

MINUTES

North Carolina Medical Board

November 17, 2011

**1203 Front Street
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board Meeting held November 16-18, 2011.*

The North Carolina Medical Board met November 16-18, 2011, at its office located at 1203 Front Street, Raleigh, NC. Ralph C. Loomis, MD, President, called the meeting to order. Board members in attendance were: Janice E. Huff, MD, Past President; William A. Walker, MD, President-Elect; Ms. Pamela Blizzard; Thomas R. Hill, MD; John B. Lewis, Jr., LLB; Peggy R. Robinson, PA-C; Eleanor E. Greene, MD and Shiva K. Rao, MD. Absent were Donald E. Jablonski, DO, Ms. Thelma Lennon and Paul S. Camnitz, MD.

Presidential Remarks

Dr. Loomis 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 September 21, 2011 Board Minutes, the October 20, 2011 Hearing Minutes and the Special Board Meeting on October 25, 2011.

Instillation Ceremony and New Officers Oath

Dr. Huff administered the Oath of Office for President of the NC Medical Board to Dr. Ralph C. Loomis.

Dr. Loomis administered the Oath of Office for President-Elect to Dr. William A. Walker.

Announcements

1. Dr. Loomis presented the following resolution to Dr. Huff on behalf of the Board:

RESOLUTION

In Recognition of the Distinguished Service Rendered by
Janice Huff, MD, as President of the North Carolina Medical Board

November 1, 2010 — October 31, 2011

WHEREAS, Janice E. Huff, MD, was named to the North Carolina Medical Board in 2007 by Governor Michael F. Easley and was reappointed to the Board by Governor Beverly Perdue in 2010. In 2008, she was elected by her fellow Board members as Secretary-Treasurer; in 2009, she became President-Elect, and in November 2010, she was sworn in as President of the North Carolina Medical Board. Dr. Huff has been an award-winning educator of residents in family medicine, a leader in state and local professional societies and a mentor to young physicians; and

WHEREAS, during her service on the Board, Dr. Huff has served on the Best Practices, Clinical Pharmacist Practitioner Joint Subcommittee, two Retreat Planning Committees and the Physicians Health Program Compliance Committee. She also has chaired the Licensing Committee, the Executive Committee and the Board of Directors of the Physicians Health Program; and

WHEREAS, she has been active in the work of the Federation of State Medical Boards, and was appointed to serve on the 2011-2012 Finance Committee; and

WHEREAS, during Dr. Huff's term as President, she:

- Continued to make the Board's work more transparent by encouraging and including input from licensees and other key stakeholders when considering changes to administrative rules and position statements related to the licensing and disciplinary processes, continuing medical education and the corporate practice of medicine;
- Encouraged continued efforts to reach the public and the Board's licensees in different ways, including establishing a social media presence on Facebook; reaching 100 followers within six months of its launch with continued increase in licensee and public interest;
- Promoted increased participation in the Board's policy work by establishing special task forces and committees to tackle particular subjects of interest to the Board's licensees, including advertising of board certifications, physician scope of practice, and treatment of self and family members;
- Utilized a new tool to seek feedback directly from licensees: specifically, a survey polling licensees on their opinion of treating oneself and one's family. The survey accompanied her widely read *Forum* article on the subject, and generated more interest and feedback than any initiative in Board history. More than 1,000 licensees responded and their input was reviewed and considered during the Board's revision of the current position statement and newly proposed rules;
- Worked to raise licensee awareness of the North Carolina Physician's Health Program, promoting the services of the NCPHP to licensees and their colleagues; and serving in leadership roles on the Board's NCPHP Committee;
- Led the planning and implementation of the 2011 Board Retreat. The Retreat generated lively discussion, ideas and programs that focus on maintenance of licensure, continued competence, telemedicine and professional competency assessments;
- Helped defend the Board from bills that would impair the Board's ability to effectively regulate the practice of medicine, while working with legislators to enact laws that would help the public and the Board's licensees, such as expanding the authority of Physician Assistants and Nurse Practitioners to sign death certificates;
- Initiated a collaborative effort with NC medical schools and Graduate Medical Education programs to educate medical students and residents on board issues and professionalism, using online learning modules to reach those audiences; and
- Regularly challenged Board policies and procedures in an ongoing effort to achieve excellence in medical regulation.

WHEREAS, Dr. Huff's intelligence, prodigious memory and exactitude underlie her passion for medicine and her patients, her fierce concern for the safety of the public and her willingness to tackle challenges for the benefit and protection of the people of North Carolina, in keeping with the Board's statutory mandate. The Board is indebted to her for her personal service and dedication to the principals of integrity, trust and honor.

NOW, THEREFORE, BE IT RESOLVED that the North Carolina Medical Board is grateful to Janice E. Huff, MD, for her service and publicly recognizes the outstanding leadership she has

provided as the Board's president. Her leadership distinguishes her, honors the Board and marks a deep commitment to the people of North Carolina.

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

Approved by acclamation, this 17th day of November, 2011.

2. Dr. Stephen Ezzo presented plaque to the NCMB honoring past presidents of the NC Medical Board.
3. Mr. David Henderson recognized Dr. Scott Kirby, Medical Director, on his five-year anniversary at the NCMB.
4. Mr. Curt Ellis recognized Mr. David Allen on his five-year anniversary at the NCMB.
5. Dr. Janelle Rhyne, Chair of the Federation of State Medical Boards (FSMB), presented a FSMB update to the full board.

EXECUTIVE COMMITTEE REPORT

The Executive Committee of the North Carolina Medical Board was called to order at 1:30 pm, Thursday November 17, 2011, at the offices of the Board. Members present were: Ralph C. Loomis, MD, Chair; William A. Walker, MD, Janice E. Huff, MD, and Peggy Robinson, PA-C. Also present were Thomas R. Hill, MD, Pamela L. Blizzard, R. David Henderson (Executive Director), Hari Gupta (Director of Operations) and Peter T. Celentano, CPA (Comptroller).

1) Financial Statements

a) Monthly Accounting September and August 2011

The Committee reviewed the September and August 2011 compiled financial statements. September is the eleventh month of fiscal year 2011.

Committee Recommendation: Accept the financial statements as reported.

Board Action: The Board accepted the Committee recommendation.

b) Investment Account Statements

The Committee reviewed the October and September 2011 investment account statements from Fifth Third Bank.

Committee Recommendation: Accept the investment account statements as reported.

Board Action: The Board accepted the Committee recommendation.

c) Investment Account Review

The Committee met with our investment advisors from Fifth Third Bank who updated the Committee on the transfer of assets and reviewed the accounts performance for the past four months.

Committee Recommendation: Accept the investment account review as information.

Board Action: The Board accepted the Committee recommendation.

2) Old Business

a) Criminal Monitoring Service

The Committee discussed whether to hire US ISS Agency to provide real time criminal monitoring services for the Board.

Committee Recommendation: Hire US ISS to conduct criminal monitoring services for the NCMB.

Board Action: The Board accepted the Committee recommendation.

b) Disciplinary Rules

The Committee reviewed the public comments regarding the proposed disciplinary rules.

Committee Recommendation: Approve the attached version and submit to the Rules Review Commission for final adoption.

Board Action: The Board accepted the Committee recommendation.

3) New Business

a) FSMB Nominations

Dr. Loomis currently serves on the FSMB Bylaws Committee and would like to be reappointed for another term. Dr. Walker currently serves on the FSMB Audit Committee and would like to be reappointed.

Committee Recommendation: The Board to write Dr. Talmage and recommend that he reappoint Dr. Loomis to the FSMB Bylaws Committee and Dr. Walker to the FSMB Audit Committee.

Board Action: The Board accepted the Committee recommendation.

b) Hotel Accommodations

The Committee discussed the options for hotel accommodations for calendar year 2012.

Committee Recommendation: Staff to negotiate and sign contract with the Renaissance Hotel at North Hills for 2012.

Board Action: The Board accepted the Committee recommendation.

c) Proposed FSMB Resolution

The Committee discussed a proposed resolution directing FSMB to work with specialty boards to ensure that physicians disciplined by state medical Boards are not unintentionally subjected to inappropriate or excessive consequences as a result of a medical board action.

Committee Recommendation: Board to submit the attached resolution to the FSMB House of Delegates for consideration at the 2012 FSMB Annual Meeting.

Board Action: The Board accepted the Committee recommendation.

d) Proposed FSMB Composite Action Index (CAI) Report

In June 2011, FSMB Chair Janelle Rhyne, M.D., MACP, in cooperation with Administrators in Medicine (AIM), established the Workgroup to Examine Composite Action Index (CAI) to evaluate and make recommendations regarding the ongoing use of the CAI report. The Committee discussed the Workgroup's draft report.

Committee Recommendation: Accept as information.

Board Action: The Board accepted the Committee recommendation.

The Committee adjourned at 2:30 pm.

The next meeting of the Executive Committee is tentatively scheduled for January 19, 2012.

TITLE 21 – OCCUPATIONAL LICENSING BOARDS AND COMMISSIONS

CHAPTER 32 – NORTH CAROLINA MEDICAL BOARD

Notice is hereby given in accordance with G.S. 150B-21.2 that the NC Medical Board intends to adopt the rules cited as 21 NCAC 32N .0106-.0113 and repeal the rules cited as 21 NCAC 32N .0101-.0105.

Proposed Effective Date: *December 1, 2011*

Public Hearing:

Date: *September 13, 2011*

Time: *10:00 a.m.*

Location: *NC Medical Board, 1203 Front Street, Raleigh, NC*

Reason for Proposed Action: *The purpose of the proposed adoptions and repeals is to provide clarification and procedures for carrying out requirements arising out of legislation enacted in 2009 and to provide clarification regarding existing investigative and disciplinary processes.*

Procedure by which a person can object to the agency on a proposed rule: *A person may submit objections to the proposed amendments, in writing by September 13, 2011, to the Rules Coordinator, NC Medical Board, 1203 Front Street, Raleigh, NC 27609 or email at rules@ncmedboard.org using "32N – disciplinary rules" in the subject line.*

Comments may be submitted to: *Rules Coordinator, NC Medical Board, P.O. Box 20007, Raleigh, NC 27619-0007; phone (919) 326-1100; fax (919) 326-0036; email rules@ncmedboard.org*

Comment period ends: *September 13, 2011*

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit written objections to the Rules Review Commission after the adoption of the Rule. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive those objections by mail, delivery service, hand delivery, or facsimile transmission. If you have any further questions concerning the submission of objections to the Commission, please call a Commission staff attorney at 919-431-3000.

Fiscal Impact:

- State
 Local
 Substantial Economic Impact (>\$3,000,000)
 None

SUBCHAPTER 32N - FORMAL AND INFORMAL PROCEEDINGS

21 NCAC 32N .0101 INITIATION OF FORMAL HEARINGS

~~Formal hearings shall be initiated pursuant to G.S. 90-14.1 or G.S. 90-14.2 and shall be conducted as provided in G.S. 90-14.4 through G.S. 90-14.7.~~

Authority G.S. 90-14.1; 90-14.2; 90-14.3; 90-14.4; 90-14.5.

21 NCAC 32N .0102 CONTINUANCES

~~Any person summoned to appear before the Board at a formal hearing pursuant to G.S. 90-14.1 or G.S. 90-14.2 may seek to obtain a continuance of that hearing by filing with the Executive Secretary of the Board, as soon as the reason for continuance is known, a motion for continuance setting forth with specificity the reason the continuance is desired. Motions for continuances shall be ruled upon by the President and Executive Secretary of the Board or in the absence of the President, by the Secretary and Executive Secretary. Continuances will be granted only upon a showing of good cause.~~

Authority G.S. 90-14.1; 90-14.2; 150B-11(1); 150B-38(h).

21 NCAC 32N .0103 DISQUALIFICATION FOR PERSONAL BIAS

~~Any person summoned to appear before the Board at a formal hearing pursuant to G.S. 90-14.1 or G.S. 90-14.2 may challenge on the basis of personal bias or other reason for disqualification the fitness and competency of any member of the Board to hear and weigh evidence concerning that person. Challenges must be stated by way of motion accompanied by affidavit setting forth with specificity the grounds for such challenge and must be filed with the Executive Director of the Board on a timely basis. Nothing contained in this Rule shall prevent a person appearing before the Board at a formal hearing from making timely personal inquiry of members of the Board as to their knowledge of and personal bias concerning that person's case.~~

Authority G.S. 90-14.1; 90-14.2; 150B-38(h).

21 NCAC 32N .0104 DISCOVERY

In any formal proceeding pursuant to G.S. 90-14.1 and G.S. 90-14.2, discovery may be obtained as provided in G.S. 150B-39 by either the Board or the person summoned to appear before the Board. Any request for discovery made by a person summoned to appear before the Board shall be filed with the Executive Director of the Board.

Authority G.S. 90-14.1; 90-14.2; 150B-38(h); 150B-39.

