAR-VP has been in existence since 2002; it now is administered by the Office of the Assistant Secretary for Preparedness and Response in the US Department of Health and Human Services. With this program, the federal government works with states to establish a national network of state-based programs for pre-registration of a broad range of volunteer health professionals. Under ESAR-VHP, volunteers' identities, licenses, credentials, accreditations, and hospital privileges are all verified both in advance and at the time of deployment of a public health or medical disaster or emergency. In NC, this program is called "ServNC", the state emergency registry of volunteers. Most state programs have similar names.

There are several new ESAR-VP plans being created at the federal level with continued input from the states. When these are finalized, they will be shared with the states for adoption if they so choose. The NC Department of Emergency Management (NC DEM) believes that the relevant ESAR-VP will be adopted as a supplementary agreement (as permitted by N.C. Gen. Stat. § 166A-47) rather than as a new statute or administrative rule. The new ESAR-VP plans are being developed to deal with the diversity of programs across the states. Some state programs have more robust staffing and quality than others. States also differ in how they handle issues of professional liability and workers compensation. Generally speaking, professional liability insurance continues to provide coverage to a volunteer in another state, if their current employer agrees. In some states, workers' compensation is available to a volunteer from another state who is injured while serving, as though that volunteer were employed by state in the disaster zone. This is a contentious area and the NC law on this is unsettled.

- B. Most of the fifty states and US territories are members of EMAC (Emergency Management Assistance Compact). This is a congressionally-ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster-impacted state can request and receive assistance from other member states quickly and efficiently, resolving two key issues upfront: liability and reimbursement. The EMAC provides for the requesting state to reimburse the rendering state (and hospitals, etc) for expenses incurred in responding. This funding goes through federal channels and can be very slow in processing. The EMAC is activated when a Governor declares a State of Emergency.
- C. One of the lessons learned from Katrina is the importance of state and local response to a disaster or emergency. While the federal government (through FEMA) can play an important role financially, it is better to maximize the use of state and local knowledge, coordination, and personnel.
  - 4. To the greatest extent possible, valuable personnel should be retained in their communities rather than encouraging outsiders to respond. In Katrina, when LA and MS hospitals and clinics were destroyed, many LA and MS physicians relocated out of state. It would have been better to create mobile hospitals or provide interim housing so those local physicians could continue working with their same teams, patient population, and cultural connections. A role for government is to have Disaster Medical Assistance Teams (DMATs) available, and also to provide temporary housing, if necessary, so local providers can stay in their communities.
  - 5. Although most teams will come with their own resources for up to 72 hours, when unaffiliated outside volunteers come to the scene of a disaster, their need for food, water, and shelter can strain already scarce resources.
  - 6. Retaining local medical professionals alleviates the need for state medical boards to create and execute temporary licensing protocols for incoming physicians and others.

## II. Organization at the State Level

- A. ServNC, North Carolina's ESAR- VP program, provides a structure to recruit, inform, mobilize and track health care providers and other volunteers to respond to a crisis. This is true both for internal disasters (for example, a hurricane hits the coast and Charlotte physicians respond) and for situations that call for assistance from out of state (Kentucky gets hit with an ice storm and asks North Carolina to assist.)
- B. Physicians, other health care providers and other volunteers register on-line. NCMB licensees may be drawn to it by a link on the NCMB annual renewal page.

It takes about 10 minutes to register. In addition to demographic information, the licensee lists specialty, occupation, certifications, medical history, and geographic areas to which he/she would be willing to respond. The licensee also lists the best way to be contacted, i.e., email or cell phone. Volunteers often are deployed in teams; if a person wishes to be assigned to team, ServNC can facilitate that process.

C. Other emergency response resources:

1. There are eight trauma regions in North Carolina, designated as Regional Advisory Committees (RACs). Each RAC has a State Medical Assistance Team (SMAT II). They each have the ability to set up a small field hospital. The SMAT was formed following 9/11/01, primarily to respond to biological and terrorism events which include chemical agents. Each RAC/SMAT is anchored by a major hospital: Mission (Asheville); Carolinas Medical Center (Metrolina); WFUBMC (Triad); Duke (Durham); UNC (Central Carolina); WakeMed (Capital); Pitt County Memorial (Eastern); and New Hanover Regional (Southeastern).

2. The state also has four mobile hospitals which can be set up in a matter of hours. The state also has mobile pharmacies and 29 SMAT III which have decontamination capabilities. They are spread out across the state and are run by the local EMS agencies.

III. What if there was a disaster in NC?

D. The NC Governor would declare a State of Emergency under N.C. Gen. Stat. §166A.

E. Requests for Assistance (RFAs) would come from local counties and municipalities to the NC DEM, who would aggregate those needs. The State Office of Emergency Medical Services (OEMS) would in turn determine what medical providers were needed. The OEMS would coordinate with the State Medical Asset Resource Tracking Tool (SMARTT). (OEMS also works with the NC EMS Advisory Council, of which Dr. Liz Kanof is a member.)

F. The OEMS would formulate a specific mission request: X doctors, X nurses, X paramedics, plus specified equipment and other resources. The mission request would be relayed to the ServNC program. The first approach would be for NC DEM/ ServNC to compile teams of responders of North Carolina volunteers.

G. If the extent of the crisis were larger than could be dealt with using NC personnel alone, the Governor could authorize an EMAC/ Request for Assistance (RFA), which would be posted to the EMAC network. The request would be very specific, asking for particular numbers and skill types of personnel and equipment. One or more states would respond to that request, offering NC a

team and itemizing the cost of that team. The NCEM could then accept one or more of these proposals.