21 NCAC 32N .0105 INFORMAL PROCEEDINGS

(a) ~~In addition to formal hearings pursuant to G.S. 90-14.1 or G.S. 90-14.2, the Board may conduct certain informal proceedings in order to settle on an informal basis certain matters of dispute. A person practicing medicine pursuant to a license or other authority granted by the Board may be invited to attend a meeting with the Board or a committee of the Board on an informal basis to discuss such matters as the Board may advise in its communication to the person inviting him or her to attend such meeting. No public record of such proceeding shall be made nor shall any individual be placed under oath to give testimony. Matters discussed by a person appearing informally before the Board may, however, be used against such person in a formal hearing if a formal hearing is subsequently initiated.~~

(b) ~~As a result of such informal meeting, the Board may recommend that certain actions be taken by such person, may offer such person the opportunity to enter into a consent order which will be a matter of public record, may institute a formal public hearing concerning such person, or may take other public or non-public action as the Board may deem appropriate in each case.~~

(c) ~~Attendance at such an informal meeting is not required and is at the sole discretion of the person so invited. A person invited to attend an informal meeting shall be entitled to have counsel present at such meeting.~~

Authority G.S. 150B-11(1); 150B-38(h).

21 NCAC 32N .0106 DEFINITIONS

As used in this Section:

- (1) Disciplinary Proceedings means hearings conducted pursuant to G.S. 90-14.2 through 90-14.7, and Article 3A of Chapter 150B.
- (2) Good cause related to motions or requests to continue or for additional time for responding includes:
 - (a) death or incapacitating illness of a party, or attorney of a party;
 - (b) a court order requiring a continuance;
 - (c) lack of proper notice of the hearing;
 - (d) a substitution of the attorney of a party if the substitution is shown to be required;
 - (e) agreement for a continuance by all parties if either more time is demonstrated to be necessary to complete mandatory preparation for the case, such as authorized discovery, and the parties and the Board have agreed to a new hearing date or the parties have agreed to a settlement of the case that has been or is likely to be approved by the Board;
and
 - (f) where, for any other reason, either party has shown that the interests of justice require a continuance or additional time.
- (3) Good cause related to motions or requests to continue or for additional time for responding shall not include:
 - (a) intentional delay;
 - (b) unavailability of a witness if the witness testimony can be taken by deposition; and
 - (c) failure of the attorney or respondent to use effectively the statutory notice period provided in G.S. 90-14.2(a) to prepare for the hearing.
- (4) Licensee means all persons to whom the Board has issued a license as defined in G.S. 90-1.1.
- (5) Respondent means the person licensed or approved by the Board who is named in the Notice of Charges and Allegations.

Authority G.S. 90-5.1(a)(3); 90-14.2; 150B-38(h); 150B-40(c)(4).

21 NCAC 32N .0107 INVESTIGATIONS AND COMPLAINTS

(a) At the time of first oral or written communication from the Board or staff or agent of the Board to a licensee regarding a complaint or investigation, the Board shall provide the notices set forth in G.S. 90-14(i), except as provided in Paragraph (e) of this Rule.

(b) A licensee shall submit a written response to a complaint received by the Board within 45 days from the date of a written request by Board staff. The Board shall grant up to an additional 30 days for the response where the licensee demonstrates good cause for the extension of time. The response shall contain accurate and complete information. Where licensee fails to respond in the time and manner provided herein, the Board may treat that as a failure to respond to a Board inquiry in a reasonable time and manner as required by G.S. 90-14(a)(14).

(c) The licensee's written response to a complaint submitted to the Board in accordance with Paragraph (b) of this Rule shall be provided to the complainant upon written request as permitted in G.S. 90-16(e1), except that the response shall not be provided where the Board in its discretion determines that the complainant has misused the Board's complaint process or that the release of the response would be harmful to the physical or mental health of the complainant who was a patient of the responding licensee.

(d) A licensee shall submit to an interview within 30 days from the date of an oral or written request from Board staff. The Board in its discretion may grant up to an additional 15 days for the interview where the licensee demonstrates good cause for the extension of time. The responses to the questions and requests for information, including documents, during the interview shall be complete and accurate. Where respondent fails to respond in the time and manner provided herein, the Board may treat that as a failure to respond to a Board inquiry in a reasonable time and manner as required by G.S. 90-14(a)(14).

(e) Where the Board finds that the public health, safety, or welfare requires emergency action within the meaning of G.S. 150B-3(c), a licensee shall provide the requested information or documents in response to any oral or written request from the Board or its staff regarding the matter affecting the license or approval granted by the Board. If documents requested by the Board are not in the immediate possession and control of respondent, then respondent shall provide the documents as soon as practicable. The responses to the questions and requests for information, including documents, shall be complete and accurate. Where the licensee fails to respond in the time and manner provided herein, the Board may treat that as a failure to respond to a Board inquiry in a reasonable time and manner as required by G.S. 90-14(a)(14).

(f) The licensee who is the subject of a Board inquiry may retain and consult with legal counsel of his or her choosing in responding to the inquiries as set out in G.S. 90-14(i).

Authority G.S. 90-5.1(a)(3); 90-14(a)(14); 90-14(i); 90-16(e1).

21 NCAC 32N .0108 INVESTIGATIVE INTERVIEWS BY BOARD MEMBERS

(a) In addition to formal hearings pursuant to G.S. 90-14 and G.S. 90-14.2, the Board may ask a licensee to attend a non-public interview with members of the Board and staff to discuss a pending complaint or investigation. The invitation letter shall describe the matters of dispute or concern and shall enclose the notices required by G.S. 90-14(i), if not previously issued. No individual shall be placed under oath to give testimony. Statements made or information provided by a licensee during this interview may, however, be used against such licensee in any subsequent formal hearing.

(b) As a result of the interview, the Board may ask that the licensee take actions as referred to in G.S. 90-14(k), may offer the licensee the opportunity to enter into a consent order or other public agreement that will be a matter of public record, may institute a formal public hearing concerning the licensee, or may take other action as the Board deems appropriate in each case.

(c) Unless ordered by the Board pursuant to G.S. 90-8, attendance at such an interview is not required. A licensee may retain legal counsel and have such counsel present during such interview.

(d) If ordered to appear for an interview, requests for continuances from interviews shall be filed with the President as soon as practicable and shall be granted only upon good cause shown.

Authority G.S. 90-5.1(a)(3); 90-8;90-14(a)(14).

21 NCAC 32N .0109 PRE-CHARGE CONFERENCE

(a) Prior to issuing public Notice of Charges and Allegations against a licensee, the Board shall inform the licensee in writing of the right to request a pre-charge conference as set forth in G.S. 90-14(j). The written notice regarding

the pre-charge conference shall be sent by certified mail, return receipt requested to the last mailing address registered with the Board.

(b) A request for a pre-charge conference must be:

(1) in writing via delivery of a letter or by facsimile or electronic mail;

(2) addressed to the coordinator identified in the written notice provided as set forth in Paragraph (a) of this Rule; and

(3) received by the Board no later than 30 days from the date appearing on the written notice provided as set forth in Paragraph (a) of this Rule.

(c) Upon receipt of a request for a pre-charge conference, the coordinator shall schedule the conference to occur within 45 days and serve notice of the date and time of the conference on the licensee or on counsel for licensee, if the Board is aware licensee is represented by counsel.

(d) The pre-charge conference shall be conducted as provided in G.S. 90-14(j). The pre-charge conference will be conducted by telephone conference unless the interests of justice require otherwise or both parties agree to conduct the conference in person. No continuances of the pre-charge conference shall be allowed except when granted by the Board for good cause shown.

(e) The licensee may provide to the Board written documents not previously submitted by delivering those documents in electronic form to the coordinator identified in the written notice up to five days prior to the pre-charge conference.

(f) The Board shall provide information to the licensee during the pre-charge conference regarding the possibility of settlement of the pending matter prior to the issuance of a public notice of charges and allegations.

Authority G.S. 90-5.1(a)(3); 90-14(j).

21 NCAC 32N .0110 INITIATION OF DISCIPLINARY HEARINGS

(a) The Board shall issue a Notice of Charges and Allegations only upon completion of an investigation, a finding by the Board or a committee of the Board that there exists a factual and legal basis for an action pursuant to any subsection of G.S. 90-14(a), and a pre-charge conference, if one was requested by the licensee.

(b) Disciplinary proceedings shall be initiated and conducted pursuant to G.S. 90-14 through G.S. 90-14.7 and G.S. 150B-38 through G.S. 150B-42.

(c) A pre-hearing conference shall be held not less than seven days before the hearing date unless waived by the Board President or designated presiding officer upon written request by either party. The purpose of the conference will be to simplify the issues to be determined, obtain stipulations in regards to testimony or exhibits, obtain stipulations of agreement on undisputed facts or the application of particular laws, consider the proposed witnesses for each party, identify and exchange documentary evidence intended to be introduced at the hearing, and consider such other matters that may be necessary or advisable for the efficient and expeditious conduct of the hearing.

(d) The pre-hearing conference shall be conducted in the offices of the Medical Board, unless another site is designated by mutual agreement of all parties; however, when a face-to-face conference is impractical, the Board President or designated presiding officer may order the pre-hearing conference be conducted by telephone conference.

(e) The pre-hearing conference shall be an informal proceeding and shall be conducted by the Board President or designated presiding officer.

(f) All agreements, stipulations, amendments, or other matters resulting from the pre-hearing conference shall be in writing, signed by the presiding officer, respondent or respondent's counsel and Board counsel, and introduced into the record at the beginning of the disciplinary hearing.

(g) Motions for a continuance of a hearing shall be granted upon a showing of good cause. In determining whether to grant such motions, the Board shall consider the Guidelines for Resolving Scheduling Conflicts adopted by the State-Federal Judicial Council of North Carolina. Motions for a continuance must be in writing and received in the office of the Medical Board no less than 14 calendar days before the hearing date. A motion for a continuance filed less than 14 calendar days from the date of the hearing shall be denied unless the reason for the motion could not have been ascertained earlier. Motions for continuance shall be ruled on by the President of the Board or designated presiding officer.

(h) The Respondent may challenge on the basis of personal bias or other reason for disqualification the fitness and competency of any Board member to hear and weigh evidence concerning the Respondent. Challenges must be in writing accompanied by affidavit setting forth with specificity the grounds for such challenge and must be filed with the President of the Board or designated presiding officer at least 14 days before the hearing except for good cause

shown. Nothing contained in this Rule shall prevent a Respondent appearing before the Board at a formal hearing from making inquiry of Board members as to their knowledge of and personal bias concerning that person's case and making a motion based upon the responses to those inquiries that a Board member recuse himself or herself of be removed by the Board President or presiding officer.

(i) In any formal proceeding pursuant to G.S. 90-14.1 and G.S. 90-14.2, discovery may be obtained as provided in G.S. 90-8 and 150B-39 by either the Board or the Respondent. Any discovery request by a Respondent to the Board shall be filed with the Executive Director of the Board. Nothing herein is intended to prohibit a Respondent or counsel for Respondent from issuing subpoenas to the extent that such subpoenas are otherwise permitted by law or rule. The Medical Board may issue subpoenas for the Board or a Respondent in preparation for or in the conduct of a contested case as follows:

- (1) Subpoenas may be issued for the appearance of witnesses or the production of documents or information, either at the hearing or for the purposes of discovery;
- (2) Requests by a Respondent for subpoenas shall be made in writing to the Executive Director and shall include the following:
 - (A) the full name and home or business address of all persons to be subpoenaed; and
 - (B) the identification, with specificity, of any documents or information being sought;
- (3) Where Respondent makes a request for subpoenas and complies with the requirements in Subparagraph (2) of this Paragraph, the Board shall provide subpoenas promptly;
- (4) Subpoenas shall include the date, time, and place of the hearing and the name and address of the party requesting the subpoena. In the case of subpoenas for the purpose of discovery, the subpoena shall include the date, time, and place for responding to the subpoena; and
- (5) Subpoenas shall be served as provided by the Rules of Civil Procedure, G.S. 1A-1. The cost of service, fees, and expenses of any witnesses or documents subpoenaed shall be paid by the party requesting the witnesses.

(j) All motions related to a contested case shall be in writing and submitted to the Medical Board at least 14 calendar days before the hearing. Pre-hearing motions shall be heard at the pre-hearing conference described in Paragraph (c) of this Rule. Motions filed fewer than 14 days before the hearing shall be considered untimely and shall not be considered unless the reason for the motion could not have been ascertained earlier. In such case, the motion shall be considered at the hearing prior to the commencement of testimony. The Board President or designated presiding officer shall hear the motions and any response from the non-moving party and rule on such motions. If the pre-hearing motions are heard by an Administrative Law Judge from Office of Administrative Hearings the provisions of G.S. 150B-40(e) shall govern the proceedings.

Authority G.S. 90-5.1(a)(3); 90-8; 90-14.1; 90-14.2; 90-14.3; 150B-38; 150B-39(c).

21 NCAC 32N .0111 CONDUCTING DISCIPLINARY HEARINGS

(a) Disciplinary hearings conducted before a majority of Board members shall be held at the Board's office or, by mutual consent, in another location where a majority of the Board has convened for the purpose of conducting business. For proceedings conducted by an administrative law judge, the venue shall be determined in accordance with G.S. 150B-38(e). All hearings conducted by the Medical Board are open to the public; however, portions are closed to protect the identity of patients pursuant to G.S. 90-16(b).

(b) All hearings by the Medical Board shall be conducted by a quorum of the Medical Board, except as provided in Subparagraph (1) and (2) of this Paragraph. The Medical Board President or his or her designee shall preside at the hearing. The Medical Board shall retain independent legal counsel to provide advice to the Board as set forth in G.S. 90-14.2. The quorum of the Medical Board shall hear all evidence, make findings of fact and conclusions of law, and issue an order reflecting the decision of the majority of the quorum of the Board. The final form of the order shall be determined by the presiding officer, who shall sign the order. When a majority of the members of the Medical Board is unable or elects not to hear a contested case:

- (1) The Medical Board may request the designation of an administrative law judge from the Office of Administrative Hearings to preside at the hearing so long as the Board has not alleged the licensee failed to meet an applicable standard of medical care. The provisions of G.S. 150B, Article 3A shall govern a contested case in which an administrative law judge is designated as the Hearing Officer; or

- (2) The Medical Board President may designate in writing three or more hearing officers to conduct hearings as a hearing committee to take evidence. The provisions of G.S. 90-14.5(a) through (d) shall govern a contested case in which a hearing committee is designated.
- (c) If any party or attorney of a party or any other person in or near the hearing room engages in conduct which obstructs the proceedings or would constitute contempt if done in the General Court of Justice, the Board may apply to the applicable superior court for an order to show cause why the person(s) should not be held in contempt of the Board and its processes.
- (d) During a hearing, if it appears in the interest of justice that further testimony should be received and sufficient time does not remain to conclude the testimony, the Medical Board may continue the hearing to a future date to allow for the additional testimony to be taken by deposition or to be presented orally. In such situations and to such extent as possible, the seated members of the Medical Board shall receive the additional testimony. If new members of the Board or a different independent counsel must participate, a copy of the transcript of the hearing shall be provided to them prior to the receipt of the additional testimony.
- (e) All parties have the right to present evidence, rebuttal testimony, and argument with respect to the issues of law, and to cross-examine witnesses. The North Carolina Rules of Evidence in G.S. 8C apply to contested case proceedings, except as provided otherwise in this Rule, G.S. 90-14.6 and G.S. 150B-41.

Authority G.S. 90-5.1(a)(3); 90-14.2; 90-14.5; 90-14.6; 90-14.7; 90-16(b); 150B-38(e)(h); 150B-40; 150B-41; 150B-42.

21 NCAC 32N .0112 POST HEARING MOTIONS

(a) Following a disciplinary hearing either party may request a new hearing or to reopen the hearing for good cause as provided in G.S. 90-14.7. For the purposes of this Rule, good cause is defined as any of the grounds set out in Rule 59 of the North Carolina Rules of Civil Procedure and complying with the following requirements:

- (1) Following hearings conducted by a quorum of the Board, a motion for a new hearing or to reopen the hearing to take new evidence shall be served, in writing, on the presiding officer of the disciplinary hearing no later than 20 days after service of the final order upon the respondent. Supporting affidavits, if any, and a memorandum setting forth the basis of the motion together with supporting authorities, shall be filed with the motion. The opposing party has 20 days from service of the motion to file a written response, any reply affidavits, and a memorandum with supporting authorities. A quorum of the Board shall rule on the motion based on the parties' written submissions and oral arguments, if the Board permitted any; and
- (2) Following hearings conducted by a hearing panel pursuant to G.S. 90-14-5, a motion for a new hearing or to reopen the hearing to take new evidence shall be served, in writing, on the presiding officer of the hearing panel no later than 20 days after service of the recommended decision upon the respondent or respondent's counsel. Supporting affidavits, if any, and a memorandum setting forth the basis of the motion together with supporting authorities, shall be filed with the motion. The opposing party has 20 days from service of the motion to file a written response, any reply affidavits, and a memorandum with supporting authorities. The hearing panel shall rule on the motion based on the parties' written submission and oral arguments, if the Board permitted any.
- (b) Either party may file a motion for relief from the final order of the Board based on any of the grounds set out in Rule 60 of the North Carolina Rules of Civil Procedure. Relief from the final order of the Board shall not be permitted later than one year after the effective date of the final order from which relief is sought. Motions pursuant to this section will be heard and decided in the same manner as motions submitted pursuant to Subparagraph (a)(1) of this Rule.
- (c) The filing of a motion under Subparagraph (a)(1) or Paragraph (b) of this Rule does not automatically stay or otherwise affect the effective date of the final order.

Authority G.S. 90-5.1(a)(3); 90-14.7.

21 NCAC 32N .0113 CORRECTION OF CLERICAL MISTAKES

Clerical mistakes in orders or other parts of the record from a formal hearing and errors therein arising from oversight or omission may be corrected by the Board President or designated presiding officer at any time on his or her own initiative or on the motion of any party and after such notice, if any, as the Board President or designated presiding officer orders. After the filing by a respondent of an appeal to the Superior Court of the Board's

imposition of public disciplinary action as set forth in G.S. 90-14.8, such mistakes may be so corrected before the record of the case is filed by the Board with the clerk of the Superior Court as required by G.S. 90-14.8.
Authority G.S. 90-5.1(a)(3); 150B-40.

Federation of State Medical Boards
House of Delegates Meeting
2012

Subject: Impact of Medical and Osteopathic Board Disciplinary Action on
ABMS/AOA-BOS Board Certification and Recertification

Introduced by: North Carolina Medical Board

Approved:

Whereas, A primary objective of state medical and osteopathic boards (“state medical boards”) is to safeguard the public from unsafe practitioners; and

Whereas, The state medical boards’ disciplinary process is an integral tool in fulfilling that responsibility; and

Whereas, The primary objective of the specialty boards approved by the American Board of Medical Specialties and American Osteopathic Association Board of Specialties (“specialty boards”) is to ensure their specialists meet and exceed the standards for clinical competence and ethical behavior in their respective fields; and

Whereas, Specialty boards look at disciplinary actions taken by state medical boards as a factor to determine eligibility for board certification or recertification; and

Whereas, There is variation among the state medical boards in the nomenclature utilized in defining disciplinary actions; and

Whereas, It appears there is significant variation in the specialty boards’ response to state medical board disciplinary actions; and

Whereas, State medical boards and specialty boards each have a responsibility to ensure their respective actions do not disproportionately impact physicians; and

Whereas, The Federation of State Medical Boards (FSMB), the American Board of Medical Specialties (ABMS) and the American Osteopathic Association Board of Specialties (AOA-BOS) are uniquely qualified to represent the various boards;

Therefore, be it hereby

Resolved, The FSMB shall work with the ABMS and AOA-BOS toward the common goal of avoiding unintended limitations of specialty board certification and recertification based on state medical board disciplinary action, while protecting the public and maintaining high standards of specialty practice.

CONTINUED COMPETENCE COMMITTEE REPORT

The Continued Competence Committee of the North Carolina Medical Board was called to order at 3:30pm November 17, 2011, at the office of the Medical Board. Members present were: Thomas R. Hill, MD, Chair and John B. Lewis. Absent was Paul S. Camnitz, MD. Also present were: Janice Huff, MD, David Henderson, Scott Kirby, MD, Michael Sheppa, MD and Christina Apperson.

1. Old Business

a. Proposed Changes to the CME Rules

The attached proposed changes to the CME rules are to be submitted to the full Board for approval.

Committee recommendation: To accept the presented changes to the CME rules

Board Action: To accept the Committee recommendation

b. Maintenance of Licensure

The committee discussed the draft Board Retreat Notes concerning maintenance of Licensure. Discussion continues on the matter, including the possibility of hosting a Task Force involving outside entities.

2. New Business

a. FSMB Special Committee on Reentry to Practice.

The committee heard a brief presentation by Dr. Michael Sheppa, OMD.

The committee adjourned at 4:30pm.

The next regular meeting of the Continued Competence Committee is tentatively set for the January 2012 Board meeting.

MEMO TO: CONTINUED COMPETENCE COMMITTEE
FROM: NANCY HEMPHILL AND SCOTT KIRBY
DATE: NOVEMBER 18, 2011
RE: CME RULE CHANGES

SUMMARY: Changes to the CME rules have been the subject of discussion around the Board for some time. Dr. Kirby, David Henderson and I have worked to incorporate the ideas put forth by Board members, and Rules Review Commission staff has had input as well. Key changes here include:

- Eliminating Category II CME entirely;
- Giving a physician complete CME credit for participating in study that results in initial ABMS, AOA or RCPSC specialty board certification;
- Giving a physician complete CME credit for being continuously engaged in a program of recertification or maintenance of certification from an ABMS, AOA or RCPSC specialty board;
- Putting all the exemptions to CME in one area. Those exemptions are for resident physicians (already in the rules); state legislators serving on the House or Senate Health Committee (requested by said lawmakers); active duty military serving in a war zone (already in the rules); those obtaining initial specialty board certification; and those engaged in MOC as mentioned above; and
- Instituting a system for imposing fines for failure to comply with CME requirements.

These changes will put the Board in a position comparable to those in many states, as far as the number of hours of Category I CME which a physician might be required to complete per year. Dropping the Category II category will increase the reality of the CME requirement, and will make auditing more feasible. Giving physicians credit for specialty board certification dovetails with the trend in the profession and among hospital credentialing offices to require specialty board certification. It also follows the profession's trend in the areas of MOL and MOC.

Potential problem areas:

- The Board may receive adverse publicity for reducing the total number of CME hours required. But common sense dictates dropping Category II, as it is impossible to document or quantify anyway. Also, physicians are professionals who will undoubtedly continue to read articles, discuss cases with colleagues etc., without being required to do so by a rule.
- The specialty boards getting the preferential treatment are those recognized as the "gold standard." We may have pushback from the same "outsider" boards who were involved in the debate about advertising specialty board certification.

Continuing Competency Committee vote November 16, 2011:

Approve proposed changes to the CME rules. Disseminate to interested parties for comment, and report back to CCC in January.

PROPOSED CME RULES AS IF ALL CHANGES WERE ADOPTED (11/1/2011)

SUBCHAPTER 32R – CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

SECTION .0100 – CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

21 NCAC 32R .0101 CONTINUING MEDICAL EDUCATION (CME) REQUIRED

(a) Continuing Medical Education (CME) is defined as education, training or activities to increase knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of healthcare to the public. The purpose of CME is to maintain, develop, or improve the physician's knowledge, skills, professional performance and relationships which physicians use to provide services for their patients, their practice, the public, or the profession.

(b) Each person licensed to practice medicine in the State of North Carolina shall complete at least 60 hours of Category 1 CME relevant to the physician's current or intended specialty or area of practice every three years.

(c) The three year period described in Paragraph (b) of this Rule begins on the physician's first birthday following initial licensure.

*History Note: Authority G.S. 90-14(a)(15);
Eff. January 1, 2000;
Amended Eff. January 1, 2001.
Amended Eff. 2012*

21 NCAC 32R .0102 CATEGORY 1 CME

(a) Category 1 CME providers are:

- (1) Institutions or organizations accredited by the Accreditation Council on Continuing Medical Education (ACCME) and reciprocating organizations;
- (2) The American Osteopathic Association (AOA);
- (3) A state medical society or association;
- (4) The American Medical Association (AMA); and
- (5) Specialty boards accredited by the American Board of Medical Specialties (ABMS), the AOA or the Royal College of Physicians and Surgeons of Canada (RCPSC).

(b) Category 1 CME education shall be presented, offered, or accredited by a Category 1 provider as defined above and shall include:

- (1) Educational courses;
- (2) Scientific or clinical presentations or publications;
- (3) Printed, recorded, audio, video, online or electronic educational materials for which CME credits are awarded by the publisher;
- (4) Skill development;
- (5) Performance improvement activities; or
- (6) Journal-based CME activities within a peer-reviewed, professional journal.

*History Note: Authority G.S. 90-14(a)(15);
Eff. January 1, 2000;
Amended Eff. July 1, 2007; January 1, 2001.
Amended Eff. 2012*

NCAC 32R .0103 EXCEPTIONS

(a) A licensee is exempt from the requirements of Rule .0101 of this Section if the licensee is:

- (1) Currently enrolled in an AOA or Accreditation Council of Graduate Medical Education (ACGME) accredited graduate medical education program;

(2) In good standing with the Board, serving in the armed forces of the United States or serving in support of such armed forces, and serving in a combat zone, or serving with respect to a military contingency operation as defined by 10 U.S.C. 101(a)(13); or

(3) Serving as a member of the General Assembly's House or Senate Health Committee.

(b) A physician who obtains initial certification from an ABMS, AOA or RCPSC specialty board shall be deemed to have satisfied his or her entire CME requirement for the three year cycle in which the physician obtains board certification.

(c) A physician who attests that he or she was continuously engaged in a program of recertification, or maintenance of certification, from an ABMS, AOA or RCPSC specialty board shall be deemed to have satisfied his/her entire CME requirement for that three year cycle.

History Note: *History Note:* *Authority G.S. 90-14(a)(15);*
Eff. January 1, 2000;
Amended Eff. January 1, 2001.

Authority G.S. 93B-15;105-249.2; S. L. 2009-458; Section 7508 of the Internal Revenue Code; 10U.S.C. 101;
Eff. August 1, 2010.
Amended Eff. 2012

21 NCAC 32R .0104 REPORTING

At the time of annual renewal, each licensee shall report on the Board's annual renewal form compliance with, or exemption from, Rule .0101 of this Section. Records documenting compliance or exemption must be maintained for six consecutive years and may be inspected by the Board or its agents.

History Note: *Authority G.S. 90-14(a)(15);*
Eff. January 1, 2000;
Amended Eff. January 1, 2001.
Amended Eff. 2012

21NCAC 32R. 0105 CONSEQUENCES OF FAILURE TO COMPLY WITH CME RULES

(a) The Board shall fine a licensee when he or she has failed to comply with CME requirements. The presumptive fine shall be \$500. However, the Board may reduce the fine based on the following mitigating factors:

- (1) licensee responded to Board inquiries and remediated within 123 days; and
- (2) economic hardship.