- H. The *responding* state's ESAR-VP program would check the credentials of physicians and other licensees requested by NC's RFA. If North Carolina had an agreement with the responding state covering this term, the NC OEMS would not check incoming physicians' credentials, however, but would rely on the other state's diligence in doing so. States differ in their protocols and the robustness of their programs, but in general, each state checks:
- a. Federal ESAR VP database
  - b. Active state license with state medical or osteopathic board (Volunteers whose licensees are close to renewal or have other licensing issues may be rejected.)
  - c. FSMB databank
  - d. AMA and AOA databanks
  - e. ABMS for specialty board certification
  - f. DEA
  - g. OIG for improper use of federal funds
- F. The North Carolina EMAC is codified in Article 4 of Chapter 166A, the Emergency Management Act. **Among other things, the EMAC gives the Governor plenary powers in the event of a declared emergency or disaster, and the authority to declare that professionals from other participating states have reciprocal authority to practice in this state, subject to any limitations or conditions placed by the Governor.** Specifically, N.C. Gen. Stat. § 166A-45 states:
- Whenever any person holds a license, certificate, or other permit issued by any party state evidencing the meeting of qualifications for professional, mechanical, or other skills, and when assistance is requested by the receiving party state, the person shall be deemed licensed, certified, or permitted by the state requesting assistance to render aid involving skill to meet a declared emergency or disaster, subject to any limitations and conditions the governor of the requesting state may prescribe by executive order or otherwise. (1997-152, s. 1.)
- I. The state Emergency Management Director would look to the NCMB if their office ran into any problems verifying the credentials of a physician. The NCMB would also be involved in licensing under emergency conditions if a physician intended to practice here for an extended period of time. **However, the general rule is that the NCMB would not issue emergency licenses; incoming physicians vetted by another state would enter NC and practice medicine without any authority by the NCMB.** The Governor, by Executive Order, might

place geographic, time, and other restrictions on the practice of the incoming volunteer physicians.

- J. The state discourages anyone (whether licensed in NC or not) from simply arriving at a disaster zone. They feel it is unlikely that a hospital would extend privileges to physicians who simply showed up. As to physicians who do express willingness to serve at the last minute, the best thing is to direct them to register through ServNC. That way, their information is included in the central database. The state would provide “Just in time Training” before deploying them, and would keep track of volunteers who have been mobilized.
- K. The recommendation from the state Emergency Management office is that the NCMB continue to promote ServNC by providing the link to it during the online renewal process, and including references to it on the NCMB website, The Forum or other media, to encourage physicians, PAs, and other licensees to register.

IV. What if there were a disaster in another state, and NC licensees were willing to assist?

- A. If the Governor of another state filed a RFA through EMAC, to which NC responded, the ServNC program would compile a group of volunteers who agreed to serve in that time and place. OEMS would check their credentials against the roster which Hari provides each month. The NC EMS also has access to, and checks, the credentials of nurses, pharmacists, veterinarians, social workers, EMS, Respiratory Therapist and a few other professions.
- B. The ServNC program would provide immediate training about the mission, and would mobilize the team for their specific mission. Again, the NC DEM would contact the NCMB if it had questions about a particular NC licensee’s credentials.

V. Key state statutes are attached.

§ 166A-6. State of disaster.

(a) The existence of a state of disaster may be proclaimed by the Governor, or by a resolution of the General Assembly if either of these finds that a disaster threatens or exists.

(a1) If a state of disaster is proclaimed, the Secretary shall provide the Governor and the General Assembly with a preliminary damage assessment as soon as the assessment is available. Upon receipt of the preliminary damage assessment, the Governor shall issue a proclamation defining the area subject to the state of disaster and proclaiming the disaster as a Type I, Type II, or Type III disaster. In determining whether the disaster shall be proclaimed as a Type I, Type II, or Type III disaster, the Governor shall follow the standards set forth below.

(1) A Type I disaster may be declared if all of the following criteria are met:

- a. A local state of emergency has been declared pursuant to G.S. 166A-8, and a written copy of the declaration has been forwarded to the Governor;



- b. The preliminary damage assessment meets or exceeds the criteria established for the Small Business Administration Disaster Loan Program pursuant to 13 C.F.R. Part 123 or meets or exceeds the State infrastructure criteria set out in G.S. 166A-6.01(b)(2)a.; and
- c. A major disaster declaration by the President of the United States pursuant to the Stafford Act has not been declared.

A Type I disaster declaration may be made by the Governor prior to, and independently of, any action taken by the Small Business Administration, the Federal Emergency Management Agency, or any other federal agency. A Type I disaster declaration shall expire 30 days after its issuance unless renewed by the Governor or the General Assembly. Such renewals may be made in increments of 30 days each, not to exceed a total of 120 days from the date of first issuance. The Joint Legislative Commission on Governmental Operations shall be notified prior to the issuance of any renewal of a Type I disaster declaration.

- (2) A Type II disaster may be declared if the President of the United States has issued a major disaster declaration pursuant to the Stafford Act. The Governor may request federal disaster assistance under the Stafford Act without making a Type II disaster declaration. A Type II disaster declaration shall expire six months after its issuance unless renewed by the Governor or the General Assembly. Such renewals may be made in increments of three months each, not to exceed a total of 12 months from the date of first issuance. The Joint Legislative Commission on Governmental Operations shall be notified prior to the issuance of any renewal of a Type II disaster declaration.

- (3) A Type III disaster may be declared if the President of the United States has issued a major disaster declaration under the Stafford Act and:

- a. The preliminary damage assessment indicates that the extent of damage is reasonably expected to meet the threshold established for an increased federal share of disaster assistance under applicable federal law and regulations; or
- b. The preliminary damage assessment prompts the Governor to call a special session of the General Assembly to establish programs to meet the unmet needs of individuals or political subdivisions affected by the disaster.

A Type III disaster declaration shall expire 12 months after its issuance unless renewed by the General Assembly.

(a2) Any state of disaster declared before July 1, 2001, shall terminate by a proclamation of the Governor or resolution of the General Assembly. A proclamation or resolution declaring or terminating a state of disaster shall be disseminated promptly by means calculated to bring its contents to the attention of the general public and, unless the circumstances attendant upon the disaster prevent or impede, promptly filed with the Secretary of Crime Control and Public Safety, the Secretary of State and the clerks of superior court in the area to which it applies.

(b) In addition to any other powers conferred upon the Governor by law, during a state of disaster, the Governor shall have the following powers.

- (1) To utilize all available State resources as reasonably necessary to cope with an emergency, including the transfer and direction of personnel or functions of State agencies or units thereof for the purpose of performing or facilitating emergency services;
- (2) To take such action and give such directions to State and local law-enforcement officers and agencies as may be reasonable and necessary for the purpose of securing compliance with the provisions of this Article and with the orders, rules and regulations made pursuant thereto;
- (3) To take steps to assure that measures, including the installation of public utilities, are taken when necessary to qualify for temporary housing assistance from the federal government when that assistance is required to protect the public health, welfare, and safety;
- (4) Subject to the provisions of the State Constitution to relieve any public official having administrative responsibilities under this Article of such responsibilities for willful failure to obey an order, rule or regulation adopted pursuant to this Article.

(c) In addition, during a state of disaster, with the concurrence of the Council of State, the Governor has the following powers:

- (1) To direct and compel the evacuation of all or part of the population from any stricken or threatened area within the State, to prescribe routes, modes of transportation, and destinations in connection with evacuation; and to control ingress and egress of a disaster area, the movement of persons within the area, and the occupancy of premises therein;
- (2) To establish a system of economic controls over all resources, materials and services to include food, clothing, shelter, fuel, rents and wages, including the administration and enforcement of any rationing, price freezing or similar federal order or regulation;
- (3) To regulate and control the flow of vehicular and pedestrian traffic, the congregation of persons in public places or buildings, lights and noises of all kinds and the maintenance, extension and operation of public utility and transportation services and facilities;
- (4) To waive a provision of any regulation or ordinance of a State agency or a political subdivision which restricts the immediate relief of human suffering;
- (5) Repealed by Session Laws 2001-214, s. 3, effective July 1, 2001.
- (6) To perform and exercise such other functions, powers and duties as are necessary to promote and secure the safety and protection of the civilian population;
- (7) To appoint or remove an executive head of any State agency or institution the executive head of which is regularly selected by a State board or commission.
  - a. Such an acting executive head will serve during:

1. The physical or mental incapacity of the regular office holder, as determined by the Governor after such inquiry as the Governor deems appropriate;
  2. The continued absence of the regular holder of the office; or
  3. A vacancy in the office pending selection of a new executive head.
- b. An acting executive head of a State agency or institution appointed in accordance with this subdivision may perform any act and exercise any power which a regularly selected holder of such office could lawfully perform and exercise.
- c. All powers granted to an acting executive head of a State agency or institution under this section shall expire immediately:
1. Upon the termination of the incapacity as determined by the Governor of the officer in whose stead he acts;
  2. Upon the return of the officer in whose stead he acts; or
  3. Upon the selection and qualification of a person to serve for the unexpired term, or the selection of an acting executive head of the agency or institution by the board or commission authorized to make such selection, and his qualification.
- (8) To procure, by purchase, condemnation, seizure or by other means to construct, lease, transport, store, maintain, renovate or distribute materials and facilities for emergency management without regard to the limitation of any existing law.
- (d) In preparation for a state of disaster, with the concurrence of the Council of State, the Governor may use contingency and emergency funds as necessary and appropriate for National Guard training in preparation for disasters. (1951, c. 1016, s. 4; 1955, c. 387, s. 4; 1959, c. 284, s. 2; c. 337, s. 4; 1975, c. 734, ss. 11, 14; 1977, c. 848, s. 2; 1979, 2nd Sess., c. 1310, s. 2; 1993, c. 321, s. 181(a); 1995, c. 509, s. 125; 2001-214, s. 3.)
- 

**§ 166A-43. Party state responsibilities.**

(a) It shall be the responsibility of each party state to formulate procedural plans and programs for interstate cooperation in the performance of the responsibilities listed in this Article. In formulating the plans, and in carrying them out, the party states, insofar as practicable, shall:

- (1) Review individual state hazards analyses and, to the extent reasonably possible, determine all those potential emergencies the party state might jointly suffer, whether due to natural disaster, technological hazard, man-made disaster, emergency aspects of resource shortages, civil disorders, insurgency, or enemy attack.

- (2) Review the party states' individual emergency plans and develop a plan that will determine the mechanism for the interstate management and provision of assistance concerning any potential emergency.
- (3) Develop interstate procedures to fill any identified gaps and to resolve any identified inconsistencies or overlaps in existing or developed plans.
- (4) Assist in warning communities adjacent to or crossing the state boundaries.
- (5) Protect and assure uninterrupted delivery of services, medicines, water, food, energy and fuel, search and rescue, and critical lifeline equipment services, and resources, both human and material.
- (6) Inventory and set procedures for the interstate loan and delivery of human and material resources, together with procedures for reimbursement or forgiveness.
- (7) Provide, to the extent authorized by law, for temporary suspension of any statutes or ordinances that restrict the implementation of the above responsibilities.

(b) The authorized representative of a party state may request assistance of another party state by contacting the authorized representative of that state. The provisions of this Compact shall only apply to requests for assistance made by and to authorized representatives. Requests may be verbal or in writing. If verbal, the request shall be confirmed in writing within 30 days of the verbal request. Requests shall provide the following information:

- (1) A description of the emergency service function for which assistance is needed, including fire services, law enforcement, emergency medical, transportation, communications, public works and engineering, building inspection, planning and information assistance, mass care, resource support, health and medical services, and search and rescue.
- (2) The amount and type of personnel, equipment, materials and supplies needed, and a reasonable estimate of the length of time they will be needed.
- (3) The specific place and time for staging of the assisting party's response and a point of contact at that location.

(c) There shall be frequent consultation between state officials who have assigned emergency management responsibilities and other appropriate representatives of the party states with affected jurisdictions and the federal government, with free exchange of information, plans, and resource records relating to emergency capabilities. (1997-152, s. 1.)

---

#### **§ 166A-45. Licenses and permits.**

Whenever any person holds a license, certificate, or other permit issued by any party state evidencing the meeting of qualifications for professional, mechanical, or other skills, and when assistance is requested by the receiving party state, the person shall be deemed licensed, certified, or permitted by the state requesting assistance to render aid involving skill to meet a declared emergency or disaster, subject to any limitations and conditions the governor of the requesting state may prescribe by executive order or otherwise. (1997-152, s. 1.)