(b) The Board may increase the amount of the fine based on the following aggravating factors:

- (1) licensee failed to respond to a Board inquiry or take corrective measures within 123 days; and
- (2) prior violation(s).

(c) Imposition of a fine shall be posted under "Board Actions" on the Licensee Information page on the Board website. This action shall be displayed throughout the licensee's 3 year CME cycle and shall be removed at the end of that cycle, provided the licensee has complied with CME requirements and has paid the fine in full.

History Note: *Authority G.S. 90-14(a); 90-14(a)(15);*
Eff. >>>> 2012

LICENSE COMMITTEE REPORT

William Walker, MD, Chair, Pamela Blizzard, Eleanor Greene, MD, Shiva Rao, MD, Scott Kirby, MD, Patrick Balestrieri, Carren Mackiewicz, Nancy Hemphill, Hari Gupta, Joy Cooke, Michelle Allen, Mary Rogers

Open Session

Old Business

1. 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.

9/2011 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 re-open the criteria to be more precise.

Letters of Advice - November 2011

A) Thom will discuss the need and method of tracking Letters of Advice

B) Following discussion with a representative at the Rules Review Commission it has been determined that a rule is not needed for letters of advice because the letter cannot be used against the applicant at a future date (although the acts mentioned in the letter can). It will not require or impose anything on the applicant.

C) Revised Criteria for License Applicant Letters of Advice (LA-LOA)

One item of significant importance and confusion discovered when rereading the proposal was that the terms “license applicant or applicant” and “licensee” were used (incorrectly) interchangeably. It is important to note that the Letters of Advice (LOA) proposal noted below (both original and revised) is applicable only to license applicants; not current licensees. This word confusion arose in part because, from a logistical standpoint, a license “applicant” will likely have received their NC license before they receive the LOA, and thus would no longer technically be an “applicant”. The other reason was simply sloppy editing on my part. The proposal is more properly entitled License Applicant Letters of Advice (LA-LOA).
Scott.

License Applicant Letters of Advice (LA-LOA). Please note these criteria are applicable only to license applicants; not current licensees. While the Board may elect to use a different type of LOA for current licensees, the criteria noted below would not apply.

1. License application LOA are written to, and only applicable for, license applicants; not current licensees.
2. LOA are not considered an investigation nor are they disciplinary and will not be reported to any agency.
3. Applicants do not need to report the LOA to any other licensing Board, regulatory, or credentialing agency.
4. LOA are of lesser significance than preapproved PLOC's which address routine minor errors and omissions found on an application. LOA do not replace pre-approved PLOC. LOA are not directed at identified application errors or omissions already covered by a pre-approved PLOC, but rather are considered advice from a Board member to a license applicant regarding some aspect of their application. (See Board Book tab #320 for a list of current Board approved pre-approved PLOC).
5. Any Board member upon reviewing a license application, on his own initiative, may request a LOA be sent to the license applicant regarding an item or issue on the application. These are simply an expression of a single Board member's concern about something noticed in the license application during review.
6. No committee or Board review of an individual Board member's decision to request a LOA is required.
7. LOA will be written to the applicant by OMD or Legal Department based on the considered opinions articulated by the reviewing individual Board member.
8. A copy of the letter of advice is scanned into the applicant'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 applicant should not be receiving a LOA but rather some other vehicle such as a preapproved PLOC or PLOC, etc.
9. 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. The

Board member simply wants to provide an informal suggestion to the new North Carolina licensee about how to stay out of trouble.

10. Letters of advice are no more than, and similar to, verbal comments that might be made to an applicant by a Board member at a single Board member interview for applicants who do not warrant a licensing interview.

Committee Recommendation: Discontinue letters of advice.

Board Action: Discontinue letters of advice.

New Business

1. Volunteer Limited License – Regulatory Rules

Issue: The General Assembly enacted Senate Bill 743 in 2011, “An Act to Encourage the Provision of Medical Services To Indigent Persons By Providing for a Retired Limited Volunteer License and By Broadening the Applicability of a Limited Volunteer License and By Limiting Liability for Nonprofit Community Health Referral Services.”

The major points of the Limited Volunteer License bill are:

- A physician who has an active license in another state can volunteer in NC at an indigent clinic. This bill deletes the military connection of the prior law.
- A physician may only practice 30 days per year with this type of license. Since that is explicit in the statute, we have not repeated that in the rule.

The major points of the Retired Limited Volunteer License bill are:

- A retired physician who has been licensed in NC or another state or jurisdiction, but whose license is now inactive, can obtain a Retired Limited Volunteer License.
- Formerly licensed physicians may have to go through reactivation or reentry.
- The documentary requirements for Expedited Licensure are required.

21 NCAC 32B .1701 SCOPE OF PRACTICE UNDER ~~MILITARY~~ LIMITED VOLUNTEER LICENSE

The holder of a ~~Military~~ Limited Volunteer License may practice medicine and surgery only at clinics that specialize in the treatment of indigent patients, and may not receive any compensation for services rendered, either direct or indirect, monetary, in-kind, or otherwise for the provision of medical services. The holder of a limited volunteer license shall practice medicine and surgery within this State for no more than 30 days per calendar year.

*History Note: Authority G.S. 90-8.1; 90-12.1A (Session Law 2011-355)
Eff. August 1, 2010; Amended _____.*

21 NCAC 32B .1702 APPLICATION FOR ~~MILITARY~~ LIMITED VOLUNTEER LICENSE

(a) The ~~Military~~ Limited Volunteer License is available to physicians ~~working in the armed services or Veterans Administration~~ who are not licensed in North Carolina, but who wish to volunteer at civilian indigent clinics.

(b) In order to obtain a ~~Military~~ Limited Volunteer License, an applicant shall:

- (1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
- (3) submit documentation of a legal name change, if applicable;

- (4) submit proof of ~~an active license from a state medical or osteopathic board~~ active licensure from another state or jurisdiction indicating the status of the license and whether or not any action has been taken against the license;
 - (5) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
 - ~~(6) provide proof that the application is authorized to treat personnel enlisted in the United States armed services or veterans by submitting a letter signed by the applicant's commanding officer;~~
 - (6) submit a FSMB Board Action Data Bank report;
 - (7) submit two completed fingerprint record cards supplied by the Board;
 - (8) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
 - (9) pay a non-refundable fee to cover the cost of a criminal background check;
 - (10) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- (c) All reports must be submitted directly to the Board from the primary source, when possible.
- (d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
- (e) An application must be completed within one year of the date of submission.

History Note: Authority G.S. 90-8.1; 90-12.1A;
Eff. August 1, 2010; Amended _____.

21 NCAC 32B .1703 SCOPE OF PRACTICE UNDER RETIRED LIMITED VOLUNTEER LICENSE

The holder of a Retired Limited Volunteer License may practice medicine and surgery only at clinics that specialize in the treatment of indigent patients, and may not receive any compensation for services rendered, either direct or indirect, monetary, in-kind, or otherwise for the provision of medical services.

History Note: Authority G.S. 90-8.1; 90-12.1A;
Eff. August 1, 2010; Amended _____.

21 NCAC 32B .1704 APPLICATION FOR RETIRED LIMITED VOLUNTEER LICENSE

- (a) The Retired Limited Volunteer License is available to physicians who have been licensed in North Carolina or another state or jurisdiction, have an inactive license, but who wish to volunteer at civilian indigent clinics.
- (b) In order to obtain a Retired-Limited Volunteer License, an applicant ~~who holds an active license in another state or jurisdiction~~ shall:
 - (1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
 - (2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
 - (3) submit documentation of a legal name change, if applicable;
 - (4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
 - (5) submit proof of ~~an active license~~ licensure from another state ~~or jurisdiction~~ medical or osteopathic board indicating the status of the license and whether or not any action has been taken against it;
 - (6) submit two completed fingerprint record cards supplied by the Board;
 - (7) submit a signed consent form allowing a search of local, state and national files for any criminal record;
 - (8) pay a non-refundable fee to cover the cost of a criminal background check;

- (9) submit a FSMB Board Action Data Bank report;
 - (10) submit documentation of CME obtained in the last three years;
 - (11) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
 - (12) All materials must be submitted to the Board from the primary source, when possible.
- (c) An applicant who holds an active North Carolina physician license may convert that to a Retired Limited Volunteer License by completing the Board's form.
- (d) An applicant who has been licensed in North Carolina but has been inactive less than six months may convert that to a Retired Limited Volunteer License by completing the Board's license renewal questions.
- (e) An applicant who has been licensed in North Carolina but who has been inactive for more than six months but less than two years must use the reactivation process set forth in 21 NCAC 32B .1360. An applicant who does not have a North Carolina license, but has an inactive license to practice medicine and surgery in another state or jurisdiction, and who has been inactive for more than six months but less than two years must comply with the requirements for reactivation of physician license under 21 NCAC 32B .1360.
- (f) A physician who has been inactive for more than two years will be required to complete a reentry program.
- (g) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
- (h) An application must be completed within one year of the date of submission.

*History Note: Authority G.S. 90-8.1; 90-12.1B;
Eff. August 1, 2010; Amended _____.*

Committee Recommendation: Accept proposed amendments to 32B .1701, .1702, .1703 and .1704. Add to 1702; The licensee must report number of days worked through their annual renewal process.

Board Action: Accept proposed amendments to 32B .1701, .1702, .1703 and .1704, to include removal of the word "civilian" in .1704(a). Add to 1702; The licensee must report number of days worked through their annual renewal process.

2. Changes to Application Questions

Issue: Thom will give an update on the status of changes to the application questions.

Committee Recommendation: Patrick provided an update regarding the ambiguity in the application questions. Final review of the questions will be brought before the licensing committee in January.

Board Action: Table approval of application changes until the January 2012 meeting.

3. Pending Applications Over One Year Old

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 39. Of those, 3 have open investigations in other states and their NCMB application is on hold, 1 has been requested to resubmit a suspicious reference form and has not yet done so, 1 is in the process of obtaining a PHP assessment, the remaining never finished submitting their application materials. Staff will mark these applications "expired" as time permits.

Committee Recommendation: Accept as information. Staff to make recommendations regarding how incomplete applications with problematic questions are to be reported to FSMB and other stakeholders.

Board Action: Accept as information. Staff to make recommendations regarding how incomplete applications with problematic questions are to be reported to FSMB and other stakeholders.

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

Ten 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.

LICENSE INTERVIEW REPORT

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

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

A motion passed to return to open session.

ALLIED HEALTH COMMITTEE REPORT PA/EMS

The Allied Health Committee of the North Carolina Medical Board was called to order at 3:30 p.m., Thursday, November 17, 2011 at the office of the Board.

Committee Members present were: William Walker, MD, Chairperson, Peggy Robinson PA-C, and Eleanor Greene, MD. Also present were Marcus Jimison, Lori King, CPCS, Quanta Williams, Jane Paige, Katharine Kovacs, PA, Nancy Hemphill, Ralph Loomis, MD, and Mike Borden.

Committee Members Absent: None.

Open Session Physician Assistants

1. Physician Assistant Limited Volunteer License and PA Prescribing Rule Revisions. Nancy Hemphill discussed.

Issue: First item results from a statutory change intended to make it easier for medical professions to volunteer in indigent clinics. The second item contains rule revisions banning PAs from prescribing controlled substances for themselves, their families, and supervising physician(s).

21 NCAC 32S .0208.1 LIMITED VOLUNTEER LICENSE

(a) A physician assistant who holds a regular license in North Carolina may convert that license to a limited volunteer license by notifying the Board in writing.

(b) The Board may issue a Limited Volunteer License to a physician assistant who holds an active license or registration in another state. In order to obtain a Limited Volunteer License an applicant shall:

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

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

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

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

(5) submit proof of active licensure from another state or jurisdiction indicating the status of the license and whether or not any action has been taken against it;

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

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

(8) pay a non-refundable fee to cover the cost of a criminal background check;

(9) submit a FSMB Board Action Data Bank report;

(10) submit documentation of CME obtained in the last three years;

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

(12) All materials must be submitted to the Board from the primary source, when possible.

(c) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(d) An application must be completed within one year of the date of submission.

(e) There is an annual renewal fee of twenty-five dollars (\$25.00).

History Note: Authority G.S. 90-9.3; 90-12.1A 90-18(c)(13); 90-18.1; Eff. September 1, 2009.

21 NCAC 32S .0208.2 RETIRED LIMITED VOLUNTEER LICENSE (NOTE: THE PERSON CAN HAVE AN INACTIVE LICENSE)

(a) The Retired Limited Volunteer License is available to a physician assistant who has been licensed in North Carolina or another state or jurisdiction, has an inactive license, and wishes to volunteer at civilian indigent clinics.

(b) a physician assistant with an inactive North Carolina license who wishes to return to practice on a volunteer basis must first reactivate or reinstate his or her license, whichever applies, by complying with 21 NCAC 32S .0206 or 21 NCAC 32S .0207. Once reactivated or reinstated, a physician assistant may convert that license to a limited volunteer license without paying an additional fee. A physician assistant who has been inactive for more than two years will be required to complete a reentry program.

(c) In order to obtain a Retired Limited Volunteer License, an applicant who has not held a North Carolina license shall:

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

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

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

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

(5) submit proof of an active license licensure from another state or jurisdiction ~~medical or osteopathic board~~ indicating the status of the license and whether or not any action has been taken against it;

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

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

(8) pay a non-refundable fee to cover the cost of a criminal background check;

(9) submit a FSMB Board Action Data Bank report;

(10) submit documentation of CME obtained in the last three years;

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

(12) All materials must be submitted to the Board from the primary source, when possible.