**APPENDIX H**

Nurse Practitioner & Clinical Pharmacist Practitioner Approvals Issued  
September 2011

List of Initial Applicants

NP	NAME	PRIMARY SUPERVISOR	PRACTICE CITY
	BARLOW, TRACY	MORESCHI, RAFAEL	CARY
	BROWER, BLAINE	KIM, HONG	CHAPEL HILL
	CHURCH, RENA	ROS, JOSE	JACKSONVILLE
	CLARK, ROBERT	ZGODA, MICHAEL	CHARLOTTE
	EDINGER, ZACHARIAH	KRIVITSKY, BORIS	CHARLOTTE
	FARRINGTON, BRADFORD	HATCHER, JEFFREY	GREENSBORO
	GRAY, JERRI	STELMACH, SUZANNE	JACKSONVILLE
	GROVE, LATANE	MCMAHON, DANIEL	CHARLOTTE
	HAGUE, DANA	DAVIS, JOHN	WINSTON-SALEM
	HARRIS, HOLLY	JONES, SAMUEL	CHAPEL HILL
	ILO, IFEOMA	HALL, ANDRE	FAYETTEVILLE
	MACNICHOL, JOY	EVANS, CHARLOTTE	STATESVILLE
	PETRONE, ANDREA	GONZALEZ, JOSE	WILMINGTON
	PRICE, TUESDAY	MELTON, KENNETH	FAYETTEVILLE
	THARP, SHONNA	MCDONALD, THADDEUS	RALEIGH
	THOMPSON JR, CLIFTON	CHRISTOPHER, ERIC	DUHAM NORTH
	WHITLEY, AMBER	ANDERSON, STEVEN	WILKESBORO
	YORKE, DIANE	DELLON, ELISABETH	CHAPEL HILL

NP ADDITIONAL SUPERVISOR LIST

ADAMS-WINGATE, DEBORAH	MEYER, ALBERT	WILMINGTON
AMOAKO, EMELIA	SOUFFRONT, WILFREDO	WILMINGTON
ARMER, CAROL	VINCENT, MARK	MATTHEWS
AVITABILE, AUDREY	GUMBER, SUBHASH	CARY
BARBER, SYNA	DEAN, ERIC	GREENSBORO
BARRIER, MISTY	LOBDELL, KEVIN	CHARLOTTE
BATEMAN, DEBRA	RODRIGUEZ, FABIAN	SOUTHERN PINES
BAXTER, ASHLEY	HALME, JOUKO	RALEIGH
BLACK, LAURI	SCHULTZ, CURTIS	NEWTON
BRITTON, TONYA	EL-KHOURY, SEMAAN	AULANDER
BROWN, ASADRA	RATCLIFFE, ROBERT	FOREST CITY
BROWN, SARA	COLLINS, SARA	WILMINGTON

BRUMMETT, ATHENA  
BURKE, DIANA  
BURNS, KRISTEN  
BUSH, TARA  
CALLAHAN, THOMAS  
CARBALLO, DARLA  
CORN, LISA  
DEGENNARO, LINDA  
DENZER, LISA  
DEWALD, KATHARINA  
DIGGINS, KRISTENE  
DIPERT-SCOTT, SUSAN  
DOWLESS, JULIE  
EVERHART, DELPHINE  
EVERLY, CAROL  
FARRELL, LINDA  
HARDCASTLE, LAURA  
HATCH, JUDITH  
HENSLEY, CHAD  
HERBST, MCKENZIE  
HICKS, CONNIE  
HUCK, KIM-MARIE  
HUNT, SHEILA  
JONES, SUSANNE  
KAY, DANA  
LANIER, CHRISTIAN  
LOUX, DIANE  
MARTIN WATSON, BETTY  
MOORS, BEVERLY  
POWELL JR., FRANCIS  
PRESLEY, MELISSA  
PREVOST-GILBERT, MARY  
PRICE, RENEA  
QUEEN, COURTNEY  
RAMAGE, MELINDA  
RAMSEY, STEPHANIE  
REDWOOD-SAWYERR,  
CHRISTIANA  
ROACH, ELIZABETH  
ROBINSON, GAIL  
ROSEBAUGH, NANCY  
RYANS, ABREE  
SAMPLE, DENISE

MCCANTS, DEIDRA  
LAWRENCE, MICHAEL  
VINCENT, MARK  
PETERSON, DAVID  
KAKRAKANDY, ARSHAD  
KWIATKOWSKI, TIMOTHY  
MCCUTCHEN, JEFFREY  
OVERBY, JOSEPH  
BUNIO, RICHARD  
PIECH, TARA  
UZOMBA, GODWIN  
GOUZENNE, STACEY  
ROSS, DEBORAH  
BROWN, STEPHANIE  
NEWMAN, JACK  
VINCENT, MARK  
OATES, ELIZABETH  
RATHNAM, PUNITHA  
MADDURI, MURTHY  
PETERS, DOUGLAS  
EATON, BERNARD  
WU, JUSTIN  
DOSS, ASHWIN SEETH  
MORTON, TERRENCE  
CHAN, BARRY  
QUINN, MARSHALL  
BUBB, LORI  
HEJAZI, MASOUD  
POLIDORO, ANGELIQUE  
TRIPP, HENRY  
VINCENT, MARK  
PANG, RICHARD  
POLIDORO, ANGELIQUE  
HAMAD, MAZEN  
HAYES, MARY  
MARTIN, MARK  
  
LOUGHRIDGE, CAROLE  
MUELLER, JOHN  
LUVIS, L.  
COLON-EMERIC, CATHLEEN  
WHITLOCK, GARY  
BELCEA, OCTAVIAN

THOMASVILLE  
GREENVILLE  
CHARLOTTE  
SMITHFIELD  
GREENSBORO  
CHARLOTTE  
CHARLOTTE  
NEW BERN  
ROBBINSVILLE  
GOLDSBORO  
CHARLOTTE  
GREENSBORO  
LUMBERTON  
CHARLOTTE  
RALEIGH  
CHARLOTTE  
WILMINGTON  
WILMINGTON  
MORGANTON  
WILMINGTON  
LOUISBURG  
RALEIGH  
PEMBROKE  
HUNTERSVILLE  
CHARLOTTE  
BEULAVILLE  
CHEROKEE  
GREENSBORO  
PLYMOUTH  
KERNERSVILLE  
MATTHEWS  
GREENSBORO  
PLYMOUTH  
CARY  
ASHEVILLE  
KINGS  
  
CHARLOTTE  
WINSTON SALEM  
GASTONIA  
DURHAM  
JACKSONVILLE  
RALEIGH

SCISM, ELIZABETH  
SCRUGGS, LINDSAY  
SHARPE, TRIVIA  
SHEELER, CORY  
SIDIQI, LEE  
SMITH, L'ANITA  
SMITH, DEBORAH  
SNOW, AMY  
SPENCER, BROOKE  
STANSBURY-ROLLACK,  
KATHRYN  
STARR, ROBIN  
TODD, HEATHER  
UPDIKE, CHRISTINA  
WEKONY, MELINDA  
WILLIS, SHADERIKA  
WINN, SHANNON  
WOLF, VICKY  
WOODY, DELINDA  
YOUNG, KELLY  
ANDERSON, MEREDITH  
ASBURY, KATHY  
BACH, CYNTHIA  
BACH, CYNTHIA  
BALL, BETH  
BALL, BETH  
BALLARD, MARCIA  
BELL, REAGAN  
BLEVINS, ANDREA  
BRAND, DANA  
CAMPBELL, THERESA  
CANNON, GREGORY  
CHAPMAN-COREY, CASANDRA  
COCHRAN, KELLIE  
CONLIN, JEAN  
COUNTS ROBINSON, CAROL  
COX, RUTH  
COX, RUTH  
CUNHA, CHRISTINE  
DAIL, MARLENE  
DAVIS, DONNA  
DAVIS, KATHRYN  
DAVIS, MELISSA

CALABRIA, RAFAEL  
SMALL, MARIA  
ZAPATA, MARIO  
REKUC, GREGORY  
WILLIAMS, JENNELLE  
MORTON, TERRENCE  
MATHIAS, MATTHEW  
GOLASZEWSKI, GLENN  
REKUC, GREGORY  
  
MADIGAN, TIMOTHY  
LAWRENCE, MICHAEL  
DESAI, NILAY  
VINCENT, MARK  
MOORE, DONALD  
NORTON, DEBORAH  
DAKA, MATTHEW  
SOLOVIEFF, GREGORY  
ELLIS, MARK  
MARCOM, PAUL  
WALKER, BETSY  
PISTONE, DANIEL  
KIBBE, PETER  
DAVIS, MICHAEL  
HITE, MICHAEL  
CANNON, SHELLI  
CURRAN, DIANA  
BEITTEL, TIMOTHY  
ALEJANDRO, LUIS  
WOOD, JAMES  
FOTIADIS, CHRIS  
ROSE, JOHN  
KANN, JOEL  
DAVIS, CARA  
DUBOSE, JON  
WALLENIOUS, STEVEN  
MCEWEN, LUTHER  
O'DANIEL, MARK  
HILL, PATRICIA  
JORDAN, BETTY  
RAINES, BEN  
HODGES, FRANCISCO  
DOWNING, WILMA

SHELBY  
DURHAM  
STATESVILLE  
CHARLOTTE  
CHAPEL HILL  
CHARLOTTE  
DURHAM  
MT AIRY  
CHARLOTTE  
  
TYNER  
GREENVILLE  
ROCKY MOUNT  
CHARLOTTE  
CHARLOTTE  
RALEIGH  
FAYETTEVILLE  
WHITAKERS  
LINVILLE  
DURHAM  
RAEFORD  
WHITEVILLE  
NEW BERN  
NEW BERN  
ASHEVILLE  
ASHEVILLE  
ASHEVILLE  
WILMINGTON  
GREENSBORO  
CHARLOTTE  
CHARLOTTE  
GREENVILLE  
DURHAM  
RALEIGH  
MACCLESFIELD  
ASHEVILLE  
CHARLOTTE  
MOREHEAD CITY  
ALBEMARLE  
TARBORO  
ELKIN  
ASHEBORO  
CHARLOTTE

DAWSON, MARGARET  
DOWLESS, JULIE  
ELLWOOD, PAMELA  
FILLMORE, JOHN  
GALLAGHER, LESLIE  
GLASS, VALERIE  
GLASS, VALERIE  
GREINER, SONJA  
GUNDERSON-FALCONE,  
GRACE  
HANOBECK VERVILLE, SUSAN  
HANSEN, DENISE  
HARWOOD, LINDA  
HILL, RHONDA  
HOLDER, JEAN  
HOPKINS, CASSANDRA  
HOUSE, KAREN  
HOUSE, KAREN  
HUEY, BARBARA  
IRVING, SHARON  
JOHNSON, DELORES  
JOHNSON, TRACY  
JOHNSON, YOLANDA  
KALINOWSKI, KATHERINE  
KASTEN, PAMELA  
KNUCKLES, DEBRA  
LEE, TRACEY  
LORENCZ, SUSAN  
MCLEAN, ALLISON  
MCNINCH, MARY  
MOORE, JILL  
MOULTON, ANN  
MOYNAHAN, MARY  
NOONE, ANGELA  
PEARSALL, EDITH  
PICKETT, MARCIE  
PILOTE, CAROL  
PILOTE, CAROL  
PRICE, RENEA  
RINK, MARY  
ROBINSON, MARY  
ROBINSON, GAIL  
ROGERS, MORIAH

BOWEN, CHRISTINA  
PISTONE, DANIEL  
GROSSELL, MICHAEL  
MEISEL, DEAN  
BEITTEL, TIMOTHY  
SHAHAN, CYNTHIA  
GELLAR, RICHARD  
PISTONE, DANIEL  
  