(d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(e) An application must be completed within one year of the date of submission.

(f) There is an annual renewal fee of twenty-five dollars (\$25.00).

*History Note: Authority G.S. 90-8.1; 90-12.1B;
Eff. August 1, 2010; Amended _____.*

21 NCAC 32S .0208.3 SCOPE OF PRACTICE

The holder of a Limited Volunteer License or a Retired Limited Volunteer License may perform medical acts, tasks, or functions as a physician assistant under the supervision of a physician only at clinics that specialize in the treatment of indigent patients, and may not receive any compensation for services rendered, either direct or indirect, monetary, in-kind, or otherwise for the provision of medical services.

History Note: Authority G.S. 90-8.1; 90-12.4B;

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, nor that of the physician assistant's supervising physician, nor 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; Eff. September 1, 2009.

Committee Recommendation: Approve PA Rule Revisions for 21 NCAC 32S.0208 Limited Volunteer License and 21 NCAC 32S.0212 (8) Prescriptive Authority.

Board Action: Approve PA Rule Revisions for 21 NCAC 32S.0208 Limited Volunteer License and 21 NCAC 32S.0212 (8) Prescriptive Authority.

2. PA Prescriptive Rules Concerning Renewals on Schedule III Medications. Katharine Kovacs discussed.

Issue: Questions regarding renewals of Schedule III Medications.

Committee Recommendation: For information. K. Kovacs discussed PA prescriptive rules concerning renewals on Schedule III medications. PAs and NPs may provide refills for Schedule III medications as long as a 30 day legitimate supply is provided per month.

Board Action: For information.

3. Locum Tenens. Ms. Kovacs, Committee Members and guests discussed PAs that are employed as Locum Tenens. All PA Rules and Statutory requirements apply.

Issue: Concerns that PAs employed as Locum Tenens may not be following Rules.

Committee Recommendation: For information.

Board Action: For information.

Open Session NC Emergency Medical Services

1. None.

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.

ALLIED HEALTH COMMITTEE REPORT LP/AA/CPP

The Allied Health Committee of the North Carolina Medical Board was called to order at 3:30 pm, November 17, 2011 at the office of the North Carolina Medical Board. Members present were: William Walker, MD, Chair; Peggy Robinson, PA-C; Eleanor Greene, MD; and Ralph Loomis, MD. Also present were Marcus Jimison, Jane Paige, Lori King, Katharine Kovacs, Nancy Hemphill and Quanta Williams.

1. Open Session Anesthesiologist Assistants
 - a. No Items for discussion
2. Open Session Nurse Practitioners
 - a. No Items for discussion
3. Open Session Clinical Pharmacist Practitioners
 - a. No Items for discussion
4. Open Session Perfusionists
 - a. Open session portion of the minutes of the July PAC meeting.
 - i. Summary: The open session minutes of the September PAC meeting have been sent to the Committee members for review.

Board Action: Approve the minutes
5. Open Session Polysomnographic Technologist
 - a. No items for discussion

NURSE PRACTITIONER JOINT SUBCOMMITTEE

The Nurse Practitioner Joint Subcommittee (NPJS) was called to order at 12:54 pm November 16, 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 Eleanor Greene, MD (NCMB). Also present was: Donna Mooney (NCBON); Julie George (NCBON); Marcus Jimison (NCMB); David Kalbacker (NCBON); Paulette Young (NCBON); Eileen Kugler (NCBON); Jack Nichols (NCBON); Jean Stanley (NCBON); and Quanta Williams (NCMB).

1. Approval of minutes of September 21, 2011 meeting
 - a. Motion: To approve the minutes of the September meeting as presented.
Passed.
2. Additions to agenda
 - a. NP Compliance Review (Old Business)
3. Old Business
 - a. NP Compliance Review
 - i. At the last meeting, it was recommended that if the Compliance Review Committee perceived any dishonesty or falsification of records during the process of a compliance review, that the review would be stopped at that time and referred for investigation. This has been added to the Compliance Review Protocols and submitted for the NPJS to review.

Motion: To approve the addition of number 7. 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 two public actions taken against a nurse practitioner since the last meeting.
 - ii. The Medical Board reported one public action taken against a nurse practitioner since the last meeting.
- b. NP Rule Changes
 - i. .0801/.0101 (9). Motion: To approve the change. Passed
 - ii. .0801/.0101 (13). Motion: To accept the change. Passed.
 - iii. .0803/.0103 (a)(3). Motion: To approve the change. Passed.
 - iv. .0804/.0104 (b). Motion: To approve the change. Passed.
 - v. .0809/.0109 (7). Motion: To allow the attorneys to begin modification of the rule regarding controlled substance prescribing. The rule should also state that NPs cannot prescribe controlled substances for their supervising physicians. The motion was amended to include that the attorneys should strive to make the language consistent with the PA and MD rule. Passed.
- c. Election of 2012 NPJS Chair
 - i. Motion: Peggy Robinson to serve as Chair of NPJS for 2012. Passed.

5. Next Meeting

- a. January 18, 2012

6. OPEN SESSION

- a. Case 1 – Motion: Once documentation has been provided to show that the licensee has paid the fine and completed the required courses, allow reinstatement of NP approval under 2 year probation. Passed.
- b. Case 2 – Motion: Letter of Concern. Passed.
- c. Case 3 – Motion: Suspend the NP approval to practice for one year. Have her complete the Ethical Legal Decision Making Course with an emphasis on appropriate documentation and appropriate prescribing. Appear before the Joint Subcommittee in one year to request reinstatement of her approval to practice as a nurse practitioner. Passed.
- d. Case 4 – Motion: Obtain medical records; postpone decision until January meeting. Passed.

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

Four 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

MIDWIFERY COMMITTEE REPORT

The Midwifery Joint Subcommittee (MJS) was called to order at 11:05 am November 16, 2011 at the office of the NC Board of Nursing. Members present were: Maureen Darcey, RN, CNM, Chair; Keith Nelson, MD; Elizabeth (Beth) Korb, RN, CNM (via telephone); Mary Ann Fuchs, RN (NCBON); Daniel C. Hudgins (NCBON); Nancy Bruton-Maree, RN (NCBON); Peggy Robinson, PA-C (NCMB); William A. Walker, MD (NCMB); and Eleanor Greene, MD (NCMB). Frank Harrison, MD, Ph.D. was absent. Also present were: Jean Stanley (NCBON); Donna Mooney (NCBON); Eileen Kugler (NCBON); Jack Nichols (NCBON); Julie George (NCBON); David Kalbacker (NCBON); Marcus Jimison (NCMB); and Quanta Williams (NCMB).

1. Brief orientation for new members
 - i. Information regarding the MJS was sent out for new members to review.
2. Approval of minutes – November 17, 2010
 - i. Motion: To approve the transcript of the November 2010 meeting.
Passed.
3. Ratification of mail referenda
 - i. Motion: To accept the mail referenda. Passed.
4. Treasurer's report
 - i. Discussion: Dr. Walker asked who the MJC's treasurer was. Ms. Darcey informed him that Jean Stanley performed the functions of the treasurer. Dr. Walker commented that the role of the treasurer should be performed by a sitting member of the Committee. Ms. Darcey said that the issue could be further discussed under the History of the Committee agenda item.
 - ii. Motion: To accept the treasurer's report. Passed.
 - iii. Motion: To accept the audit report. Passed.
5. New business
 - a. Approval of budget for 2012
 - i. Motion: To approve the budget. Passed
 - ii. Motion: To have the 2013 budget reflect more accurate fund dispersion.
Passed.
 - b. Peter Morris, MD
 - i. Dr. Morris, on behalf of the Wake County Child Fatality Prevention Team, is recommending an addition to 90-178.2 (4). Their recommendation is to include "responsibility until the effective transfer of care to another health professional and that the nurse midwife be certified by a Neonatal Resuscitation Program or equivalent".

- ii. Motion: To task Legal staff with creating an addition to the rules that supports the recommendation and includes the definition of the American College of Nurse Midwives. Passed.

6. Other business

- a. Russ Fawcett of Carolina Friends and Midwives addressed the Midwifery Committee to give an update on the Home Birth Consensus Summit. A handout was distributed to the MJC to show the areas of consensus that were achieved at the Summit.
- b. History of Committee Process
 - i. At the last meeting, a workgroup was assigned to review the history of the minutes of the Midwifery Joint Committee. A set of bylaws was drafted by the Medical Board and the Board of Nursing.
 - ii. Motion: To adopt the draft of the bylaws. Passed. Ms Darcey and Ms. Korb opposed.
Motion: To amend Article IV section 2 to state that the chair alternate between a nurse midwife member and an OBGYN member. Motion not seconded.
 - iii. The bylaws will be reviewed for revisions and amendments at the next meeting. Suggestions for changes should be emailed to the task force.
 - iv. Motion: For the MJC to meet in six months. Passed.

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 case 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

7. Next meeting date

- a. May 16, 2012 NC Board of Nursing, 4516 Lake Boone Tr., Raleigh, NC

REVIEW (COMPLAINT) COMMITTEE REPORT

The Review Committee (Complaints) of the North Carolina Medical Board was called to order at 3:00 p.m. on November 16, 2011 at the office of the North Carolina Medical Board. Board Members present were: Peggy Robinson, PA (chair), and Pamela Blizzard. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Sherry Hyder and Carol Puryear.

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

A motion passed to return to open session.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

The Disciplinary Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 8:00 a.m. on November 16, 2011 at the office of the Medical Board. Board Members present were: Thomas Hill, MD (chair), Janice Huff, MD and Ralph Loomis, MD. Board Members absent: Paul Camnitz, MD and Thelma Lennon. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Carol Puryear, Sherry Hyder, Thom Mansfield, Brian Blankenship and Marcus Jimison.

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

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

A motion passed to return to open session.

DISCIPLINARY (MALPRACTICE) COMMITTEE REPORT

The Disciplinary Committee (Complaints/Malpractice/ME) of the North Carolina Medical Board was called to order at 8:00 a.m. on November 16, 2011 at the office of the Medical Board. Board Members present were: Thomas Hill, MD (chair), Janice Huff, MD and Ralph Loomis, MD. Board Members absent: Paul Camnitz, MD and Thelma Lennon. Staff present: Judie Clark, Scott Kirby, MD, Michael Sheppa, MD, Katharine Kovacs, PA, Carol Puryear, Sherry Hyder, Thom Mansfield, Brian Blankenship and Marcus Jimison.

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

The Disciplinary (Malpractice) Committee reported on 36 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

INVESTIGATIVE INTERVIEW REPORT

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

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

A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT

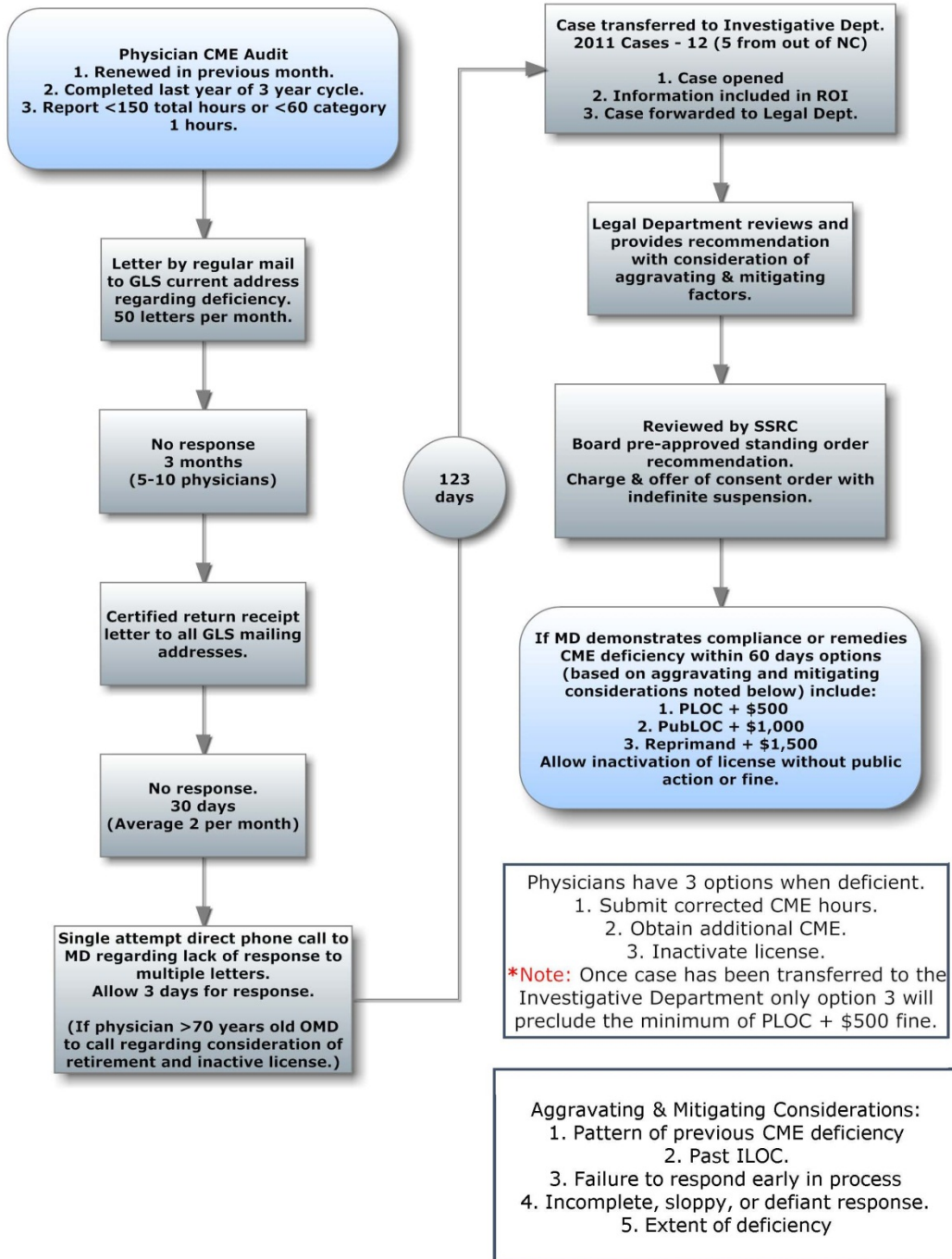
Board Members present: MD Thomas Hill (chair), MD Janice Huff, MD Ralph Loomis
Others Present: Betty Sutherland, Patrick Balestrieri, Marcus Jimison, Brian Blankenship, Dr. Kirby, Katharine Kovacs, Carren Mackiewicz, Dr. Sheppa, Thom Mansfield, Don Pittman, Curt Ellis, Dave Allen, Lee Allen, Bob Ayala, Therese Dembroski, Loy Ingold, David Hedgecock, Bruce Jarvis, Loy Ingold, Jerry Weaver, Jenny Olmstead, Barbara Rodrigues

PROPOSED PHYSICIAN CME AUDIT PROCESS

Board Action:

1. Approve process;
2. Refer violations to Review Committee

Proposed Physician CME Audit Process



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

A motion passed to return to open session.

REVIEW (INVESTIGATIVE) COMMITTEE REPORT

The Investigative Review Committee of the North Carolina Medical Board was called to order at 3:00 Wednesday November 16, 2011, at the office of the Medical Board. Members present were: Peggy Robinson, PA, (Chair), Pamela Blizzard. Also present were: Jenny Olmstead, Barbara Rodrigues, Sharon Squibb-Denslow, Therese Dembroski, David Allen, Lee Allen, David Hedgecock, Don Pittman, Robert Ayala, Loy Ingold, Bruce Jarvis, Rick Sims, Jerry Weaver Curtis Ellis, Marcus Jimison, Todd Brosius, Thom Mansfield, Brian Blankenship

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

The Review (Investigative) Committee reported on 26 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

John B. Lewis, Chair; Janice Huff, MD; William A. Walker, MD

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

The Board reviewed 24 cases involving participants in the NC Physicians Health Program. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

MEDICAL SCHOOL EDUCATIONAL OUTREACH PROJECT

The meeting of the Medical School Educational Outreach Project workgroup of the North Carolina Medical Board ran from 12:15–12:45 pm and from 3-3:45 pm on Friday, November 18, 2011 at the office of the Medical Board. Members present were: Peggy Robinson, PA-C, Chair; Janice Huff, MD; and Pamela Blizzard.

1. Old Business:

- a. The Medical Education Work Group discussed educational modules for targeted audiences such as medical students, residents, and physician licensees. Board members acknowledged that this may be a multi-year project with numerous applications. Other potential modules could be on licensing, the complaints and investigation process, licensee requirements (CME, renewal, reporting) etc.
- b. Ms. Blizzard noted that research shows that basic power point presentations are not educationally effective. The group reviewed several preliminary proposals and was impressed by them, and concluded that it would be advisable to create engaging modules using consultants rather than creating advanced power points in-house.

2. New Business:

- a. The Board members determined that they need to take the issue to the full Board during the January meeting, to get the Board's conceptual and financial commitment to the project.
- b. Staff is requested to create a spreadsheet of the various proposals, including both their technology costs and instructional designer expenses, to present to the full Board. Staff will submit this spreadsheet to the work group members prior to the January meeting.
- c. Staff is requested to put the meeting of this group on the regular Board meeting agenda. Mr. Henderson said he would try to do that.

BEST PRACTICES COMMITTEE

The Best Practices Committee of the North Carolina Medical Board was called to order at 1:00pm on Wednesday, November 16, 2011, at the office of the Medical Board. Members present were: Ms. Pamela Blizzard, Chair and Janice E. Huff, MD. Absent was Ms. Thelma Lennon. Also present were: Thomas Hill, M.D., Shiva K. Rao, MD, David Henderson and Christina Apperson.

1. Old Business

- a. None.

2. New Business

- a. Approval of Board Retreat Report

The amended Board Retreat Report was presented for approval.

Committee Recommendation: To accept the report as presented

Board Action: To accept the Committee recommendation

b. Telehealth

The committee will achieve consensus on a list of telemedicine experts to better educate the Best Practices Committee. Potential speakers include representatives from the American Telemedicine Association, AHEC, UNC, Duke, liability insurance companies, and BCBSNC. Certain speakers will be invited to address the full Board.

c. CPEP

The committee will remain apprised of CPEP's efforts to establish a North Carolina office.

The next regular meeting of the Best Practices Committee is tentatively set for the January 2012 Board meeting.

ADJOURNMENT

This meeting was adjourned at 2:17p.m., November 19, 2011.

Eleanore E. Greene, MD
Secretary/Treasurer

APPENDIX A

PHYSICIANS PRESENTED AT THE NOVEMBER 2011 BOARD MEETING

Abawi, Sulaiman Omar	Cunningham, Ruthann Marie
Abdelhai, Salah Ahmed	Cuozzo, Francis Patrick
Adams, Omar	Cziraky, Kathryn Anne
Agnello, Kerry Elizabeth	DaCosta, Christopher Thomas A.
Akula, Vijaya Bhargavi	Daluvoy, Sanjay Venkat
Allinger, James Augustus	Daniels, Tyrone Lee
Ancheta Thorp, Warren Manuel	DeFoe, Sarahgene Gillianne
Appel, James Edward	Diaz, Enrique
Badireddy, Madhu SudhanReddy	Donaldson, William Clarence
Barry, David	Drummond, Shaina Marie
Bartoszek, Michael William	Ducu, Razvan Ilie
Becerra, Gonzalo Daniel	Dunn, Lawrence Anthony
Becker, Bruce Carl	Enweana, Peter
Bernstein, Benjamin Max	Everette, James Lowell
Bilkoo, Pareena	Exner, Albert Joseph
Boinapally, Aravind Rao	Fasbinder, Mark Donald
Bitskey, Peter	Faust, Jeffrey Neal
Boddicker, Marc Eric	Feldman, Gregory J
Boulos, Nader Nadim Gindy	Filer, William Glenn
Brahmi, Dalia	Fofaria, Rachana Sura
Braunstein, Seth Neal	Foster, Jennifer Gilliam
Breazeale, Daniel Robert	Frank, Harrison Gabriel
Brescia, Donald Michael	Gallagher, Kara Lee
Bridges-Roschmann, Simone Marie	Geffner, Rami Ephraim
Brolinson, Per Gunnar	Geimer, Peggy
Bryant, John Thomas	Gilbert, Mark Alan
Caravaglia, Gina Marie	Goel, Vineet
Carroll, Deborah Jean	Gonzales, Jeffrey Joseph
Carter, Jeffrey Eric	Gorantla, Venkatesan Ramaswamy
Chaney, Erin Elizabeth	Gore, Tony Allen
Cheng, Chih Lynn	Guidon, Amanda Coleman
Chukwu, Ebere Onyekachi	Gorecki, John Paul
Church, Laura Kirsten	Gupta, Asha
Clark, Jerrold Alan	Gustafson, Cheryl Janene
Conley, Christopher Dean	Gutierrez McCarty, Jennifer Susan
Conty, Orlando	Habib, Asma Shahid
Cools, Kathleen Tricia	Hafzalah, Mina
Crues, John Vernon	Hamilton, Lee Michael

Han, Zeqiu Jenny
Handler, Steven Eric
Hayden, Gregory Lee
Hebert, Stuart Craig
Hemphill, Shane Donald
Hobbs, Caroline Bennett
Holbrook, Suzanna Nichole
Horwath, Ewald
Hosmer, Kathleen Anne
Jackson, Kurt Thomas
Jamil, Taha
Jayaswamy, Asha
Jooste, Karen Roussel
Joshi, Dhanashree Dilip
Juneja, Avinash
Kanaly, Charles William
Kaplan, Richard Todd
Karai, Laszlo J.
Kates, Charity Lynn
Kaufman, Jerome Edward
Keehn, Connie Anne
Khader, Mohammed Sharouk
Khanal, Prakash
Kim, Eugene Jaewook
Kingma, Douglas William
Kovacs, Peter
Lam, Garrett Ka Keung
Lang, John Andrew
Lasater, Audrie Morgan
Laws, Allen Maurice
Lazaro, Larry Rivera
Levine, Jerome Fredric
Lewis, Roy Sheldon
Lockwood, Bruce Allen
Logan, Ashley Fitzgerald
Luedke, Matthew William
Ma, Linglei
Madichie, Ebele Gwendolyn
Magno, Alexander Schulz
Manogue, Michael Raymond
Martin, Craig Mell
Mathews, Carnetha Nashun
Maynard, Arthur Stanley
McAnallen, Terry Joseph
McCann, Scott Desmond

McCardle, Timothy Wayne
Meng, Lingzhong
Menoofli, Nihad Ahmed
Mian, Noreen
Minotti, Anthony Joseph
Minsley, Kelly Neal
Mobley, David Winton
Moeller, Molly Kathleen Boyce
Mone, Andrew Paul
Moschos, Stergios
Munoz, Daniel
Myrie, Ananka Andrea
Nanton, Andrew Geoffrey
Narasimhan, Anandhi
Narendran, Mahendra
Nelson, Viera
Newman, Barbara Anne
Nguyen, Chuck Thaichuong
Nguyen, Tony Chieuvan Bui
Nicholson, Douglas Kelley
Nieves-Colomer, Wilfredo Antonio
Ntiforo, Kwesi Afriyie
Nwankwo, John Ikechi
Obetta, Thankgod Anikwe
Odafe, Jacinta Ogechukwuka
Oliai, Bahram Robert
Outz, Charles Wendell
Paat, John Joseph
Parikh, Himanshu Pravinchandra
Patel, Hiren Rohit
Patel, Sanjay
Pathan, Sabana Shabbirkhan
Patrick, James Timothy
Payne, Jason Joseph
Payvar, Saeed
Penalver, Alberto Angel
Perlman, Adam Israel
Postal, Eric Stephen
Rajagopalan, Vandana
Ramakrishnan, Nagarajan
Rampell, Nancy
Redding, Shawn Dean
Ren, Jane
Richards, Marc Spencer
Ritchie, Norman Creed

Roberson, Russell Stuart
Roberts, Cory Anthony
Roberts, Glenn Alan
Rosen, Heather Lynn
Rosenberg, Lewis Arthur
Rubin, Aaron Mills
Safo, Anthony-Osei Frimpong
Saranga, Vinay
Saunders, Weston Wyatt
Savader, Barbara Lynn
Scales, James Leonard
Schwartz, Andrew Martin
Sen, Sabyasachi
Shah, Megha Kumudchandra
Shahsahebi, Mohammad
Sharma, Smriti Ishu
Shekhawat, Prem Singh
Shook, Alicia Lopez
Simpson, Crystal Cenell
Sinclair, Pamela Recktenwald
Singer, Kelley Burst
Smyrnioudis, Mary Eva
Sobel, Lawrence Dean
Spear, Matthew Adrian
Spiller, Paul Craig
St. Royal, Leslie Alexander
Stahl, Simonne
Stauber, Ziva
Steele, Melinda Jenny
Stevens, David Clarke
Stevens, Kristen Lee
Strother, Amber Bethany
Sturgis, Nelson Horace
Swartz, Joel David
Swerdloff, Jason Leonid
Szabo, Jozsef
Tadros, Gamal
Taylor, Robert Neal
Thompson, Thomas Payson
Trask, Joseph Lake
Tsai, Catherine Enlain
Tucker, Anthony
Unger, Joshua Mostkoff
Utamsingh, Dushyant Jagdish
Vanourny, Jaime Jane

Vega, Ramses
Vincent, Doreen Lynnette
Wallace, Christopher Alan
Ward, Jennifer Elaine
Warren, Michelle Christina
Wasil, Bushra Iram
West, Cameron E.
Williams, Mark Edward
Wilson, Jonathan Edward
Wingler, Cody Adam
Wirthwein, Darren Paul
Woo, Edward Hocksun
Woollen, Stephanie Becker
Wu, Rebekah RYanne
Wubie, Dawit Mihretie
Yarra, Pradeep
Yee, Martin Curtis
Zeitler, Emily Phyllis
Ziemba, Marisol Cara
Zlowodzki, Michal Pawel

Zollinger, Pamela Lee

Allinger, James Augustus
Boinapally, Aravind Rao
Brescia, Donald Michael
Da Costa, Christopher Thomas Aboagye
Dunn, Lawrence Anthony
Everette, James Lowell
Geffner, Rami Ephraim
Gonzales, Jeffrey Joseph
Gorecki, John Paul
Lam, Garrett Ka Keung
McAnallen, Terry Joseph
Nicholson, Douglas Kelley
Paat, John Joseph
Parikh, Himanshu Pravinchandra
Wallace, Christopher Alan
Williams, Mark Edward
Woollen, Stephanie Becker