AJMANI, AJAY  
HERNANDEZ, LYNN  
CHANG, PAUL  
JOHNSON, JAMES  
FINCH, GEORGE  
SWEETZER, WILLIAM  
ELBEERY, JOSEPH  
PRATT, TANYA  
ROBINSON, EDWARD  
VARGAS, CARLOS  
O'DANIEL, MARK  
VYBIRAL, TOMAS  
COPPAGE, KEVIN  
HSIEH, STEPHEN  
VREDENBURGH, JAMES  
COPPAGE, KEVIN  
ALTIZER, JAMES  
KANN, JOEL  
NOVOSEL, PAMELA  
SMITH, STANTON  
KOCH, DANIEL  
DAVIS, CHERYL  
PRENDIVILLE, SIMON  
BOWEN, CHRISTINA  
GULBRONSON, MARICELA  
RALLIS, MICHAEL  
PRENDIVILLE, SIMON  
HURLEY, DANIEL  
TERRYBERRY, DANIEL  
TINGA, JOHN  
PATEL, MANISH  
STROTHER, BYRON  
BALLENGER, CLARENCE  
KELLAM, JAMES

MANTEO  
LUMBERTON  
BOILING SPRINGS  
WILMINGTON  
WILMINGTON  
CHARLOTTE  
CHARLOTTE  
WILMINGTON  
  
APEX  
MONROE  
ASHEVILLE  
ASHEVILLE  
RUTHERFORDTON  
DANVILLE  
GREENVILLE  
GREENSBORO  
GREENSBORO  
ASHEVILLE  
MOREHEAD CITY  
ELKIN  
GASTONIA  
LEXINGTON  
DURHAM  
GASTONIA  
CHARLOTTE  
WOONSOCKET  
WILMINGTON  
WAYNESVILLE  
CHARLOTTE  
LAURINBURG  
CHARLOTTE  
MANTEO  
CONCORD  
BURGAW  
CHARLOTTE  
KITTY HAWK  
MOYOCK  
NEW BERN  
HUNTERSVILLE  
MORGANTON  
JACKSONVILLE  
CHARLOTTE



ROWE, VEDA  
RYAN, LISA  
SCHULZ, GAIL  
SHEPARD, SUSANNA  
SHUFORD, RICHELLE  
SIMPSON, GREGORY  
SMALL, ADRIENNE  
SNIPES, JUSTIN  
SPAKE, MARY  
SPANGLE, ELIZABETH  
STRAYHORN, CHRISTINE  
THOMPSON, ELIZABETH  
TODD, ELIZABETH  
TURNER, DIANNE  
WARNER, HOLLY  
WARREN, JONATHAN  
WILLIAMS, FRANCES  
WILSON SHERWIN, MARILYN  
WITHEROW, WENDY  
WOODARD, MELISSA  
WOODRUFF, SARAH  
WORSHAM, LEANNA  
WORTH, RICHARD  
AINSWORTH, TERRY  
AYCOTH, EMMA  
BARBER, SYNA  
BARTHEL, SHELBY  
BELDEN, ROSEMARY  
CARR, CARLYE  
CLARK, KAY  
COOPER, PENNY  
COWIN, JOHNNA  
CULLINAN, SHARON  
DAVIS, MARGARET  
DORROH, MARTHA  
FELTON, MAKEBA  
FILLMORE, JOHN  
GRINDSTAFF, KAREN  
HARDEE, CAMERON  
HAYNES, RUBY  
HEAD, MARY  
HEARN, PENNY  
HEINRICH, CAROL

BOWMAN, ROBLEY  
JOHNSON, AMY  
CHEEK, VINCENT  
SHUKLA, NILIMA  
BEYER, SARA  
JOHN, NADYAH  
SWANSON, JENNIFER  
MAUNEY, NOLAN  
HOFFMAN, STANLEY  
KROWCHUK, DANIEL  
BUTLER, ERIK  
LIM, MOE  
ZANONE, DANA  
DIAL, TASHA  
WITMAN, ELIZABETH  
WADLEY, ROBERT  
ROBERTS, JAMES  
EASLEY, RONALD  
FLOWE, KENNETH  
HOFFMAN, JEFFREY  
MILES, LINDA  
MOORE, BARRY  
DOOHAN, THOMAS  
HUGHES, GEORGE  
ANWAR, ZEBA  
NASH, DELINA  
FERRANDINO, MICHAEL  
WATSON, LINWOOD  
O'NEILL, LYNN  
DE GUZMAN, JOY  
SWANSON, JENNIFER  
SEMER, DIANE  
TAMBA, ISMAEL  
PISTONE, DANIEL  
WATSON, LINWOOD  
KENNEY, JAMES  
THOMPSON, ANGELA  
MORRIS, KIMBERLY  
BENNETT, BERNARD  
JORGE, CARLOS  
COOK, DAVID  
NELSON-ROBINSON, LISA  
GONZALEZ, JORGE

MORGANTON  
ASHEVILLE  
GREENSBORO  
GASTONIA  
LENOIR  
DURHAM  
DURHAM  
MORGANTON  
SHELBY  
WINSTON-SALEM  
SANFORD  
CHAPEL HILL  
HIGH POINT  
HIGH POINT  
RALEIGH  
RALEIGH  
CHARLOTTE  
FAYETTEVILLE  
KERNERSVILLE  
CONCORD  
BURLINGTON  
WILMINGTON  
MONROE  
DURHAM  
KERNERSVILLE  
HIGH POINT  
DURHAM  
CARY  
DURHAM  
ASHEVILLE  
DURHAM  
GREENVILLE  
RALEIGH  
FAYETTEVILLE  
CARY  
KITTRELL  
SHALLOTTE  
ASHEVILLE  
RALEIGH  
WASHINGTON  
CORNELIUS  
ROCKY MOUNT  
WILMINGTON

HESSION, HELEN  
IVEY, PAULA  
JOLLY, MELISSA  
JORDAN, KATHLEEN  
KENYEAR, STEPHANYE  
KLUG, SANDRA  
LA FRENZ, AMY  
LAY III, HARRY  
MASSENGILL, ANNA  
MCLAMB, TARA  
MCNEIL, JANICE  
MEYER, DIANE  
MILLER, CYNTHIA  
ORSINI, JANICE  
POILLUCCI, VICTORIA  
PRESSON, SUSAN  
RAYNER, LAKEISHA  
REVELS, TIFFANY  
ROWE, KATHLEEN  
RUSSO III, FRANK  
SCOTT, MARGARET  
SEWARD, KELLY  
SHANNON, MICHAEL  
SHARP, BARBARA  
TERRY, JEVITA  
TERRY, JEVITA  
TEWOLDE, CATHERINE  
THOMAS, SARAH  
VALDIVIEZO, AUXILIADORA  
VAUGHN, KATHERINE  
WATSON, MINDY  
WHITE, SONJA  
WITTENBERG, RHYS  
YOUNG, WENDY  
BAILEY, ANN  
BARBOUR, JILL  
BAXLEY, SHARON  
BENBOW, DEBRA  
BRAILER, CATHERINE  
BUTTS, MAUREEN  
CASSELL, CHARLOTTE  
CHANCE, KAREN  
CHILDERS, PATRICIA

WATSON, LINWOOD  
PAL, SUBODH  
CASH, DAVID  
MORGAN, PATRICIA  
SMITH, MICHAEL  
BROWN, JEFFREY  
WILLIAMSON, CILE  
VREDENBURGH, JAMES  
OUDEH, IBRAHIM  
MAYO, PHILIP  
HARRELL, SAMPSON  
GASKIN, STEVE  
GIROUARD, MICHAEL  
BARNETT, STEVEN  
VREDENBURGH, JAMES  
MULLENDORE, JENNIFER  
KANN, JOEL  
WALKER, BETSY  
UDEKWU, PASCAL  
WALLENIUS, STEVEN  
BARNETT, STEVEN  
HOWARD, CHAD  
WATSON, LINWOOD  
NEULANDER, MATTHEW  
ROBERTSON-RILEY, JUDITH  
JORDAN, BETTY  
HONEYCUTT, DANNY  
CRANSTON, JAY  
VINCENT, MARK  
KANDULA, LEENA  
POWERS, JOHN  
MOORE, BARRY  
KALISH, MICHAEL  
MULLENDORE, JENNIFER  
HEJAZI, MASOUD  
ZIMMERMAN, MARK  
CARTER, KENNETH  
HEJAZI, MASOUD  
KOUTLAS, THEODORE  
FREDERICK, HEATHER  
VYBIRAL, TOMAS  
FREDERICK, HEATHER  
YOUNG, JORDAN

CARY  
CLINTON  
HARMONY  
CHARLOTTE  
GREENVILLE  
BURLINGTON  
PINEHURST  
DURHAM  
DUNN  
GOLDSBORO  
CHARLOTTE  
CONCORD  
CLEMMONS  
GREENSBORO  
DURHAM  
ASHEVILLE  
GARNER  
SILER CITY  
RALEIGH  
ASHEVILLE  
GREENSBORO  
MONROE  
CARY  
CHARLOTTE  
ROCKY MOUNT  
TARBORO  
MATTHEWS  
BOONE  
MATTHEWS  
MORRISVILLE  
WINSTON SALEM  
WILMINGTON  
GREENSBORO  
ASHEVILLE  
GREENSBORO  
RALEIGH  
ELIZABETHTOWN  
GREENSBORO  
GREENVILLE  
DURHAM  
ELKIN  
DURHAM  
GOLDSBORO

CHURCHILL, ELLA  
CLARK, CHERYL  
COCKMAN, PATTY  
COCONIS, PHYLLIS  
CRIMINGER, KAREN  
DANOI, LUMINITA  
DAVIS, TRAVONIA  
DAVIS, KATHRYN  
DEWALD, KATHARINA  
DICKMANDER, JANET  
EDWARDS, CHARLES  
GREEN, SUZANNE  
GREER, JANET  
HANCOCK, LAUREN  
HARKEY, KRISTEN  
HENRY ROSS, DOROTHY  
HOBAN, CAROL  
HOLLOWAY, TANA  
HOLTON, SUZANNE  
HUDIMAC, CAMILLE  
JOYNER, MICHAEL  
KEENE, DANA  
KING, PATRICIA  
KING, ANJANETTE  
LARREUR, AMY  
LEDFORD, CYNTHIA  
LESNEVICH, MARIELLE  
LEVY, KATHY  
LITTLE, JULIA  
LYALL, MONICA  
MILLER, LACY  
MITCHELL, TARA  
MURRAY, CAROL  
NEWMAN, PEGGY  
NILSON-TAYLOR, DIANA  
NORRIS, LESLIE  
OBREMSKI, TANIA  
ODOM, MITCHELL  
OWENS, REBECCA  
OWENS, REBECCA  
PAUL, SARA  
PEARSON, TAMERA  
PRUITT, LYSIANE

LARSON, KELLY  
HEJAZI, MASOUD  
MELTON, KENNETH  
PALMER, WILLIAM  
CRANSTON, JAY  
PFEIFFER, FREDERICK  
SEITZ, KENT  
POWERS, JOHN  
LOBAO, CELSO  
HAHN, CAROL  
MURRAY, MICHAEL  
GREEN, THOMAS  
ROSS, DONOVAN  
HABERMAN, CARA  
KRIVITSKY, BORIS  
CHAVIS, HERMAN  
MCCARTY, ELIZABETH  
TRINH, THUHUONG  
SAUCIER, NATHAN  
GRADDY, LOGAN  
ROSE, JOHN  
SMITH, ROBERT  
SMITH, MICHAEL  
MCDONALD, THADDEUS  
GRIFFITH, MICHELE  
MCEWEN, LUTHER  
BOWEN, CHRISTINA  
CHAMOVITZ, ALLEN  
FREDERICK, HEATHER  
SANDERS, ROBYN  
FLEURY, ROBERT  
MCCALLUM, OLIVIA  
PAVELOCK, RICHARD  
BRIDGERS, STEPHEN  
WOOD, KAREN  
SHEAFFER, MICHAEL  
CERVI, MARK  
NILOVA, OLGA  
VANHAASTEREN, LORETTA  
QUINLAN, AVELINE  
HEARON, BRIAN  
OGG, NICOLE  
DORVIL, DEBORAH