Cheng, Chih Lynn
Jayaswamy, Asha
Kovacs, Peter
Nanton, Andrew Geoffrey
Patrick, James Timothy
Ren, Jane

Nurse Practitioner & Clinical Pharmacist Practitioner Approvals Issued
November 2011

List of Initial Applicants

NP	NAME	PRIMARY SUPERVISOR	PRACTICE CITY
	BARNHILL, KIOTTA	REED, JOHN	GREENVILLE
	BERRY-PRICE, HOLLY	RENALDO, GARY	WINSTON-SALEM
	BORDENAVE, LYNDESEY	SMITH-BANKS, ALBERTINA	RALEIGH
	BRACKBILL, CARRIE	ABQUETA, ALVIN	CHARLOTTE
	BUFFALOE, VALERIE	PERRY, ROBERT	GREENVILLE
	CROOM, SUSAN	JIMENEZ, SHANNON	GOLDSBORO
	DICKSON, LANE	NICKENS, LARRY	GOLDSBORO
	DIXON, CHRISTINA	DARWISH, AMIR	ROCKINGHAM
	GIESEY, RACHAEL	CHARLESWORTH, AMY	BEAUFORT
	HOLT, AMANDA	ALUKO, GBENGA	CHARLOTTE
	LANE, MCTISA	HARTYE, JAMES	RALEIGH
	LEONE, DENISE	POPLI, GAUTAM	WINSTON-SALEM
	SPLAIN, MARY	HENIFORD, BRANT	CHARLOTTE
	WILLIAMSON, ANDREW	LATEEF, MUNSOOR	BURLINGTON
	ACEVEDO, KELLY	BELL, GEORGE	GASTONIA
	ALEXANDER, MAIRE	MOSS, LARRY	DURHAM
	ALEXANDER, LINDSEY	DE CASTRO, CARLOS	DURHAM
	BAILEY, LORI	STEELE, VIRGIL	CARY
	BASS, BRITTANY	LIEN, LILLIAN	DURHAM
	BILES, TERESA	BADLANI, GOPAL	WINSTON-SALEM
	CAREY, LINDA	PAPOTTO, JOSEPH	MYRTLE BEACH
	COLLINS, EMILIE	MACGILVRAY, PHYLLIS	CAMP LEJEUNE
	COX, KEVIN	HERNANDEZ, ADRIAN	DURHAM
	DAVIS, FELICIA	VINCENT, MARK	CHARLOTTE
	DEIMLER, RITA	BLACKWELL, KIMBERLY	DURHAM
	DUBAL, KAMLESH	RAO, LAKSHMAN	ERWIN
	EDWARDS, SUSAN	VYBIRAL, TOMAS	ELKIN
	GARCIA, TAMMY	NWAUCHE, UGWUALA	CHARLOTTE
	GLADDEN, BRANDI	BOLOURI, MOHAMMAD	CHARLOTTE
	GODA, TAMARA	FERGUSON, THOMAS	GREENVILLE
	GOODMAN, BETHANY	PINDER, JULIE	WINSTON-SALEM
	GUILL, MARIAN	ARMITAGE, MARK	WILMINGTON
	HAINES, CAROL	GRAFFAGNINO, CARMELO	DURHAM
	IBRAHIM, SADOU	ROSEN, ROBERT	WINSTON SALEM
	JETTER JONES, HONEY	GRAFFAGNINO, CARMELO	DURHAM
	KIRKNER, ALLISON	LIN, SHU	DURHAM
	KUHNLE, JODY	BUCK, JOHN	WILSON

November 17, 2011

KWENCE, SHERRI
MACHALICKY, STEPHANIE
MASTRIDGE, BENJAMIN
METCALF, DAWN
NORRIS, LAURA
QUINN, KELLY
SANDUSKY, JOSEPH
SHATTUCK, KATHERINE
SOLOMON, DANA
STEDING, DAWNELLE
TAYLOR, KEVIN
THOMPSON, JULIE
WAXMAN, NANCY
WEHNER, KIMBERLY
WITCHER, NANCY
ZIRPOLI, MARGARET

KENDALL, JAYNE
BAJWA, WAHEED
WORRINGHAM, STEVEN
TONUZI, RACQUEL
MCNABB, JAMES
LACEY, DAVID
NEWSOME, SAMUEL
CATHCART, CORNELIUS
SUMMERS, ERIK
SEITZ, KENT
SHARTS, MICHAEL
FORD, ALBERT
WALLENIUS, STEVEN
SHEA, THOMAS
MILLSAPS, DAVID
POLSKY, SAUL

GASTON
CARY
DURHAM
HIGH POINT
MOORESVILLE
WINSTON SALEM
KING
HENDERSON
WINSTON SALEM
GREENSBORO
GREENVILLE
CHARLOTTE
ASHEVILLE
CHAPEL HILL
CHARLOTTE
ELIZABETH CITY

ABAYA, ALOYSIUS
ADAMS, KELSEY
ALLEN, COLETTE
AMBROSIO, KRISTEN
CRULL, JESSICA
DAMREN, SAMANTHA
DEANGELO, NICOLE
DITTY, CLAY
FASANO, MARGARET
FORRESTER, CINDY
GIBSON, ROBERT
GIBSON, EMILY
GILMORE, DEBRA
HORNER, TABATHA
INGLE, CORINNE
JOHNSON, CYNTHIA
LEE-VUE, ALLISON
LUCAS, ERIN
PADGETT, CATHY
RILEY, NANNETTE
ROBARDS, JENNIFER
SABOL, VALERIE
SCALONE, GINGER
SCHAEFER, NICOLE
SHEAFFER, MATTHEW
SMITH, VERONICA
STEELE, ALLISON
TRAYNOR, MARY
WILKINS, KELLY

CABRAL, GONZALO
BENT, STEPHEN
HOLLINGSWORTH, JANE
GAMBINO, JOHN
BARNABEI, ROBERT
BECHERER, PAUL
THOMAS, CHARLES
ROSE, JOHN
HORST, JAMES
HUNT, MARY
ELBEERY, JOSEPH
BALOCH, MOHAMMAD
SY, ALEXANDER
GODWIN, PATRICK
BERNSTEIN, REBECCA
JUBANE, ALAN
MATHEW, RAJESH
PHILLIPS, STEPHEN
DAVIS, MICHAEL
CUENTO, OBLENDO
WIMMER, JOHN
COX, CHRISTOPHER
UHREN, ROBERT
JOHNSON, MARC
HUDSON, CHRISTOPHER
BOYD, JAMES
SPARKS, DAVID
IYENGAR, PHANIRAJ
WELLS, WENDELL

WILSON
SAN FRANCISCO
BURLINGTON
WINSTON-SALEM
CHARLOTTE
RALEIGH
CLYDE
GREENVILLE
RALEIGH
GREENSBORO
GREENVILLE
RALEIGH
WINSTON-SALEM
ROXBORO
ASHEVILLE
SHELBY
HICKORY
GREENVILLE
POLLOCKSVILLE
ASHEVILLE
GREENSBORO
DURHAM
SWANNONOA
CHARLOTTE
NEW BERN
CHARLOTTE
CONOVER
CHARLOTTE
PEMBROKE

WILLIAMS, TENEISHA
YTTRI, SARAH

ASEMOTA, OGIEMWONYI
PREMINGER, GLENN

FAYETTEVILLE
DURHAM

NP ADDITIONAL SUPERVISOR LIST

AMOS, KATHLEEN
BALLARD, MARCIA
BOOZER, ELIZABETH
CAREY, KIMBERLY
CARVER, V. MARLENE
CHAPPELL, NICOLE
COMBS, SHERI
CORE, TERESA
CURRY, ROSEMARY
DESMOND, SHAWN
DIGGINS, KRISTENE
EDWARDS, DE ANNE
HENDERSON, KATHRYN
HOUSE, MARGARETANN
HUTCHINSON, THERESA
KILB, JOANNE
LACKEY, LISKA
NEWKIRK, LUCRETIA
NORBURY, AMY
ONEIL, LINDA
PELLETIER, JANET
PRICE, RENE
QUILTY, EILEEN
REDMOND, MITZI
ROBERTSON, ANGELINE
RUFTY, KIM
SEIDEL, CORALINN
SHENKMAN, LAURA
SHUFORD, RICHELLE
SMALLWOOD, TANYA
SMITH, PAMELA
SPENCER, BROOKE
THOMAS, GILLIAN
TODD, MARTHA
TROGDON, MONIKA
WALL, DEBORAH
WALSON, STELLA
ZIMMERMAN, JILL
AIREY, DENISE
BARNSDALE, DEBRA
BAXLEY, SHARON

HOLNESS, KENWORTH
MULLENDORE, JENNIFER
KINDMAN, LOUIS
ROJAS, MARIO
VAN DEUSEN, LINDA
GRASINGER, CECILIA
LOCKE, RONALD
SELONG, TIFFANY
ROWE, KRISTINA
MILLSAPS, DAVID
PERKINS, GWENDOLYN
RICH, PRESTON
VINCENT, MARK
KELLEY, JOHN
PEELER, BENJAMIN
PRICE, WAYNE
FISCHER, JONATHAN
SMITH, KARLA
KAHWAGI, MAYA
JORGE, CARLOS
COCKRELL, RENEE
SKAHILL, STEVEN
WILLETT, RALPH
FAZIA, ROBERT
ROJAS, MARIO
KIEFER, MARK
ROJAS, MARIO
RAY, CHRISTI
DRAVLAND, JONAS
OTHMAN, ISLAM
WELLS, JAMES
PRICE, BILLY
BUCHANAN, SONYA
RUSSELL, LARRY
BUCHANAN, SONYA
MAYO, JAMES
YOUSSEF, HANY
SHAW, ANDREW
ZUBER, THOMAS
FISCHER, JONATHAN
MARTIN, DAVID

DUBLIN
ASHEVILLE
ROXBORO
WINSTON SALEM
BRYSON CITY
BOONE
HICKORY
BOONE
HAVELOCK
HICKORY
MONROE
CHAPEL HILL
CHARLOTTE
RALEIGH
CHARLOTTE
CHAPEL HILL
CHAPEL HILL
ASHEBORO
SNOW HILL
CHARLOTTE
NEW BERN
PLYMOUTH
THOMASVILLE
SALISBURY
WINSTON-SALEM
LINCOLN
WINSTON-SALEM
BURGAW
LENOIR
RALEIGH
WILMINGTON
CHARLOTTE
WINSTON-SALEM
HENDERSONVILLE
DURHAM
GOLDSBORO
STATESVILLE
SPARTA
BOONE
CHAPEL HILL
WILMINGTON

November 17, 2011

BLACK, AMY
BORNTRAGER, ELIZABETH
CHARLES, ANNE
COATES, PENNI
COOPER, TERRY
DAVIS, CAROLYN
DESAI, SHAKTI
DOMINGUEZ, DAVID
DURANT, MONICA
EDIE, ALISON
ELLISON, AMBER
ESPOSITO, NOREEN
ESTES-SHUTE, EMILY
FALLS, ASHLEY
GOODIN, THOMAS
GOODWIN, ANITA
GROSS, DEBRA
GUISE, KIMBERLY
HANES, CYNTHIA
HANES, CYNTHIA
HARRELL, SALLIE
HAYMORE, JENNIFER
HEBERT, GARY
HICKS, LISA
HOLLAND, JILL
HOUSEAL, MARIE
JONES, CARON
JORDAN, STEPHANIE
KOOSHKI, ADELEH
LAMBERT, GINA
LAMBERT JR, DAVID
LAMBETH, TINISHA
LUPIENSKI, CHRISTINE
MADDEN, REGINALD
MCALISTER, AMY
MCCALL, BRANDI
MCGEE, AMANDA
MCGUIRE, MARRILYN
MORRIS, DIANN
NOEVERE, ERIC
NORTON, CHRISTINE
OUTLAND, PATRICIA
PARKER, JANET
PEARSON, TAMERA
PRYBYLO, KERI
QUINN, NORMA

BAIN, RICHARD
VOLOW, MICHAEL
SKAHILL, STEVEN
ROJAS, MARIO
ROJAS, MARIO
HANSEN, HANS
POTTER, JOAN
MONROE, YVONNE
KOCH, DANIEL
VICKERY, BRIAN
GUDEMAN, STEVEN
JARRETT, DAVID
ROJAS, MARIO
MURRAY, MICHAEL
YOUNG, LEO
ROJAS, MARIO
WILLIAMS, BOBBILI
MOUNSEY, JOHN
JONES, MONICA
RUBATT, JENNIFER
MITCHELL, TIMOTHY
LEE, MELVIN
ROJAS, MARIO
ROJAS, MARIO
MORRIS, DEBORAH
LOVETTE, KENNETH
HETER, MICHAEL
KON, NEAL
HAQUE, IMRAN
ROJAS, MARIO
ROJAS, MARIO
ROJAS, MARIO
LELIEVER, WILLIAM
NUTT, JAMES
MAYER, KAREN
ROJAS, MARIO
GOUDAS, LEONIDAS
MCDONALD, THADDEUS
FAIN, NORMAN
BROWN, HOWARD
LOWENBERGH, LAURA
ELLIS, MARK
PEELER, RONALD
OGG, NICOLE
ROJAS, MARIO
CARLSON, RICHARD