WAYNESVILLE  
GREENSBORO  
FAYETTEVILLE  
WINSTON-SALEM  
BOONE  
CHARLOTTE  
GREENSBORO  
WINSTON-SALEM  
ROCKY MOUNT  
RALEIGH  
MARION  
RUTHERFORDTON  
LENOIR  
RANDLEMAN  
CHARLOTTE  
RAEFORD  
BREVARD  
WINSTON SALEM  
NEW BERN  
DURHAM  
GREENVILLE  
CHARLOTTE  
GREENVILLE  
RALEIGH  
CHARLOTTE  
LARGO  
MANTEO  
WINSTON-SALEM  
DURHAM  
GREENSBORO  
PINEHURST  
MOREHEAD CITY  
STATESVILLE  
ELIZABETHTOWN  
SOUTHPORT  
FRANKLIN  
GREENVILLE  
HOLLY SPRINGS  
GREENSBORO  
GREENSBORO  
HICKORY  
WEAVERVILLE  
HOPE MILLS

RODGERS, TERI  
SANFORD, JANET  
SCHMUCKER, MONICA  
SHUMATE, WENDY  
SPURBECK, BRENDA  
TURNER, JOANNE  
TYSON, TAMELY  
WILLIAMS, FRANCES  
WISE, LORI  
WOLFE, C RENEE  
WOODROFFE, NELL

STOUDMIRE, JONATHAN  
MANGRUM, CHARLITA  
SELVIDGE, WILLIAM  
MCNEIL, STEPHEN  
WELLS, ROBERT  
LARCOMBE, JOEL  
POLLARD, RAYETTE  
KIEFER, MARK  
IGHADE, ANDREW  
LAKSHMAN, VENKATESH  
SMITH, MICHAEL

MATTHEWS  
HAMLET  
CARRBORO  
NORTH WILKESBORO  
ASHEVILLE  
CAMP LEJEUNE  
GATESVILLE  
TAYLORSVILLE  
CHARLOTTE  
WILSON  
GREENVILLE

Clinical Pharmacist Practitioners

Lee, Ruth-Ann Mariko  
Putt, Sally Renea

## APPENDIX I

### Anesthesiologist Assistant, Perfusionist & Provisional Perfusionist Licenses Issued September 2011

Perfusionists:

None

Provisional Perfusionists:

None

Anesthesiologist Assistants:

Adams, John Clay

North Carolina Medical Board  
PA Licenses Approved  
September 2011

**Initial PA Applicants Licensed 07/01/11 – 08/31/11**

**PA-Cs**

**Name**

Ayers, Robert Andrew	07/26/2011
Benzor, Katy Rose	07/26/2011
Bettters, Zachary Stephen	07/26/2011
Billings, Shannon Michelle	08/17/2011
Blocher-Steiner, Sarah Ellen	08/23/2011
Branch, Sara Lynn	08/23/2011
Bridges, Megan Jane	07/12/2011
Bunn, Kellie Ann	08/26/2011
Chambers, Detra Monteiz Yvonne	08/30/2011
Childs, Melissa Sarah	08/31/2011
Corwin, Joshua Lucas	08/02/2011
Day, Lauren Lovejoy	07/01/2011
DeLancy, Robert Frederick	08/08/2011
Driscoll, Meghan Ann	07/01/2011
Dryden, Elizabeth Deibert	07/12/2011
Dunham, Julie Marie	08/04/2011
Farringer, Angela Dee	07/05/2011
Fosnight, Aleece Renee	08/11/2011
Gilligan, Lisa Christine	08/24/2011
Goss, Deniz Ozcan	07/27/2011
Gray, Theresa	07/01/2011
Green, Carolyn Elaine	07/28/2011
Griffenkranz, Hugh	08/30/2011
Harris, Sheena	08/26/2011
Haskin, Ashley Rosann	08/26/2011
Holston, Rachel	08/26/2011
Ingold, Tiffany Marie	08/26/2011
Jennings, Tracelynn	07/13/2011
Kefalas, Thomas Steve	07/28/2011
Krant, Gretchen Janinia	08/02/2011
Lane, Nicole L	08/19/2011

**Initial PA Applicants Licensed 07/01/11 – 08/31/11**

**PA-Cs**

**Name**

Lappin, Kathleen Marie	08/08/2011
Lundi, Phedra	07/11/2011
Mackin, Katherine Marie	08/19/2011
Maloney, Sarah Jane	08/04/2011
Michaelis, Stacey Nicole	08/03/2011
Murfin, Melissa	08/09/2011
Na, Judy Lee	08/22/2011
Nelson, Sharon Elizabeth	08/19/2011
Ng, May	08/25/2011
Nkyesiga, Peter Kankaka	07/20/2011
Ogunniyi, Sola Egberanmwun	08/22/2011
Pinto, Michelle Alicia	08/05/2011
Pitylak, Jennifer	08/26/2011
Prichard, Leslie Elizabeth	08/30/2011
Quevedo, Hugo Francisco	07/12/2011
Reidler, Randall Marie	08/04/2011
Roe, Kelli Renee	08/26/2011
Savage, Brian	08/03/2011
Schoonover, Brandon Ward	07/12/2011
Schutz, Douglas Paul	08/17/2011
Sexton, Jeremy Wade	08/04/2011
Shelley, Danielle	08/23/2011
Smith, Courtney Jane	08/26/2011
Sonnenschein, Jason	08/19/2011
Stamey, Catherine Ta	08/19/2011
Sumner, Warren Randall	07/20/2011
Swift, Travis Jay	08/19/2011
Swint, John William	08/17/2011
Sykes, Larry Justain	07/08/2011
Todd, James Michael	07/27/2011
Vetere, Christina Lynn	08/26/2011
White, Kristen Danielle	07/08/2011
Wilkinson, Johnathan Charles	08/05/2011
Yaverbaum, Linda Beth	07/05/2011

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

**Name**

Bernart, D. Christopher	08/11/2011
Eakins, Christina Day	08/31/2011
Quincy, Brenda Lee	08/05/2011