WINSTON SALEM
GARNER
PLYMOUTH
WINSTON SALEM
WINSTON-SALEM
CONOVER
CHAPEL HILL
DURHAM
CHARLOTTE
DURHAM
GASTONIA
CARRBORO
WINSTON SALEM
LENOIR
STATESVILLE
WINSTON-SALEM
FAYETTEVILLE
CHAPEL HILL
RALEIGH
RALEIGH
CHARLOTTE
WILKESBORO
WINSTON-SALEM
WINSTON-SALEM
EASTOVER
GREENVILLE
CARY
WINSTON-SALEM
ASHEBORO
WINSTON SALEM
WINSTON SALEM
WINSTON-SALEM
SANFORD
RALEIGH
GARNER
WINSTON-SALEM
VALDESE
RALEIGH
IRVING
JACKSONVILLE
ASHEVILLE
BOONE
SALISBURY
WEAVERVILLE
WINSTON-SALEM
WILMINGTON

November 17, 2011

RAMBERT, DEVON
REESE, KAREN
REVELS, JESSICA
RILEY, KATHERINE
ROBINSON, CAROL
ROBINSON, CAROL
ROWE, VEDA
SHEFFIELD, JUQUETTA
SIMONSON, CYNTHIA
SINGLETARY, JENNIFER
SKAKEY, JOSETTE
SMALLS, HARRIETT
SMALLWOOD, TANYA
SMITH, ANN
SMITH, SHERRY
SMITH, KERRI
SMITH, PAMELA
SOCHA, LAUREL
STANLEY, ANGELA
THORP, LINDSAY
TUCKER, MARY
TURNER, STEPHANIE
VALDIVIEZO, AUXILIADORA
VANDERGRIFT, PATTY
WALL, BROOKE
WATERS, NAOMI
WATKINS, MACKENZIE
WAZENEGGER, WANDA
WENNING, PAMELA
WILLIAMS, PAULINE
WILSON, COURTNEY
WINSLOW, TERESA
WOMACK, LAVONIA
WORRELL, TAMMY
YEBOAH, MAVIS

ADAMS, JESSICA
AIREY, DENISE
ALLRAN, JENNIFER
ANDERSON, TAKELA
BANWELL, JAMIE
BANWELL, JAMIE
BAUGHAM, ELIZABETH
BLESSING, KELLY
BROWN, RENEE
BROWN, SHELLEY

YOUSSEF, HANY
CALDWELL, RONALD
NUTT, JAMES
DAUDA, MOHAMED
MANESS, MICHAEL
VANG, TOUBER
ST. BERNARD, EDWARD
MINTZER, MELANIE
MORSE, MICHAEL
TINGA, JOHN
RHOADES, ALAN
ROJAS, MARIO
NETREBKO, PAVLO
ROJAS, MARIO
JOHN, JOHN
ROJAS, MARIO
CARLSON, RICHARD
WUNDERLICH, COLLEEN
AVERELL, BRIAN
EWEND, MATTHEW
WILLIAMS, SUSAN
BROWN, STEPHANIE
RISH, CARLOS
ROJAS, MARIO
ROJAS, MARIO
ROJAS, MARIO
HOPKINS, LAWRENCE
MERRITT, BENJAMIN
MATHEW, RANO
JOHNSON, EARLIE
RAWLS, WILLIAM
BUNN, BARRY
RYBNICEK, KAREL
ZANARD, ROBYN
KPEGLO, MAURICE

HUNTER, ROBERT
DAILEY, TIMOTHY
MILLET, ROBERT
KAPLAN, DAVID
TREMONT, STEPHEN
CROMARTIE, HENRY
ANDERSON, JEFFERY
GRAFFAGNINO, CARMELO
JONES, ENRICO
BROWN, AARON

STATESVILLE
ASHEVILLE
RALEIGH
ROCKY MOUNT
TROY
TROY
MARION
ROCKY MOUNT
DURHAM
NEW BERN
HUNTERSVILLE
WINSTON-SALEM
CARY
WINSTON-SALEM
KINSTON
WINSTON-SALEM
WILMINGTON
CHARLOTTE
WILMINGTON
CHAPEL HILL
WINSTON-SALEM
DURHAM
CHARLOTTE
WINSTON SALEM
WINSTON SALEM
WINSTON SALERM
WINSTON-SALEM
SANFORD
WILMINGTON
JACKSONVILLE
WILMINGTON
TARBORO
SHELBY
WHITSETT
GREENSBORO

RALEIGH
BOONE
DURHAM
CHARLOTTE
RALEIGH
RALEIGH
MOREHEAD CITY
DURHAM
GREENSBORO
SOUTHPORT

CHURCH, JENNIFER
COCHRAN, KELLIE
DICKMANDER, JANET
DONTA, ROBIN
DONTA, ROBIN
DUBAL, KAMLESH
EARLY, CARMALINDA
GRIGGS, DOLLY
HARWOOD, MARY
HILDEBRAN, TRACY
HISLEY, MARTHA
HUFFMAN, DIEDRA
JEROME, CRAIG
KEARNEY, KAREN
KOLKMAN, ERIN
LARGENT, LISA
LEKAVICH, CAROLYN
LENNON, ADRIAN
MCNINCH, MARY
MONGER-CAWTHON, ELIZABETH
MOORE, JILL
MORRISON, GERRI
NAKAYAMA, CATHERINE
NEVEU, SUSAN
O'NEAL, LESLIE
OTT, MELISSA
OWENS, ELISABETH
PAINTER, LINDSAY
PAQUIN, VICTOR
PENNELL, TODD
PERKINS, HEATHER
PERKINS, HEATHER
PERKINS, HEATHER
PERKINS, HEATHER
PERKINS, HEATHER
PERKINS, HEATHER
PHARR, AMY
RANDALL, MEGAN
RYANS, ABREE
SINGER, MARGARET
SMITH, NANCY
STARR, JVONNE
TETTERTON, JILL
THOMPSON, CHRISTINA
TRUITT, JEANNE
VAUGHAN, LEAH

POWELL, JOHN
VAIDYA-TANK, BHAVNA
SPECA, JOELLEN
PLEASANT, HENRY
HUDAK, DEBORAH
PATHAN, AYAZ
STOVER, PHILLIP
DAKA, MATTHEW
HENRY, HECTOR
PALMER, WILLIAM
BLIZZARD, DANIEL
SCHMITT, PHILIP
MCGHEE, JAMES
SHEPHERD, BILLIE
HAMRICK, GEORGE
HO, JAMES
POTTER, JOAN
LEWIS, MARVIN
DOUGHERTY, RICHARD
FAIN, NORMAN
BETHEL, BRADLEY
RUDISILL, ELBERT
FRIED, MICHAEL
BELSKY, CORINNE
LUGO-SANTIAGO, IRVING
MARANA, ENRIQUE
NETREBKO, PAVLO
MUSANTE, DAVID
WILLIAMSON, STEVEN
DAVIS, JOHN
SEEHORN, CHARLES
ELLIOTT, ALAN
LASTER, ANDREW
KIPNIS, ROBERT
KASHIF AL GHITA, AHMAD
MANIOFF, GARY
PISTONE, DANIEL
RICH, PRESTON
REVELL, JEREMY
GOLIGHTLY, MICHAEL
VINCENT, MARK
THOMASON, ROBERT
VREDENBURGH, JAMES
ROJAS, MARIO
BOWMAN, ROBLEY
LEINENWEBER, STEPHEN

LENOIR
CLAYTON
RALEIGH
RALEIGH
RALEIGH
SANFORD
LOUISBURG
FAYETTEVILLE
CHARLOTTE
SALISBURY
BOLIVIA
MORGANTON
WILMINGTON
ASHEVILLE
RALEIGH
CHARLOTTE
CHAPEL HILL
SPRING LAKE
CHARLOTTE
MELBOURNE
LAURINBURG
CONOVER
CHAPEL HILL
NEWLAND
GREENSBORO
FARMVILLE
CARY
RALEIGH
HICKORY
BLOWING ROCK
CHARLOTTE
CHARLOTTE
CHARLOTTE
CHARLOTTE
CHARLOTTE
CHARLOTTE
WHITEVILLE
CHAPEL HILL
JACKSONVILLE
FRANKLIN
CHARLOTTE
WINSTON-SALEM
DURHAM
WINSTON-SALEM
MORGANTON
RALEIGH

WAXMAN, NANCY
WEATHERFORD, KARA
WEBER, ALISA
WILSON, ANGELA
YOUNG, JILL
ZIMMERMAN, PENELOPE
ZIRPOLI, MARGARET

HITE, MICHAEL
SAUNDERS, GEORGE
FAIN, NORMAN
FAIN, NORMAN
SCHWARTZ, MELANIE
SMITH, ROBERT
WHITE, LINDSEY

ARDEN
CALABASH
IRVING
MELBOURNE
WINSTON SALEM
CHARLOTTE
ELIZABETH CITY

CLINICAL PHARMACIST PRACTITIONERS

Cavanaugh, Jamie J.
Hawes, Emily M.
Khan, Tippu S.
LaMotte, Joseph M.
Riendeau, Allison B.
Tucker, Ginna P.
Williams, Charlene R.

Anesthesiologist Assistant, Perfusionist & Provisional Perfusionist Licenses
November 2011

Perfusionists:

Wallis, Ann Melissa

Provisional Perfusionists:

Lin, Kai Ethan Hsin-Hua

Anesthesiologist Assistants:

Burleson, Braden Elizabeth

Thompson, Linda Brooke

North Carolina Medical Board
PA Licenses Approved
November 2011

Initial PA Applicants Licensed 09/01/11 – 10/31/11

PA-Cs

Name

Aloian, Samuel David	09/02/2011
Alterman, Andrea	09/27/2011
Bannwarth, Eric Andrew	09/14/2011
Baughman, Constance Lauren	09/16/2011
Benedict, Tatjana Prokic	10/06/2011
Bogaert, Matthew Adam	10/21/2011
Brandt, Sarah Noelle	10/19/2011
Burchett, Jessica Dawn	10/13/2011
Burke, Dalissia	10/19/2011
Burman, Aaron Mitchell	10/06/2011
Bush, Emily Negus	09/14/2011
Christy, Justin Luke	10/17/2011
Cochran, Allison Michelle	10/25/2011
Cochran, Kara Elizabeth	10/19/2011
Cofer, Joseph Shepherd	09/27/2011
Coverdale, Linda R.	09/07/2011
Craig, Lindsey Jo	09/01/2011
Cumbea, Valerie Lane	09/21/2011
Delgado, Paola	10/20/2011
Driggers, Laura Ann Dresdow	10/03/2011
Dugan, Matthew James	09/16/2011
Fritz, Ashley Virginia	10/18/2011
Gardner, Katie Shaw	10/25/2011
Garrison, Brianna Lee	10/12/2011
Gleffe, Kelly Elizabeth	10/24/2011
Hall, Sherry Renee	09/14/2011
Harduk, Laura Ann	09/01/2011
Harper, Andrea Noelle	09/14/2011
Haynes, LaToya Monique	09/01/2011
Hurt, Ashley Elizabeth	10/18/2011
Hutschenreuter, Paul Herman	09/06/2011
Inabinette, Gretta Starnes	09/07/2011
Ivey, Laura Ann	10/13/2011
Jasienowski, Julie	10/03/2011

Jennings, Jacob Alan	09/26/2011
Jennings, Kip Phillips	10/10/2011
Johnson, Yavonne Lavette	10/19/2011
Jones, Kimberly Dawn	10/31/2011
Jones, Meagan Ann	09/26/2011
Jones, Teshia Whitaker	09/09/2011
Kaylor, Jason Michael	10/18/2011
Lilly, Michelle Jo	10/06/2011
Mayberry, Tamara Jennifer	10/17/2011
Mazurowski, Sarah Ann	09/14/2011
Morris, Adam Glenn	10/11/2011
Nuzum, Kaitlin Clark	10/21/2011
Oliphant, Rachel Ann	10/18/2011
Oliver, Christopher Wayne	09/20/2011
Ormand, Maggi Castelloe	10/20/2011
Ortiz Pate, Nathalie Elizabeth	09/26/2011
Parente, Beth	10/03/2011
Paszkowski, Erica Jane	10/13/2011
Peraza, Emilse Antonio	10/06/2011
Peterson, Gidget	09/28/2011
Prenatt, Stephanie Ann	10/06/2011
Ray, Meghann Reynolds	10/12/2011
Rossiter, Megan Leigh	09/29/2011
Rouzier, Kathleen Renee	09/01/2011
Sauve, Chelsea Beth	09/26/2011
Schulz, Megan Jean	10/06/2011
Schwanke, Matthew Wallace	09/19/2011
Sellars, Carl L	10/19/2011
Singer, Nicole Therese	09/01/2011
Skislak, Corrine Adelle	09/28/2011
Smock, Corey Howard	09/16/2011
Snyder, David Michael	09/08/2011
Squittieri, Keri	10/20/2011
Stabingas, Kimberly	09/02/2011
Stanislaus, Bryan Edmund	09/01/2011
Szesny, Terese Marie	10/12/2011
Tullman, Andrew Robert	09/01/2011
Verceles, Jon Dabu	10/14/2011
Walnoha, Wade Edward	10/19/2011
Wilson, Nicole Ann	10/03/2011

PA-Cs Reactivations/Reinstatements/Re-Entries

Name

Bagley, Jack Llorrac	09/13/2011
Johnson, Elizabeth C.	09/12/2011
Darby, Lisa DeAnn	09/30/2011
Flinn, Wesley Lafayette	09/29/2011
Gomez, Victor Anselmo	10/06/2011
Waataja, Johnnie Hamby	10/17/2011